State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

FROI/SROI
ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

The EDI Trading Partner Profile is available online at: http://www.dir.ca.gov/DWC/WCIS.htm.

PART A.   Trading Partner Background Information:

Date: _____

Sender Name: _____

Sender's Master FEIN: _____

Physical Address: _____
City: _____ State: _____
Postal Code (Zip+4): _____ (Sender's postal code)

Mailing Address: _____
City: _____ State: _____
Postal Code: _____

Trading Partner Type (check any that apply):

Self-Administered Insurer
Self-Administered, Self-Insured (employer)
Third Party Administrator of Insurer
Third Party Administrator of Self-Insured (employer)
Other (Please specify): _____

PART B.   Trading Partner Contact Information:

Business Contact: Technical Contact:
Name: _____   Name: _____
Title: _____   Title: _____
Phone: _____   Phone: _____
FAX: _____   FAX: _____
E-mail Address: _____   E-mail Address: _____

WCIS Reports Contact:
Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail Address: _____

(March 27, 2018)

PART C. Trading Partner Transmission Specifications:

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): _____
DESCRIPTION: _____

Part C1: TRANSACTION SETS FOR THIS PROFILE:

Transaction Type	File Format (circle one per row):		Production Response Period
	Flat File Release #	ANSI X12 Version #	
First Reports of Injury	☐ 1	☐ 1 - Version 3041	3 business days
Subsequent Reports of Injury	☐ 1	☐ 1 – Version 3041	3 business days

PART C2: SFTP ACCOUNT INFORMATION:

User Name   (To be provided by WCIS contact)
Password   (To be provided by WCIS contact)
Source Network IP Address   (Only public IP addresses.   Maximum 5 allowed.)

PART D.   Receiver Information (to be completed by DWC):

Name: *California Division of Workers' Compensation*

FEIN: *943160882*

Physical Address: *1515 Clay Street, Suite 1800*
City: *Oakland*   State: *CA*   Postal Code: *94612-1489*

Mailing Address: *P.O. Box 420603*
City: *San Francisco*   State: *CA*   Postal Code: *94142-0603*

Business Contact: Technical Contact:
Name: *(Varies by trading partner)*   Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*   Title: *(Varies by trading partner)*
Phone: *(xxx) xxx-xxxx*   Phone: *(xxx) xxx-xxxx*
E-mail Address: *wcis@dir.ca.gov*   E-mail Address: *wcis@dir.ca.gov*

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA FILE
TRANSFER PROTOCOL (SFTP): *(Please contact DWC for this information)*

RECEIVER'S FLAT FILE RECORD DELIMITER: *CR*

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:
      Segment Terminator:_____~   ISA Information: TEST   PROD
      Data Elements Separator:_____*_____Sender/Receiver Qualifier: *ZZ   ZZ*
      Sub-Element Separator:_____>_____Sender/Receiver ID: *(Use Master FEINs*