

ELECTRONIC TRANSMISSION PROFILE SENDER'S RESPONSE

Return this page to:

Receiver Name: Kentucky Department of Workers' Claims
 Receiver ID: Receiver FEIN: 61-0600439
 Receiver Postal Code (9 digits): { 40601 } – { 6157 }

Sender Selections/Information

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Trading Partner Type: Jurisdiction Third Party Administrator Employer
 Service Bureau/DCO EDI Service Provider Self-Insurer Insurer
 Other (specify): _____

Sender ID: Sender FEIN: _____ Sender Postal Code (9digits): _____

Transaction Sets for This Profile:

Transaction Information					Acknowledgment
IAIABC	ANSI	Release	Version	Projected # per Transmission	Mode (EDI/Paper/None)
148	148				
A49	148				
POC	271				
MED	837				

Transmission Frequency (select only one from Receiver's options):

Daily
 Weekly Select Day: SUN MON TUE WED THU FRI SAT
 Monthly Select Day (1-31): _____ Other: _____

Selected Media: Network Secure FTP

Electronic Mailbox for this Profile:

Network:		
	Test	Production
Mailbox Acct ID:		
User ID:		
Message Class:		

*Secure File Transfer Protocol (SFTP) for this Profile:

Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

* See Instructions for additional information on securing Internet sessions.