

TRANSMISSION PROFILE – SENDER

Sender information:

Master Trading Partner Information:

Sender Name: _____

Sender FEIN: _____ Sender Postal Code _____

Trading Partner Type: Insurer Third Party Administrator Self-Insured Employer Group Fund

Transaction Information

Format: IAIABC Claims Release 3.0 FROI & SROI

Projected # of Transactions: _____ per day

Transmission Frequency for this profile:

Daily (You must place an “x” at every batch you are running for each day of the week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:59:59PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select EDI Transaction Partner:

Jurisdiction Approved EDI Transaction Partners	<input type="checkbox"/>
Mitchell International, Inc.	<input type="checkbox"/>
HealthTech, Inc.	<input type="checkbox"/>
EBIX, Inc.	<input type="checkbox"/>
Insurance Services Office (ISO), Inc.	<input type="checkbox"/>
Aerie EDI	<input type="checkbox"/>
Riskonnnect Inc.	<input type="checkbox"/>

Please check box if filing direct (not via an EDI Transaction Partner or via Web Portal):

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: _____

Transmission Profile- Receiver

Receiver Name: Pennsylvania Department of Labor & Industry Bureau of Workers' Compensation

Trading Partner Type: Jurisdiction

Receiver Identifiers:

FEIN: 23-6003107

Postal Code: 17104-2501

Profile ID:

Description: Release 3 BWC Transmission Requirements

Transaction Information: IAIABC Claims Release 3.0 FROI & SROI

Acknowledgment Information: Mode: EDI Level: All

Transmission Frequency for this Profile:

Daily (7 days a week, including holidays, with batch times = 9am, 2pm, 7pm, & 11:59:59pm)