IAIABC
ELECTRONIC PARTNERING AGREEMENT

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques, for the purpose(s) and objective(s) set out below or as amended from time to time in writing by mutual agreement, and such further purposes and objectives as the parties may agree in writing from time to time with reference to this Agreement.

1. **Parties:** The parties to this agreement are: <u>Vermont Depoartment of Labor - VDOL</u> (*State Name & Workers' Compensation Agency Name*) {hereafter referred to as the Jurisdiction} and, _____ (*Insurer, Self-Insurer, Third Party Administrator, or other reporting entity; full legal name*) {hereafter referred to as the Reporter} and all other companies within the Company named and authorized to write workers' compensation insurance or provide insurance related services within the named state.

2. **Purpose:** The Reporter is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients the following reports to the Jurisdiction.

   ☒ First Report of Injury   ☒ Subsequent Report of Injury
   ☐ Proof of Coverage   ☐ Medical

3. **Objective:** To test, initiate, implement, and maintain these reports through electronic filing per the Jurisdiction Implementation Guide dated _____.

4. **Exhibits:** A – D are annexed and incorporated in this Agreement, set forth the format, release and version of data transmissions from the Reporter, including original submissions and corrections or re- submissions as needed:

   A. IAIABC Electronic Trading Partner Profile
   B. IAIABC Electronic Transmission Profile -- Receiver's Specifications
   C. IAIABC Electronic Transmission Profile -- Sender's Response
   D. IAIABC Electronic Partnering Claims Administrator ID List

5. Both parties agree that the objective stated in Item 2 above is lawful, and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing such objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to the Jurisdiction or any related governmental entity for permission to file information electronically.

6. Each party shall retain the content of data transmissions in confidence to the extent required by law.

7. The Reporter shall pay transmission costs for all reports being sent to or received from the Jurisdiction.

Agreed this _____ day (*e.g., eleventh or 11th*) of _____ (*e.g., February*), _____ (*e.g., 2003*) by the parties or by their duly authorized or lawfully empowered representatives.

For the REPORTER:

(*Signature*)_____

(Name)_____

(Title)_____

For the JURISDICTION: (*Signature*)

(Name) Trudy Smith_____

(Title) Vocational Rehabilitation Specialist

(Signature)

_____

IAIABC
ELECTRONIC PARTNERING INSURER/CLAIM ADMINISTRATOR ID LIST

TO: **Vermont Department of Labor (VDOL)**
EDI Coordinator & Technical Contact Information IT Contact
Name: Trudy Smith
IT Contact Phone Number: 802.828.2991
Contact E-mail Address: trudy.smith@vermont.gov Contact
Fax Number: 802.828.2195

FROM: (*Trading Partner***)**

Legal Name (no abbreviations):

*Sender ID FEIN: *** Postal Code** (9 digits): _____ – _____

Date Prepared:

* The **Sender ID FEIN** and **Postal Code** should be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the Insurer/Claim Administrator FEIN, full Legal Name, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the
table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions.

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Jurisdiction Assigned ID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
16			
18			
19			
20			

Please use additional pages for more than 20 insurers.

Rev 1-11-23

IAIABC
ELECTRONIC TRANSMISSION PROFILE
RECEIVER'S SPECIFICATIONS

Receiver Name: <u>Vermont Department of Labor (VDOL)</u>   **Date Prepared:** _____
            (*Jurisdiction Name & Workers' Compensation Agency Name*)
Trading Partner Type: **<u>X</u>** Jurisdiction   ___Service Bureau   ___Other

Receiver ID: FEIN:<u>036000264</u>   **Postal Code (9 digits):** { <u>05620</u> } – { <u>0020</u> }

Transaction Sets for this Profile:

Transaction Information				Acknowledgment Information	
IAIABC	**ANSI**	**Release**	**Version**	**Mode (EDI/Paper/None)**	**Production Response period**
148	148	3.1			
A49	148	3.1			
POC	271				
MED	837				

Transmission Frequencies for this Profile:
__ Daily
__ Weekly   Select Day: SUN   MON   TUE   WED   THU   FRI   SAT
__ Monthly   Select Day (1-31):____
__ Other:_____   Transmission Cut-off Time:_____AM/PM

Electronic Mailbox(s) for this Profile:

Network:			Network:		
	Test	**Production**		**Test**	**Production**
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Network:			Network:		
	Test	**Production**		**Test**	**Production**
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Secure File Transfer Protocol (SFTP) for this Profile:

Web Site	**Test**	**Production**
URL:		
Security Protocol:		
Encryption Level:		

Flat File Record Delimiter: __Carriage Return (CR)   __Carriage Return Line Feed (CRLF)

ANSI Information:

Segment Terminator:		ISA Information:	**Test**	**Production**
Data Element Separator:		Sender/Receiver Qualifier:		
Sub-Element Separator:		Sender/Receiver ID:		

IAIABC
ELECTRONIC TRANSMISSION PROFILE
SENDER'S RESPONSE

Return this page to:

Receiver Name: **Vermont Department of Labor (VDOL)**
Receiver ID: Receiver FEIN: 036000264
Receiver Postal Code (9 digits): { 05620 } – { 0020 }

Sender Selections/Information

EDI Service Provider:

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Trading Partner Type: ____Jurisdiction ____Third Party Administrator _____Employer
____Service Bureau/DCO __ EDI Service Provider __ Self-Insurer ___Insurer
Other (specify): _____

Sender ID: Sender FEIN:_____ Sender Postal Code (9digits):_____

Transaction Sets for This Profile:

Transaction Information					Acknowledgment
IAIABC	**ANSI**	**Release**	**Version**	**Projected # per Transmission**	**Mode (EDI/Paper/None)**
148	148	See Jurisdiction's Event Table			
A49	148	See Jurisdiction's Event Table			
POC	271				
MED	837				

Transmission Frequency (select only one from Receiver's options)**:**
__ Daily
__ Weekly   Select Day: SUN MON TUE WED THU FRI SAT
__ Monthly   Select Day (1-31):____   Other:_____

Selected Media: __ Network   __ Secure FTP

Electronic Mailbox for this Profile:

Network:		
	Test	**Production**
Mailbox Acct ID:		
User ID:		
Message Class:		

*Secure File Transfer Protocol (SFTP) for this Profile:

Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

* See Instructions for additional information on securing Internet sessions.

IAIABC
ELECTRONIC TRADING PARTNER PROFILE

Trading Partner Type (check all that apply)**:**

__ Jurisdiction   __ Third Party Administrator
__ Service Bureau / DCO   __ Self-Insurer
__ Employer   __ EDI Service Provider
__ Insurer   __ other (specify):_____

Master Trading Partner Information:

Legal Name (no abbreviations):_____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Sender ID FEIN:_____   **Postal Code** (9 digits): {_____} – {____´ ´´}

Physical Address:

Address Line 1:_____
Address Line 2:_____
City:_____State: {_____}   Postal Code: {_____} – {____´´´}

Mailing Address:

Address Line 1:_____
Address Line 2:_____
City:_____State: {_____}   Postal Code: {_____} – {____´ ´´}

Contact Information:

First Report of Injury (FROI)   Subsequent Report of Injury (SROI)
Proof of Coverage (POC)   Medical (MED)

Business Contact: **Technical Contact:**
Name: _____   Ápaҫ ^K
Title: _____   Á√äȼ^K
Phone: _____   ÁÚ@ɓ}^K
FAX: _____   ØŒȳK
E-mail: _____   E-mail:_____

Claims Handling Location Contact: **Preparer Information:**
Name: _____   Ápaҫ ^K
Title: _____   V√äȼ^K
Phone: _____   Phone: _____
FAX: _____   FAX: _____
E-mail: _____   E-mail: _____