

California EDI Trading Partner Insurer/Claim Administrator ID List

Date Prepared: _____
Sender Company Name: _____
Sender E-mail Address: _____
Sender Master FEIN: _____
Sender Physical Postal Code (Zip+4): _____
Trading Partner Type: (see Trading Partner Types below) _____

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 California EDI Trading Partner Insurer/Claim Administrator ID List.

List all insurer/claim administrator FEINs and claim administrator postal codes that will be reported by the Sender. For each claim administrator, all physical adjusting locations must be listed separately. Please remove hyphens from FEINs and postal codes and format numeric fields as text fields.

List	Insurer/Claim Administrator/Self-Insurer Legal Name	FEIN #	Trading Partner Type #*	Postal Code (Zip+4)**
1	<i>Sender must be added to the list.</i>			
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Please add additional lines and pages as needed.

- *Trading Partner Types**
 1 = Self-Administered Insurer
 2 = Self-Administered, Self-Insurer (employer)
 3 = Third Party Administrator of Insurer
 4 = Third Party Administrator of Self-Insurer (employer)
 5 = Service Bureau
 6 = Other (Please specify): _____

****Nine-digit postal codes required for Claim Administrator Types 1-4. The FEIN and nine-digit postal code must match the DN6 or DN8 and DN14, respectively, submitted in your transmissions.**