UTAH LABOR COMMISSION
Industrial Accidents Division

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

Transaction Information:

Format: IAIABC Claims Release 3.0 FROI & SROI

Projected # of Transactions: _____ per day

Transmission Frequency for this profile:

Daily (You must select at every batch you are running for each day of the week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4:00 AM	☐	☐	☐	☐	☐	☐	☐
10:00 AM	☐	☐	☐	☐	☐	☐	☐
4:00 PM	☐	☐	☐	☐	☐	☐	☐
10:00 AM	☐	☐	☐	☐	☐	☐	☐

Please select EDI Transaction Partner:

Jurisdiction Approved EDI Transaction Partners	
Aerie EDI Group	☐
Ebix, Inc.	☐
Health Tech, Inc.	☐
Mitchell International, Inc.	☐
Insurance Services, Inc.	☐
Riskonnect Inc.	☐

Please check box if you have been approved to file direct (not via an EDI Transaction Partner) ☐

Send Completed, signed Trading Partner documents and any questions to the Utah Labor Commission Industrial Accident Division at claimsedi@utah.gov .

Date: _____