STATE OF MONTANA
EDI Implementation Guide

Trading Partner Profile

Trading Partner Type:
__ Montana Adjuster __ 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:	Business Contact:	Technical Contact:
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**

Transmission Frequencies: May transmit Monday through Friday.

Select one :
Electronic Mailbox(s) for this Profile:

___ ClaimHarbor/Claimport
___ IVANS/Advantis
___ Celerity – AT&T Easylink
___ Workcomp.net
___ Health Tech
___ Direct Reporting FTP