pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

# EDI TRADING PARTNER CLAIM ADMINISTRATOR ADDRESS LIST

To: Pennsylvania Department of Labor & Industry, Bureau of Workers' Compensation

**Send completed, signed Trading Partner documents to the Bureau of Workers' Compensation via WCAIS Customer Service "Submit a Question" using the category of "EDI" and sub-category of "Trading Partner Agreements"**.

Date:

From:

Sender FEIN:

Sender Postal Code:

Complete this table with:

Claim Administrator **Mailing** Address

**Also complete List (1) for Mailing Addresses**

| **Claim Administrator (Claim Admin)** | | **Claim Administrator Address (in FROI transaction)-Physical Address** | | | | **FROI/SROI** |
|---|---|---|---|---|---|---|
| **Clm Admin FEIN (DN0187) 9 A/N** | **Claim Admin Legal Name (DN0188) 40 A/N** | **Claim Admin Primary Address 40 A/N** | **Claim Admin Secondary Address 40 A/N** | **Claim Admin City 15 A/N** | **CA State Code 2 A/N** | **Alt Postal Code (DN0200) 9 A/N** |
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*Auxiliary aids and services are available upon request to individuals with disabilities.*
*Equal Opportunity Employer/Program*