



**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: _____

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