ELECTRONIC TRADING PARTNER PROFILE  
Revised 3/25/2009

Trading Partner Type (check all that apply):

- [x] Jurisdiction
- ___ Third Party Administrator
- ___ Service Bureau / DCO
- ___ Employer
- ___ Insurer
- ___ Self-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: 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

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  
FAX: 502-564-8250  
E-mail: HowardC.Lawson@ky.gov

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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:

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

Business Contact (148/A49):

Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

Business Contact (POC):

Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

Technical Contact (148/A49):

Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________

Technical Contact (POC):

Name: __________________________
Title: __________________________
Phone: __________________________
FAX: __________________________
E-mail: __________________________