INSURER/CLAIM ADMINISTRATOR ID LIST

To: Alabama Workers' Compensation Division (AWCD)

EDI Business Supervisor: Christine Dunn
Phone/Fax number: 334-956-4032
Email: Christine.dunn@labor.alabama.gov

EDI Business Manager: Craig White
Phone/Fax number: 334-956-4047
E-mail: craig.white@labor.alabama.gov

FROM: ***(Trading Partner)***:_____

Legal Name (no abbreviations):_____

Sender ID FEIN:**_____Postal Code (9 digits):** _____-_____

Date Prepared: _____

*The **Sender ID FEIN** and **Postal Code** should be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and should match information submitted on your IAIABC Trading Partner Profile.

Provide the full Insurer/Claim Administrator Legal Name, FEIN, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with AWCD requirements as outlined in the EDI Trading Partner Agreement Instructions.

#	Insurer/Claim Administrator Legal Name	Insurer/Claim Administrator FEIN	Jurisdiction Assigned ID
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Please use additional pages for more than 10 insurers