



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**ELECTRONIC PARTNERING/  
CONFIDENTIALITY AGREEMENT**

This system is designed to enable the Trading Partner to file a First Report of Injury directly with the Division using the Web-enabled process. There is no fee charged for using this service.

The Trading Partner has reviewed the Electronic Data Interchange (EDI) Missouri-Specific Requirements, Missouri Data Dictionary, National Council on Compensation Insurance (NCCI) Occupational Codes, EDI Cause of Injury, Nature of Injury and Body Parts Codes that establish the data element reporting requirements.

**Objective:** The objective is to test, initiate, implement and maintain the reports through electronic filing for the requirements set forth above and further explained on the Division's Web site. The Trading Partner agrees that the objective is lawful and performance hereunder shall be deemed to be the complete performance of its obligations under any law or regulation governing such objective. This agreement fulfills the requirement on the part of the Trading Partner to apply to the Division for permission to file the information electronically.

**Confidentiality:** Trading Partner understands and agrees that any and all information from or relating to the First Report of Injury and to the Missouri Division of Workers' Compensation databases shall be kept privileged and confidential. Trading Partner agrees that any information contained in or derived from, any Missouri Division of Workers' Compensation Claim file, shall not be disclosed to any party unauthorized to receive such information. Trading Partner is subject to and governed by the provisions of §287.380 RSMo *et seq.* Requests received by a party for information from a Report of Injury file shall be directed to the Division's custodian of records.

**Database Security:** Trading Partner understands and agrees that no unauthorized data shall be entered, nor any unauthorized changes made to data or disclose any information without prior authorization. Trading Partner understands and agrees that they shall not tamper with any record and has been informed that to do so is a criminal offense which could result in being charged with Tampering with Public Record, also a Class A misdemeanor, under §575.110, RSMo. Trading Partner further understands and agrees that it is a crime to tamper with computer data or knowingly or without reasonable grounds to believe that he/she has authorization to modify or destroy data in the computer system; to disclose or take data residing in the computer system or computer network; disclose or take password, identifying code, personal identification number or other confidential information about the computer system or network; or to receive or disclose data that is obtained in violation of §569.095, RSMo. Said section makes tampering with computer data a Class A misdemeanor, and, if committed under certain circumstances to defraud or obtain property for \$150 or more, the charge will be a Class D felony.

**Fraud and Noncompliance:** Trading Partner understands that pursuant to §287.380.4 RSMo making a false report or statement in writing to the Division is deemed a misdemeanor and on conviction thereof is punishable by a fine of not less than \$50 nor more than \$500, or by imprisonment in the county jail for not less than one week nor more than one year, or by both the fine and imprisonment.

I have read and understand all of the above information. I wish to continue with the Web-enabled filing of the report of injury. I am the duly authorized representative responsible for filing the First Report of Injury with the Division. I understand I must complete the process and receive an access code in order for a report to be filed. Under penalty of perjury all information I provide is true and accurate to the best of my knowledge

\*Name and Title: \_\_\_\_\_

\*Contact/Telephone Number: \_\_\_\_\_

\*Name of Company: \_\_\_\_\_

\*FEIN: \_\_\_\_\_

\*Address of Company: \_\_\_\_\_

\_\_\_\_\_

\*Signature: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*Date: \_\_\_\_\_

\* Required Fields

**Please Print a Copy for Your Records**

When completed, please mail to:

Division of Workers' Compensation  
3315 West Truman Blvd.  
Jefferson City, MO 65102-0058

Questions? Call 573-751-4231