

Instructions for Completing the Sender's Transmission Profile

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer's hard drive.

When you open the form, click in the “Date” box (field) and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn't fit into the space provided.

To fill in a **check box**, click inside the box with your mouse. Some fields contain a drop down menu; click on the arrow and select one of the choices

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat - [Final Sender's Transmission Profile.pdf]

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COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
 DIVISION OF WORKERS' COMPENSATION

Clear Entire Form

SENDER'S TRANSMISSION PROFILE

Return This Page To: _____ Date _____
 Receiver Name Colorado Division of Worker's Compensation _____

Receiver Identifier FEIN 840644739 _____ Postal Code 80202-2117 _____

Profile ID N/A _____ Description Release 1 Transmission Requirements _____

SENDER MASTER TRADING PARTNER SELECTIONS/INFORMATION

Name _____

FEIN _____ Postal Code _____

Type Jurisdiction Claims Admin Employer Service Bureau Other (describe) _____

**"Clear Entire Form" button
 Clears all information at once**

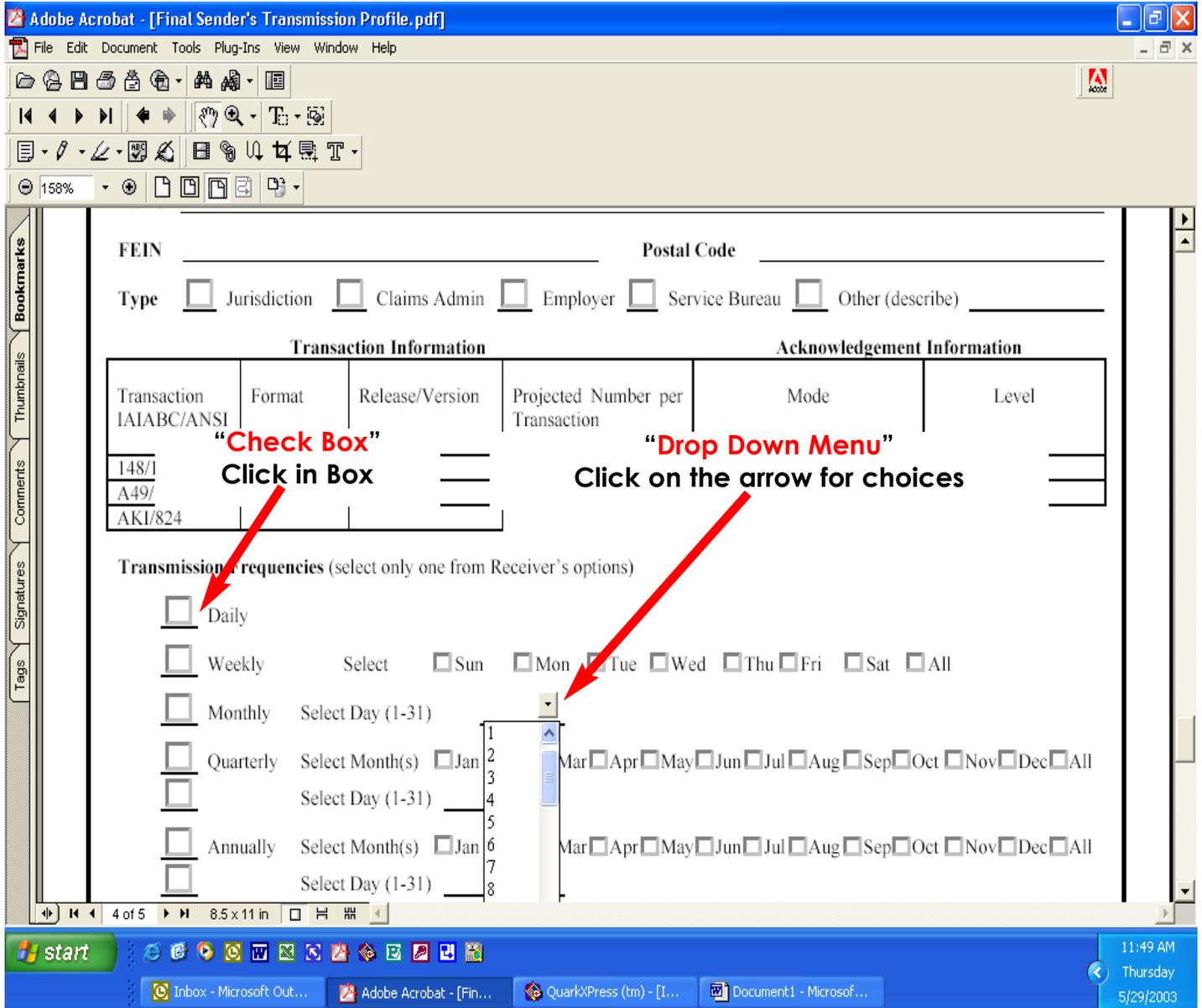
Transaction Information				Acknowledgement Information	
Transaction	Format	Release/Version	Projected Number per Transaction	Mode	Level
IAIABC/ANSI					

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 Thursday
 5/29/2003



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DIVISION OF WORKERS' COMPENSATION

SENDER'S TRANSMISSION PROFILE

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SENDER MASTER TRADING PARTNER SELECTIONS/INFORMATION

Name _____

FEIN _____ **Postal Code** _____

Type Jurisdiction Claims Admin Employer Service Bureau Other (describe) _____

Transaction Information

Acknowledgement Information

Transaction IAIABC/ANSI	Format	Release/Version	Projected Number per Transaction	Mode	Level
148/148					
A49/148					
AKI/824					

Transmission Frequencies (select only one from Receiver's options)

 Daily

 Weekly Select Sun Mon Tue Wed Thu Fri Sat All

 Monthly Select Day (1-31) _____

 Quarterly Select Month(s) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec All
 Select Day (1-31) _____

 Annually Select Month(s) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec All
 Select Day (1-31) _____

 Other _____

Transmission Cut off Time _____

Selected Media Electronic Mailbox NA Direct Connect

Electronic Mailbox Information

Network _____

	Test	Prod
Mailbox Acct ID		
User ID		
Message Class		

INSTRUCTIONS / DEFINITIONS

This form is used to communicate all allowable options the Sender of workers' compensation data will provide to the Colorado Division of Workers' Compensation (DOWC). DOWC is responsible for providing the information on the Receiver form, indicating all their requirements and where applicable, the supported options from which the Sender can select. The Sender will then complete the Sender's Response form providing data in the allotted spaces and indicating selections where the Receiver provides choices. This information is then returned to the Receiver.

Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, you could specify those differences by providing more than one profile.

Receiver Name, Receiver FEIN, Receiver Postal Code, Profile ID and Description will be pre-filled by DOWC.

Master Trading Partner Sender Selections/Information

- | | |
|--------------------|---|
| Name | Enter the name of the business entity that will be extracting and transmitting detailed workers' compensation information to DOWC. This should be the name that appears on the "Trading Partner Profile" form. |
| FEIN | Enter the Federal Employer Identification Number (FEIN) of the trading partner that will transmit workers' compensation data. This must match the FEIN supplied on the entity's "Trading Partner Profile" form. |
| Postal Code | Enter the nine (9) digit postal code associated with the Sender Trading Partner's physical address, which together with the Sender FEIN, will be used as the identifier of this trading partner. This must match the postal code supplied on the entity's "Trading Partner Profile" form. |
| Type | Check the appropriate category reflecting the Sender's business type. If other, please describe. |

Transaction Information

- | | |
|---|---|
| Format | Indicate the format of each transaction set for which an agreement is being made – Flat File or ANSI. The format and Release/Version number that the Sender wants to receive electronic detailed acknowledgments is specified on the line indicated by "AK1/824". |
| Release/Version | If flat file was selected, the IAIABC Release Number is specified in this space. If ANSI format was selected, the ANSI Version Number is specified in this space. |
| Projected Number per Transaction | Specify the projected average number of detail records for a given Transaction Set ID that will be sent to the Receiver Trading Partner. This will be used for planning purposes. |

Acknowledgment Information

- | | |
|--------------|---|
| Mode | Select the preferred mode (electronic/paper/none) of acknowledgments for that transaction set from the options provided by the DOWC on the Receiver's Transmission Profile. |
| Level | Select the preferred level (all/errors/rejected) of acknowledgments for the transaction set from the options provided by the DOWC on the Receiver's Transmission Profile. |

Transmission Frequency

- | | |
|----------------------------------|---|
| Frequency | All frequencies the DOWC (Receiver Trading Partner) will accept transmissions for the transaction set identified within this profile are specified here. DOWC supports daily transmissions only for FROI. |
| Transmission Cut-Off Time | Enter the anticipated transmission time of the Sender. All transmissions must be received by 6:00 p.m. Mountain Time, in order to be included in that day's business. |

Selected Media

Place an "X" in front of the option selected to transmit information. If "Internet Connect" is selected, DOWC must provide any technical specifications that the Sender will need for successful data exchange. If "Valued Added Network"(VAN) is selected, supply the electronic mailbox network information in the fields that are provided for the specific VAN.

Electronic Mailbox Information

- | | |
|-------------------------|--|
| Network: | Specify the VAN used to transmit data to DOWC. Separate mailbox information is provided for production versus test transmissions. |
| Mailbox Acct ID: | The name of the mailbox on this VAN where acknowledgments can be routed from DOWC back to the Sender. |
| User ID: | This is the Sender identifier to the VAN. |
| Message Class: | If this VAN allows for "slots" in their mailbox (classification of messages), this field will contain the message class to use when transmitting information back to the sending entity. |