ELECTRONIC TRADING PARTNER PROFILE  
Revised 3/25/2009

Trading Partner Type (check all that apply):

- [x] Jurisdiction
- ___ Third Party Administrator
- ___ Service Bureau / DCO
- ___ Self-Insurer
- ___ Employer
- ___ Insurer
- ___ EDI Service Provider
- ___ other (specify): ________________

Master Trading Partner Information:

Legal Name (no abbreviations): Kentucky Department of Workers’ Claims

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Master ID FEIN: 61-0600439  Postal Code (9 digits): {____}_ – {___}

Physical Address:

Address Line 1: 500 Mero Street, 3rd Floor  
Address Line 2: _______________________________
City: Frankfort State: { Ky } Postal Code: { 40601 } – {___}

Mailing Address:

Address Line 1: _______________________________
Address Line 2: _______________________________
City: __________________ State: {___} Postal Code: {___} – {___}

Contact Information:

- [ ] First Report of Injury (FROI)  - [ ] Subsequent Report of Injury (SROI)
- [ ] Proof of Coverage (POC)

Business Contact (148/A49):

Name: Sharon Anderson  
Title: Supervisor, EDI Section
Phone: 502-564-5550, Ext. 4416  
FAX: 502-696-5096  
E-mail: SharonE.Anderson@ky.gov

Business Contact (POC):

Name: Joe Peters  
Title: Coverage Branch Manager
Phone: 502-564-5550, Ext. 4448  
FAX: 502-564-0916  
E-mail: Joe.Peters@ky.gov

Technical Contact (148/A49):

Name: Cam Lawson  
Title: EDI Administrator
Phone: 502-564-5550, Ext. 4486  
FAX: 502-564-8250  
E-mail: HowardC.Lawson@ky.gov

Technical Contact (POC):

Name: Cam Lawson  
Title: EDI Administrator
Phone: 502-564-5550, Ext. 4486  
FAX: 502-564-8250  
E-mail: HowardC.Lawson@ky.gov
ELECTRONIC TRADING PARTNER PROFILE

Trading Partner Type (check all that apply):

___ Jurisdiction  ___ Third Party Administrator
___ Service Bureau / DCO  ___ Self-Insurer
___ Employer  ___ EDI Service Provider
___ Insurer  ___ other (specify): __________________________

Master Trading Partner Information:

Legal Name (no abbreviations): __________________________

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Master ID FEIN: __________________________
Postal Code (9 digits): {____} – {____}

Physical Address:

Address Line 1: __________________________________________
Address Line 2: __________________________________________
City: __________________________ State: {____} Postal Code: {____} – {____}

Mailing Address:

Address Line 1: __________________________________________
Address Line 2: __________________________________________
City: __________________________ State: {____} Postal Code: {____} – {____}

Contact Information:

☐ First Report of Injury (FROI)  ☐ Subsequent Report of Injury (SROI)
☐ Proof of Coverage (POC)

Business Contact (148/A49):
Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

Technical Contact (148/A49):
Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

Business Contact (POC):
Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

Technical Contact (POC):
Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

© IAIABC July 2005