

Instructions for Completing the Sender's Trading Partner 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 appropriate check 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.

Use numbers only to fill in the fields for phone and fax numbers. Do not use dashes or parentheses; when you tab out of the field, it will fill in automatically. To fill in a **check box**, click inside the box with your mouse.

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 - [WC170 EDI Sender's Trading Partner Profile.pdf]

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COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

SENDER'S TRADING PARTNER PROFILE

Date _____

Trading Partner Type

<input type="checkbox"/> Jurisdiction	<input type="checkbox"/> Service Bureau
<input type="checkbox"/> Carrier	<input type="checkbox"/> Third Party Administrator
<input type="checkbox"/> Self Insured Employer	<input type="checkbox"/> Other (please specify) _____

Trading Partner

FEIN _____

Name _____

Address _____

City _____ State _____ Postal Code _____

Mail _____

City _____ State _____ Postal Code _____

**“Check Box”
Click in Box**

**“Clear Entire Form” button
Clears all information at once**

Clear Entire Form

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Wednesday
5/28/2003

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

SENDER'S TRADING PARTNER PROFILE

Date _____

Trading Partner Type

_____ Jurisdiction _____ Service Bureau
_____ Carrier _____ Third Party Administrator
_____ Self Insured Employer _____ Other (please specify) _____

Trading Partner

FEIN _____
Name _____
Address _____

City _____ State _____ Postal Code _____

Mailing Address (if different) _____

City _____ State _____ Postal Code _____

Contact Information

Business Contact

Name _____
Title _____
Phone _____
Fax _____
E-mail _____
Mailing Address _____

Technical Contact

Name _____
Title _____
Phone _____
Fax _____
E-mail _____
Mailing Address _____

Business Contact

Name _____
Title _____
Phone _____
Fax _____
E-mail _____
Mailing Address _____

Technical Contact

Name _____
Title _____
Phone _____
Fax _____
E-mail _____
Mailing Address _____

Business Contact

Name _____
Title _____
Phone _____
Fax _____
E-mail _____
Mailing Address _____

Technical Contact

Name _____
Title _____
Phone _____
Fax _____
E-mail _____
Mailing Address _____

INSTRUCTIONS / DEFINITIONS

This form is used to communicate the Sender's contact information. Colorado Department of Workers' Compensation (DOWC) is responsible for providing contact information on the Receiver form. The completed forms are exchanged between the Receiver and Sender.

<u>Date</u>	Enter the date the Trading Partner Profile is completed by the Sender.
<u>Trading Partner Type</u>	Check the appropriate category reflecting the Sender's business type. If other, please specify.
<u>Trading Partner</u>	This section provides identifying information about the Master Trading Partner.
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 "Transmission Profile" form. This, along with the 9-digit postal code (Zip+4) in the Trading Partner address field, will be used to identify a unique Sender.
Name	Enter the name of your business entity corresponding with the FEIN that will be transmitting detailed workers' compensation information to DOWC. This must match the Name supplied on the entity's "Transmission Profile" form.
Address	Enter the street address of the physical location of your business entity. It will represent where materials may be received regarding this Sender if using a delivery service other than the U.S. Postal Service.
City	Enter the city portion of the street address of your business entity.
State	Enter the two (2) character standard state abbreviation of the state portion of the street address of your business entity.
Postal Code	Enter the nine (9) digit postal code of the street address of your business entity. This field, along with Trading Partner FEIN will be used to uniquely identify a Trading Partner. This must match the postal code supplied on the entity's "Transmission Profile" form.
Mailing Address (Including City/ State/Postal Code)	Enter the mailing address used to receive deliveries via the U.S. Postal Service for your business entity. This should be the mailing address for receiving materials pertaining to this Trading Partner agreement. If this address is the same as the above street address, indicate "Same as above".
<u>Contact Information</u>	<p>This section provides the ability to identify individuals within your business entity who can be used as contacts for this Trading Partner relationship. Room has been provided for three business contacts and three technical contacts.</p> <p>The BUSINESS CONTACT is the individual most familiar with the transmission and business processes, as well as data quality issues, within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues, which may arise from your Trading Partner that the technical contact cannot address.</p> <p>The TECHNICAL CONTACT is the individual to be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, and programmer analyst etc.</p>
Name	Enter the name of the Business/Technical contact.
Title	Enter the title of the Business/Technical contact or the role that contact performs within a given Trading Partner relationship.
Phone	Enter the telephone number at which that Business/Technical contact can be reached. Include extension, if applicable
Fax	Enter the telephone number of the FAX machine to use for the Business/Technical contact
E-mail	Enter the e-mail address at which that Business/Technical contact can be reached.
Mailing Address	Enter the mailing address at which that Business/Technical contact can be contacted if different than the Trading Partner mailing address