

**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							
2PM							
7PM							
11:59:59PM							

**Please select EDI Transaction Partner:**

<b>Jurisdiction Approved EDI Transaction Partners</b>	
Mitchell International, Inc	
HealthTech, Inc	
EBIX, Inc	
Insurance Services Office (ISO), Inc	
Aerie EDI	
<b>Riskconnect Inc.</b>	

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)