

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION**

**EDI TRADING PARTNER INSURER/CLAIM ADMINISTRATOR ID LIST**

**IMPORTANT:** 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](mailto:edi@sbwc.ga.gov)  
**Telephone:** 404.463.2818

**FROM: Trading Partner\*:** \_\_\_\_\_

**Sender Legal Name, if different\* (no abbreviations):** \_\_\_\_\_

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

**Date Prepared:** \_\_\_\_\_

**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 POC and 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/Claim Administrators** for which EDI filings will be sent, including self-insurers and any Service Company/Third Party Administrator. In the second column, provide each **Insurer/Claim Administrator 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 EDI Trading Partner Insurer/Claim Administrator ID List.

#	Insurer/Claim Administrator Legal Name* for all Active Claims Offices	Insurer/Claim Administrator FEIN*	SBWC ID #* (if applicable)*
1			
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3			
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Use additional page(s) to report more than 20 insurers/claim administrators.