



CLAIMS ADMINISTRATOR ID LIST

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

Date: _____

From: Trading Partner

Name: _____

Address: _____

FEIN: _____ Postal Code: _____

Claims Manager Name _____ Email _____ Phone # _____	Technical Contact Name _____ Email _____ Phone # _____
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Please provide the FEIN, BWC Code (if no FEIN) and legal name for each carrier and self-insurer for whose claims you will be transmitting data. We will notify you of any discrepancy between the identifying information below and the present records of BWC. If you do not provide the FEIN or BWC Code for each carrier/self-insured, this document may be returned for completion. BWC Codes may be found at: <http://www.dli.pa.gov/Businesses/Compensation/WC/insurance/Pages/Bureau-Code-Listings.aspx>

This list will be used to reconcile identification tables. It is understood that this list will have entries added or removed from time to time. However, the identification numbers assigned to individual companies will not change except to correct errors. Corrections must be coordinated with ALL trading partners using those identification numbers.

FEIN	BWC/Insurer Code	Name of Claim Administrator

Use additional pages, if necessary.

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".