pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

WEB PORTAL USER CLAIMS ADMINISTRATOR ID LIST

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

Date: _____

From: Web Portal User Trading Partner

        Name: _____

        Address: _____

                 _____

                 _____

        FEIN: _____ Postal Code: _____

Claims Manager Name: _____ Email: _____ Phone #: (____) ____–_____	Technical Contact Name: _____ Email: _____ Phone #: (____) ____–_____

Please provide the FEIN, BWC/Insurer Code (if no FEIN) and legal name for each carrier and self-insurer for whose claims you will be submitting data through the Bureau's EDI Release 3 web portal site. 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/Insurer 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".

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program