

Instructions for Completing the Trading Partner Insurer List

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Trading Partner Name” box (field) and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat - [WC172 EDI Trading Partner Insurer List.pdf]

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COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

TRADING PARTNER INSURER LIST

Clear Entire Form

Trading Partner Name _____ Date _____

Enter the FEIN and nine-digit Postal Code that will be used by your company as the SENDER ID in the Header Record of all EDI transactions. This should match information submitted on you Master Trading Partner Profile.

**“Clear Entire Form” button
Clears all information at once**

Master FEIN _____

Address _____

City, State _____

Please provide the FEIN, Colorado Division of Workers' Compensation Block Number and legal name for each carrier's and self-insured's claims you will be transmitting. We will notify you of any discrepancy between the identifying information below and the present records of the Division of Workers' Compensation. It is understood that this list may have entries added or removed from time to time.

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Wednesday
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