



**State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION**

**FROI/SROI**

**ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE**

The EDI Trading Partner Profile is available online at: <http://www.dir.ca.gov/DWC/WCIS.htm>.

**PART A. Trading Partner Background Information:**

Date: \_\_\_\_\_

Sender Name: \_\_\_\_\_

Sender's Master FEIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code (Zip+4): \_\_\_\_\_ (Sender's postal code)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Trading Partner Type (check any that apply):**

- Self-Administered Insurer
- Self-Administered, Self-Insured (employer)
- Third Party Administrator of Insurer
- Third Party Administrator of Self-Insured (employer)
- Other (Please specify): \_\_\_\_\_

**PART B. Trading Partner Contact Information:**

Business Contact:	Technical Contact:
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
E-mail Address: _____	E-mail Address: _____

**PART C. Trading Partner Transmission Specifications:**

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

**Part C1: TRANSACTION SETS FOR THIS PROFILE:**

Transaction Type	File Format (Check one per row):		Expected Transmission Days of Week (Check any that apply):	Production Response Period
	Flat File Release #	ANSI X12 Version #		
First Reports of Injury	<input type="checkbox"/> 1	<input type="checkbox"/> 1 - Version 3041	<input type="checkbox"/> Daily <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	3 business days
Subsequent Reports of Injury	<input type="checkbox"/> 1	<input type="checkbox"/> 1 -Version 3041	<input type="checkbox"/> Daily <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	3 business days

**PART C2: FTP ACCOUNT INFORMATION:**

User Name  (8 characters max., alpha-numeric only)	
Password  (8 characters min.)	
Transmission Mode  (check one)	<input type="checkbox"/> SSL  <input type="checkbox"/> SSL+PGP
Source Network IP Address  (only public IP addresses)	

File Naming Convention	
File Name Prefix (4 characters max.)	Unique Identifier (check one)
	<input type="checkbox"/> Sequence <input type="checkbox"/> Date/Time <input type="checkbox"/> Date/Sequence <input type="checkbox"/> Other _____

**PART D. Receiver Information (to be completed by DWC):**

Name: California Division of Workers' Compensation

FEIN: 943160882

Physical Address: 1515 Clay Street, Suite 1800

City: Oakland State: CA Postal Code: 94612-1489

Mailing Address: P.O. Box 420603

City: San Francisco State: CA Postal Code: 94142-0603

Business Contact:

Technical Contact:

Name: (Varies by trading partner)

Name: (Varies by trading partner)

Title: (Varies by trading partner)

Title: (Varies by trading partner)

Phone: (xxx) xxx-xxxx Phone: (xxx) xxx-xxxx

FAX: (510) 286-6862 FAX: (510) 286-6862

E-mail Address: wcis@dir.ca.gov

E-mail Address: wcis@dir.ca.gov

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA FILE TRANSFER PROTOCOL (FTP): (Please contact DWC for this information)

RECEIVER'S FLAT FILE RECORD DELIMITER: CR

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:

Segment Terminator: ~ ISA Information: TEST PROD  
 Data Elements Separator: \* Sender/Receiver Qualifier: ZZ ZZ  
 Sub-Element Separator: > Sender/Receiver ID: (Use Master FEIN)