



**State Board of
Workers' Compensation**

***Application for EDI Partnership
With Georgia State Board of Workers' Compensation***

Claims Office Name	Name of Contact	FEIN #	Telephone Number for Contact	Address for Contact	Email address of contact to receive claim filing notifications	2007 Claim Volume
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						