

To: *(Jurisdiction Name and Workers' Compensation Agency Name)*

**EDI Coordinator:** [claimsedi@utah.gov](mailto:claimsedi@utah.gov)  
**IT Contact:** Quality and Support Team  
**IT Contact Phone Number:** 801-530-6809  
**IT Contact E-mail Address:** [claimsedi@utah.gov](mailto:claimsedi@utah.gov)

From: *(Trading Partner)* \_\_\_\_\_

Legal Name (no abbreviations): \_\_\_\_\_

\*Sender ID FEIN: \_\_\_\_\_ \*Postal Code (9 digits): \_\_\_\_\_ - \_\_\_\_\_

Date Prepared: \_\_\_\_\_

\*The **Sender ID FEIN** and **Postal Code** should be the same as those that your company will use as the **SENDER ID** in the **Header Record** of all EDI Transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the Insurer/Claim Administrator FEIN, full Legal Name, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions. **Please remember to add you as the Sender/Trading Partner to the Insurer/Claim Administrator list if you will be sending claims.**

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#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Insurer/Claim Administrator Mailing Postal Code	Jurisdiction Assigned ID
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