



STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE
NASHVILLE, TN 37243-1002
wc.edi@tn.gov
www.tn.gov/workerscomp

TRADING PARTNER PROFILE INSTRUCTIONS

Partner Type: The type of entity that will be transmitting data to Tennessee.

Third Party Administrator (TPA) if you are the transmitter and you will be reporting Tennessee claims.

Insurance carrier if you are the transmitter and you are licensed to write workers' compensation insurance in Tennessee.

Self Insured Employer if you are the transmitter and are a Self Insured employer or trust that has been approved by the Tennessee Department of Commerce & Insurance, Self Insurance Division.

Sender Administrator if you are the transmitter on behalf of an Insurance Carrier, Self Insured Employer or TPA.

Trading Partner Section:

List the name, FEIN, address and contact information of the entity that will be transmitting the data. The FEIN and Postal Code that will be used in the header should be listed in this section.

Transaction Information:

Format: Flat File

Release/Version: EDI version being used

Projected Transactions: Number of transactions expected to transmit & time period

Acknowledgement Info: Data we provide to you

Sender Administrator Information

The section 'Sender Administrator Information' should list the Name, FEIN and type of each entity that will be listed in Data Elements 6 & 7 (Insurer Name & FEIN) and in Data Elements 8 & 9 (TPA FEIN & name).

The list will be compared to the Bureau's database to ensure the Name, FEIN and type fields match. You will then be notified of any discrepancies. The Bureau's source of information for insurance carriers, Self Insured employers, Self Insured groups and insurance pools is the Tennessee Department of Commerce & Insurance.



STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION

EDI TRADING PARTNER AGREEMENT

220 French Landing Drive 1B
Nashville, Tennessee 37243-0661

This is an agreement between the Bureau of Workers' Compensation (hereafter BWC) and the party identified in the space below to use Electronic Data Interchange (EDI) technologies and techniques for the purpose(s) and objective(s) set out below or as amended in writing by mutual agreement or in accordance with statutory or administrative rule revisions.

1. **Parties.** The parties to this agreement are the State of Tennessee, Bureau of Workers' Compensation and _____ (Trading Partner – i.e., Insurer, Third Party Administrator, etc.) and all other companies within the company authorized to write workers' compensation insurance or provide insurance related services (hereafter referred to as the "Reporter").
2. **Purpose.** The Reporter is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients a First Report of Injury and Subsequent Reports to the State of Tennessee, Bureau of Workers' Compensation. The objective is to initiate, implement and maintain First Report and Subsequent Reports through electronic filing.
3. **Objective.** Both agree that the Objective is lawful and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing the Objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to BWC or any related governmental entity for permission to file information electronically.
4. **Items A through E listed below**, which is annexed and incorporated in the Agreement sets forth the following mutually agreed elements of the arrangement between the parties:
 - A. The schedule form, including data element definitions, and format of data transmissions from the Reporter, including original submissions and corrections or re submissions as needed (data transmissions).
 - B. The test and implementation plan and schedule under which the parties will prepare to send and receive data from each other.
 - C. The schedule, form, including data element definitions, and format of data transmissions from the BWC, including acknowledgments, notices of error or notices of acceptance as applicable (data transmissions).
 - D. The network that will be used to transmit and receive data along with appropriate protocols and credentials.
 - E. The allocation of data transmission costs between the parties.
5. Each party shall retain the content of data transmissions in confidence to the extent required by law.

Agreed this _____ day of _____, _____ for the parties by their duly authorized or lawfully empowered representatives.
(Numeric Date) (Month) (Year)

(Signature)

(Name)

(Title)

(Reporter)

(Signature)

(Name)

(Title)

(BWC)