**GEORGIA STATE BOARD OF WORKERS’ COMPENSATION**

# EDI TRADING PARTNER INSURER ID LIST

**VENDOR NAME\*:**        **Date\*:**

***IMPORTANT: PLEASE COMPLETE AN INSURER ID LIST FOR EACH LOCATION IDENTIFIED IN EDI TRADING PARTNER PROFILE. Complete all fields designated with an asterisk (* \* ). Form will be returned if any required fields are missing.**

**TO*:* Receiver**: Georgia State Board of Workers’ Compensation, EDI Team

**E-mail: edi@sbwc.ga.gov Telephone: 404.656.3818**

**FROM: Master Trading Partner/Claim Administrator\*:**

**Company/Office Location from Profile (page 2) (no abbreviations) \*:**

**Sender FEIN\*:**       **Postal Code\*** (9 digits):

**NOTE:** The **Sender FEIN** and **Postal Code** should be the same as those that your company will use as the ***SENDER ID in the Header Record*** for Claims EDI transmissions, and should match information submitted on your “EDI Trading Partner Profile” (GA\_EDI-1).

In the first column of the table below, provide the **full Legal Name for all Insurers** for which EDI filings will be sent, including Self-insurers and Group Funds. In the second column, provide each **Insurer FEIN**. In the third column, provide the Board-assigned **SBWC ID#.**

This list will be used to reconcile profile identification records. **If after filing this form with the Division, any entries are added or removed from the listing, the trading partner shall submit a revised and complete EDI Trading Partner Profile and Insurer ID List.**

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| --- | --- | --- | --- |
| **#** | **Insurer Legal Name\*** | **Insurer FEIN\*** | **SBWC ID #\*** |
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| 15 |  |  |  |

Use additional page(s) to report more than 15 insurers.

*Revision 5/13/2019*