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
- ___ EDI Service Provider
- ___ Insurer
- ___ 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): {40601} – {6157}

Physical Address:

Address Line 1: Prevention Park
Address Line 2: 657 Chamberlin Avenue
City: ___________ State: { Ky } Postal Code: { 40601 } – {6157}

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: 502-782-4416
FAX: 502-696-5096
E-mail: SharonE.Anderson@ky.gov

Technical Contact (148/A49):
Name: Stephen Mason
Title: EDI Administrator
Phone: 502-782-4540
FAX: 502-564-8250
E-mail: Stephena.Mason@ky.gov

Business Contact (POC):
Name: Cam Lawson
Title: Supervisor, Proof of Coverage
Phone: 502-782-4486
FAX: 502-564-5732
E-mail: HowardC.Lawson@ky.gov

Technical Contact (POC):
Name: Stephen Mason
Title: EDI Administrator
Phone: 502-782-4540
FAX: 502-564-8250
E-mail: Stephena.Mason@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):__________________________________________

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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: ________________________

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: ________________________