



TRADING PARTNER TYPE:

- Jurisdiction
- Service Bureau
- Employer
- Claims Administrator
- Other (specify) _____

MASTER TRADING PARTNER INFORMATION:

Name _____
 Master FEIN _____
 Physical Address _____
 City _____ State _____ ZIP Code _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____

CONTACT INFORMATION:

Business Contacts:

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Technical Contacts:

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

Name _____
 Title _____
 Phone _____
 Fax _____
 Email _____

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