



Electronic Data Interchange 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: Vermont Department of Labor, Workers' Compensation Division (hereafter VTWC); and _____ (reporting entity's name, hereafter Reporter), and all other companies within It authorized to write Workers' Compensation insurance or provide insurance related services.
2. Purpose: 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 a First Report of Injury to VTWC. The Objective is to initiate, implement and maintain First Reports of Injury submissions through electronic filing.
3. Both agree that the Objective is lawful and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing the Objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to VTWC or any related governmental entity for permission to file information electronically. Each party agrees to indemnify and hold the other harmless for claims arising from any violation, or alleged violation, of the foregoing warranty.
4. **Exhibit A**, which is annexed and incorporated in this Agreement, sets forth the following mutually agreed elements of the arrangement between the parties:
 - A. The schedule form, including data element definitions, and format of data transmissions from the Reporter, including original submissions and corrections or re-submissions as needed (data transmissions).
 - B. The test and implementation plan and schedule under which the parties will prepare to send and receive data from each other.
 - C. The schedule, form, including data element definitions, and format of data transmissions from VTWC, including acknowledgments, notices of error or notices of acceptance as applicable (data transmissions).
 - D. The EDI service provider that will be used to transmit and receive data transmissions.
 - E. The allocation of data transmission costs between the parties.
5. Each party shall retain the content of data transmissions in confidence to the extent required by law.
6. Either party may terminate this agreement after giving sixty (60) days prior written notice. Termination does not excuse the Reporter from its responsibility to file First Reports of Injury electronically as mandated by 21 V.S.A. § 660a.

Reporter:

VTWC:

(signature)

(signature)

(name)

(name)

(title)

(title)

(date)

(date)



EXHIBIT A

- A.1. Reporter and VTWC agree to use the standards established by the International Association of Industrial Accident Boards and Commissions (IAIABC) for flat-file transmissions.

- B.1. The Project will commence with the transmission of the version of the First Report of Injury defined per paragraph C3 below on *(Date)*. During the testing phase, the Reporter will be required to file claims according to a procedure agreed upon by VTWC and the Reporter. Once the Reporter is approved for production, the Reporter will no longer be required to file paper forms. If the Reporter's customers are required to file a paper copy of the First Report, VTWC agrees to waive the requirement for all reports made to VTWC by the Reporter on behalf of its customers.

- B.2. VTWC and the Reporter will perform a test of the reporting system. The test will determine whether the transmission mechanism and data file structure is acceptable. Acceptance will occur when both parties agree that most of the electronic first reports (a) meet or pass all technical requirements; and (b) match or are more accurate than the paper forms filed.

- C.1. The format of data elements and definitions will conform to the International Association of Industrial Accident Boards and Commissions (IAIABC) data dictionary as it is today and as amended from time to time and approved by the IAIABC's EDI Working Group and EDI Steering Committee or as otherwise agreed between the parties in writing.

- C.2. The transmission of data will occur as specified on page one of the Transmission Profile, from the Reporter or as otherwise agreed and will be received by VTWC within the following business week.

- C.3. The data elements for the First Report and their respective priorities are found on the attached trading partner table (Attachment 1). Additional tables for other reports and forms can become part of this agreement by mutual agreement between the parties.

- C.4. Any error in transmission will be timely identified by VTWC, but not greater than ten (10) business days.

- D.1. Transmission will be accomplished via one of the providers listed on page 2 of the Profile section or another method agreed to by VTWC.

- E.1. Transmission costs shall be paid by the Reporter for all reports being sent to VTWC and to receive acknowledgements (AK1) from VTWC if they are desired, where applicable.



TRADING PARTNER PROFILE

Receiver FEIN: 03-6000264

Receiver Postal Code: 05620-0020

RECEIVING TRADING PARTNER TYPE: State Jurisdiction

RECEIVING TRADING PARTNER DETAILS:

FEIN: 03-6000264
Name: Vermont Department of Labor
Address: 5 Green Mountain Drive, PO Box 488
City: Montpelier
State: VT **Zip Code:** 05601-0488

CONTACT INFORMATION:

Business Contact

Name: J. Stephen Monahan
Title: Director
Phone: (802) 828-2138
FAX: (802) 828-2195
E-mail: stephen.monahan@vermont.gov

Technical Contact

Name: Trudy Smith
Title: VR Specialist
Phone: (802) 828-2991
FAX: (802) 828-2195
E-mail: trudy.smith@vermont.gov



TRANSMISSION PROFILE (Page 1 of 4)

Receiver FEIN: 03-6000264

Receiver Postal Code: 05620-0020

RECEIVING TRADING PARTNER FORMAT & FREQUENCY:

TRANSACTION SETS:

IAIABC 148 Release 1

MTC's* of "00", "01", "02", "CO"

IAIABC AK1 Release 1

Functional acknowledgement for AK1 is not needed.

Flat File Record Delimiter: carriage return (DOS/Windows text)

INDUSTRY CODES:

VTWC will accept SIC provided they are suffixed with "SC". SIC codes reported without an "SC" pose the potential of being erroneously mapped to a NAICS code. NAICS may be reported normally. Please specify which you intend to use on page 3 of this section.

FREQUENCY:

VTWC will pick up transmissions no less than once a week. It is likely that EDI claims will actually be processed more frequently than this. Likewise, the Reporter may not report less than once a week (unless there are no claims during the given period) but may report as *frequently* during the week as they wish.



TRANSMISSION PROFILE (Page 2 of 4)

Receiver FEIN: 03-6000264

Receiver Postal Code: 05620-0020

CURRENTLY SUPPORTED VENDORS:

Ebix – www.ebix.com

Mailbox/Acct ID: Vermont Jurisdiction

User ID: none

HealthTech – www.htedi.com

Mailbox/Acct ID: Vermont Jurisdiction

User ID: none

ISO - www.weprism.com

Mailbox/AcctID: Vermont Jurisdiction

User ID: none

Mitchell International (Workcomp.net) – www.mitchell.com/smartadvisor

Mailbox/Acct ID: Vermont Jurisdiction

User ID: none



TRANSMISSION PROFILE (Page 3 of 4)

Receiver FEIN: 03-6000264

Receiver Postal Code: 05620-0020

SENDING PARTNER (REPORTER) INFORMATION:

Reporter FEIN: _____

Reporter Name: _____

Address: _____

City, State, and Zip Code (please include the Zip+4 extension): _____

CONTACT INFORMATION:

Business

Name: _____

Title: _____

Phone: _____

FAX: _____

E-mail: _____

Technical

Name: _____

Title: _____

Phone: _____

FAX: _____

E-mail: _____

Network/Communication Details:

Network Name: _____ Please choose an EDI Vendor from this List.

Mailbox Acct ID: _____

User ID: _____

Message Class: _____

Payment terms for transmission understood? (see E.1. of Exhibit A): Yes No



Attachment 1

DN	Data Name	Process Name	REQ	Format Length	Type	Begin	End
1	TRANSACTION SET ID	TRNS_SET_ID	M	3	A/N	1	3
2	MAINTENANCE TYPE CODE	MTC	M	2	A/N	4	5
3	MAINTENANCE TYPE CODE DATE	MTC_DT	O	8	DATE	6	13
4	JURISDICTION	JURIS	O	2	A/N	14	15
5	AGENCY CLAIM NUMBER	AGCY_CLM_NBR	O	25	A/N	16	40
6	INSURER FEIN	INSURER_FEIN	M	9	A/N	41	49
7	INSURER NAME	INSURER_NAME	M	30	A/N	50	79
8	THIRD PARTY ADMINISTRATOR FEIN	INSURER_FEIN	M**	9	A/N	80	88
9	THIRD PARTY ADMINISTRATOR NAME	INSURER_NAME	O	30	A/N	89	118
10	CLAIM ADMINISTRATOR ADDRESS LINE 1	CLM_ADM_ADDR_1	M	30	A/N	119	148
11	CLAIM ADMINISTRATOR ADDRESS LINE 2	CLM_ADM_ADDR_2	O	30	A/N	149	178
12	CLAIM ADMINISTRATOR CITY	CLM_ADM_CTY	M	15	A/N	179	193
13	CLAIM ADMINISTRATOR STATE	CLM_ADM_STATE	M	2	A/N	194	195
14	CLAIM ADMINISTRATOR POSTAL CODE	CLM_ADM_POSTAL	M	9	A/N	196	204
15	CLAIM ADMINISTRATOR CLAIM NUMBER	CLM_ADM_CLM_NBR	O	25	A/N	205	229
16	EMPLOYER FEIN	EMPLR_FEIN	M	9	A/N	230	238
17	INSURED NAME	INSD_NAME	O	30	A/N	239	268
18	EMPLOYER NAME	EMPLR_NAME	M	30	A/N	269	298
19	EMPLOYER ADDRESS LINE 1	EMPLR_ADDR_1	M	30	A/N	299	328
20	EMPLOYER ADDRESS LINE 2	EMPLR_ADDR_2	O	30	A/N	329	358
21	EMPLOYER CITY	EMPLR_CITY	M	15	A/N	359	373
22	EMPLOYER STATE	EMPLR_STATE	M	2	A/N	374	375
23	EMPLOYER POSTAL CODE	EMPLR_POSTAL	M	9	A/N	376	384
24	SELF INSURED INDICATOR	SELF_INSD_IND	O	1	A/N	385	385
25	SIC CODE	SIC_CODE	O	6	A/N	386	391
26	INSURED REPORT NUMBER	INSD_RPT_NBR	O	10	A/N	392	401
27	INSURED LOCATION NUMBER	INSD_LOC_NBR	O	15	A/N	402	416
28	POLICY NUMBER	POL_NUM	O	30	A/N	417	446
29	POLICY EFFECTIVE	POL_EFF	O	8	DATE	447	454
30	POLICY EXPIRATION	POL_EXP	O	8	DATE	455	462
31	DATE OF INJURY	DT_INJ	M	8	DATE	463	470
32	TIME OF INJURY	TIME_INJ	O	4	HHMM	471	474
33	POSTAL CODE OF INJURY	POSTAL_INJ_SITE	O	9	A/N	475	483
34	EMPLOYER PREMISES INDICATOR	EMPLR_PREMIS_IND	O	1	A/N	484	484
35	NATURE OF INJURY	NATURE_INJ_CD	M	2	A/N	485	486
36	PART OF BODY INJURED CODE	PART_BODY_INJ_CD	M	2	A/N	487	488
37	CAUSE OF INJURY	CAUSE_INJ_CD	M	2	A/N	489	490
38	ACCIDENT DESCRIPTION/CAUSE	ACC_DESC_TXT	O	150	A/N	491	640
39	INITIAL TREATMENT	INIT_TREAT_CD	O	2	A/N	641	642
40	DATE REPORTED TO EMPLOYER	DT_REP_EMPLR	O	8	DATE	643	650

41	DATE REPORTED TO CLAIMS ADMINISTRATOR	DT_REP_CLM_ADM	O	8	DATE	651	658
42	SOCIAL SECURITY NUMBER	SSN	M	9	A/N	659	667
43	EMPLOYEE LAST NAME	EE_L_NAME	M	30	A/N	668	697
44	EMPLOYEE FIRST NAME	EE_F_NAME	M	15	A/N	698	712
45	EMPLOYEE MIDDLE INITIAL	EE_MI	O	1	A/N	713	713
46	EMPLOYEE ADDRESS LINE 1	EE_ADDR1	M	30	A/N	714	743
47	EMPLOYEE ADDRESS LINE 2	EE_ADDR2	O	30	A/N	744	773
48	EMPLOYEE CITY	EE_CITY	M	15	A/N	774	788
49	EMPLOYEE STATE	EE_STATE	M	2	A/N	789	790
50	EMPLOYEE POSTAL CODE	EE_POSTAL	M	9	A/N	791	799
51	EMPLOYEE PHONE NUMBER	EE_PHONE	O	10	A/N	800	809
52	EMPLOYEE DATE OF BIRTH	EE_DT_BIRTH	M	8	DATE	810	817
53	GENDER CODE	GENDER_CD	O	1	A/N	818	818
54	MARITAL STATUS CODE	MARITAL_CD	O	1	A/N	819	819
55	NUMBER OF DEPENDENTS	NBR_DEPS	O	2	NUM	820	821
56	DATE DISABILITY BEGAN	DATE_DIS_BGN	O	8	DATE	822	829
57	EMPLOYEE DATE OF DEATH	EE_DT_DEATH	O	8	DATE	830	837
58	EMPLOYMENT STATUS CODE	EMPLMNT_STATUS	O	2	A/N	838	839
59	CLASS CODE	CLASS_CD	O	4	A/N	840	843
60	OCCUPATION DESCRIPTION	OCCUP_DESCR	O	30	A/N	844	873
61	DATE OF HIRE	DT_HIRE	O	8	DATE	874	881
62	WAGE	WAGE	O	11	NUM	882	892
63	WAGE PERIOD	WAGE_PERIOD	O	2	A/N	893	894
64	NUMBER OF DAYS WORKED	NBR_DYS_WKD	O	1	NUM	895	895
65	DATE LAST DAY WORKED	DT_LAST_DY_WKD	O	8	DATE	896	903
66	FULL WAGES PAID FOR THE DATE OF INJURY INDICATOR	FULL_WAGES_L_DAY	O	1	A/N	904	904
67	SALARY CONTINUED INDICATOR	SAL_CONT_IND	O	1	A/N	905	905
68	DATE OF RETURN TO WORK	DT_RTW	O	8	DATE	906	913