

To: *(Jurisdiction Name and Workers' Compensation Agency Name)*

EDI Coordinator: claimsedi@utah.gov
IT Contact: Quality and Support Team
IT Contact Phone Number: 801-530-6809
IT Contact E-mail Address: claimsedi@utah.gov

From: *(Trading Partner)* _____

Legal Name (no abbreviations): _____

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

Date Prepared: _____

*The **Sender ID FEIN** and **Postal Code** should be the same as those that your company will use as the **SENDER ID** in the **Header Record** of all EDI Transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the Insurer/Claim Administrator FEIN, full Legal Name, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions. **Please remember to add you as the Sender/Trading Partner to the Insurer/Claim Administrator list if you will be sending claims.**

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Insurer/Claim Administrator Mailing Postal Code	Jurisdiction Assigned ID
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Insurer/Claim Administrator Mailing Postal Code	Jurisdiction Assigned ID
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				

Please use additional pages for more than 60.

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Insurer/Claim Administrator Mailing Postal Code	Jurisdiction Assigned ID
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
101				
102				
103				
104				
105				

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Insurer/Claim Administrator Mailing Postal Code	Jurisdiction Assigned ID
106				
107				
108				
109				
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146				
147				
148				
149				
150				