

Sender information:

Master Trading Partner Information: Sender Name: ______ Sender FEIN: ______ Trading Partner Type: Insurer

_____Sender Postal Code_____

Third Party Administrator

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)

Self-Insured Employer

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

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: _____