

CLAIMS ADMINISTRATOR ID LIST

TO: Commonwealth of Pennsylvania
Department of Labor & Industry
Bureau of Workers' Compensation
1171 S. Cameron Street
Harrisburg, PA 17104-2501
RA-CMDEDI@pa.gov

FROM: TRADING PARTNER

NAME: _____

ADDRESS: _____

FEIN: _____

POSTAL CODE: _____

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-insurer, this document may be returned for completion. BWC Codes may be found at: <http://www.dli.state.pa.us/landi/cwp/view.asp?a=138&Q=58481>.

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 Code	Name of Claim Administrator
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use additional pages, if necessary.