

ELECTRONIC TRADING PARTNER PROFILE

Revised 3/25/2009

Trading Partner Type (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Jurisdiction | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Service Bureau / DCO | <input type="checkbox"/> Self-Insurer |
| <input type="checkbox"/> Employer | <input type="checkbox"/> EDI Service Provider |
| <input type="checkbox"/> Insurer | <input type="checkbox"/> 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

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

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 (POC):

Name: Cam Lawson
Title: EDI Administrator
Phone: 502-564-5550, Ext. 4486
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Address Line 2: _____
City: _____ State: { _____ } Postal Code: { _____ } - { _____ }

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- | | |
|--|---|
| <input type="checkbox"/> First Report of Injury (FROI) | <input type="checkbox"/> Subsequent Report of Injury (SROI) |
| <input type="checkbox"/> 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: _____
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FAX: _____
E-mail: _____