



Montana Department of  
**LABOR & INDUSTRY**  
Employment Standards Division

**Trading Partner Profile**

Trading Partner Type:	Carrier	Third Party Administrator	Employer
Sender Name:			
Sender FEIN:			
Sender Postal Code: (Must have 9 digits)			
Physical Address:			
City:		State:	Zip:
Mailing Address:			
City:		State:	Zip:
Business Contact Name:			
Title:			
Phone:			
Email:			
Technical Contact:			
Title:			
Phone:			
Email:			

**Transmission Profile – Sender’s Response**

Receiver Name:	State of Montana, Employment Standards Division		
Master FEIN:	<u>81-0302402</u>	Postal Code:	59604-8011
Transaction Information:	Transactions 148, A49, and AK1 – Flat File Release (IAIABC Claims Release 1.0)		
Transmission Frequencies:	May transmit Sunday through Saturday. Acknowledgments also processed Sunday through Saturday.		

**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
Riskconnect