



# TRANSMISSION PROFILE SENDER'S RESPONSE

Return this page to:

**Receiver Name:** Missouri Division of Workers' Compensation

**Receiver Identifier:** Receiver FEIN: 44-6000987 Receiver Postal Code: 65102-0058

**Profile ID:** \_\_\_\_\_ **Description:** \_\_\_\_\_

### SENDER SELECTIONS/INFORMATION:

Master Trading Partner Information: \_\_\_\_\_

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

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

Trading Partner Type:  Jurisdiction  Claims Admin  Employer  Service Bureau  Other

Sender Identifier: Sender FEIN: \_\_\_\_\_ Sender Postal Code: \_\_\_\_\_

Transaction Information				Acknowledgment Information	
Transaction IAIAB	Format	Release/Version	Projected Number per Trans	Mode	Level
148/148					
AK1/824					

### TRANSMISSION FREQUENCY (select only one from Receiver's options):

Daily

Weekly  SUN  MON  TUE  WED  THU  FRI  SAT

Monthly Day (1-31): \_\_\_\_\_

Quarterly Month(s):  JAN  FEB  MAR  APR  MAY  JUN  JUL  
 AUG  SEP  OCT  NOV  DEC

Day (1-31): \_\_\_\_\_

Annually Month(s):  JAN  FEB  MAR  APR  MAY  JUN  JUL  
 AUG  SEP  OCT  NOV  DEC

Day (1-31): \_\_\_\_\_

Other: \_\_\_\_\_

**SELECTED MEDIA:**  Electronic Mailbox  Direct Connect: Web  Direct Connect: FTP

### ELECTRONIC MAILBOX INFORMATION:

**Network:** \_\_\_\_\_

*Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711*