

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EDI TRANSMISSION PROFILE – RECEIVER SPECIFICATIONS

IMPORTANT: Complete all fields designated with an asterisk (*). Form will be returned if any required fields are missing.

Receiver Name: Georgia State Board of Workers' Compensation, EDI Team DATE: 02/08

E-mail: edi@sbwc.ga.gov

Telephone: 404.463.2818

Receiver Type: Jurisdiction

Receiver ID: FEIN 58-6002031

Receiver Postal Code (9 digits): 30303 – 1299

Transaction Information				Acknowledgment Information		
Type	Release/Version	ANSI	Version	Acknowledgment Record	Mode (EDI/Paper/None)	Production Response Period
FROI	3.0	N/A	N/A	AKC, ARC	EDI	24-48 hrs
SROI	3.0	N/A	N/A	AKC, ARC	EDI	24-48 hrs

Transmission Frequencies:

Daily

Weekly Select Day: SUN MON TUE WED THU FRI SAT

Transmission Cut-off Time (military): 2000 Time Zone: EST

Jurisdiction Approved Transmission: FTP