

# 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: Prevention Park  
Address Line 2: 657 Chamberlin Avenue  
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](mailto: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](mailto: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](mailto:Joe.Peters@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](mailto:HowardC.Lawson@ky.gov)

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**Legal Name** (no abbreviations): \_\_\_\_\_

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**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:**

- |  |   |
|--|---|
| <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: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_