COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

TRADING PARTNER INSURER LIST

Trading Partner Name _____ **Date** _____

Enter the FEIN and nine-digit Postal Code that will be used by your company as the SENDER ID in the Header Record of all EDI transactions. This should match information submitted on you Master Trading Partner Profile.

Master FEIN _____ **Postal Code** _____

Address _____

City, State _____

Please provide the FEIN, Colorado Division of Workers' Compensation Block Number and legal name for each carrier's and self-insured's claims you will be transmitting. We will notify you of any discrepancy between the identifying information below and the present records of the Division of Workers' Compensation. It is understood that this list may have entries added or removed from time to time.

FEIN	Block Number	Name of CO Authorized Carrier or CO Approved Self Insured

The FEINs must match the various values of DN 6 submitted in your transmissions. Attach additional sheets as needed.