



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*