

## Trading Partner Profile

Trading Partner Type:

Carrier  Third Party Administrator  Employer  Service Bureau

Sender Name: \_\_\_\_\_  
Sender's FEIN: \_\_\_\_\_ Sender's Postal Code: \_\_\_\_\_  
(Must have 9 digits)

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

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Contact Information:	<u>Business Contact:</u>	<u>Technical Contact:</u>
Name:	_____	_____
Title:	_____	_____
Phone:	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

## Transmission Profile – Sender's Response

Receiver Name: State of Montana, Employment Relations Division  
Master FEIN: 81-0302402 Postal Code: 59604-8011

Transaction Information: Transactions 148, A49, AK1 – **Flat File Release** (*IAIABC Claims Release 1*)

Transmission Frequencies: May transmit Sunday - Saturday. Acknowledgments processed Monday - Friday.

### Select one :

Electronic Mailbox(s) for this Profile:

- Aerie EDI Group
- EBIX (formerly Claims Harbor/Claimport)
- IVANS/Advantis
- Mitchell Regulatory Reporting Solutions
- Health Tech
- ISO wcPrism Solutions
- Direct Reporting sFTP