Section F

Trading Partner Profile

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Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to NHDOL. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission (DN0098). The Sender ID is used by NHDOL to identify communication parameters as specified on the Trading Partner Profile form.

For most organizations, the Claim Administrator FEIN (Federal Employer Identification Number) provided on each transaction will always be the same as the Sender ID's Master FEIN. If there is no Claims Administrator FEIN (DN0187), NHDOL substitutes the Insurer FEIN (DN0006) for the claims administrator FEIN.

Other organizations may have multiple claim administrator FEINs for their various operating units. If the transactions for these various claim administrators will be sent from their location we want a Sender's Trading Partner Profile, and a Sender's Transmission Profile from each organization. This will allow us to complete testing and certify each trading partner. However if the transmissions for these subsidiaries will be sent from one single location then we want the Trading Partner Profiles from that organization and we want the subsidiaries listed on the Third Party Administrator Location list.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile--providing the Master FEIN for the parent company in the Sender ID--and could then transmit transactions from both subsidiaries, identified by the appropriate claim administrator FEIN on each transaction.

The NHDOL uses the claim administrator FEIN to process individual transactions. Transactions for unknown claim administrators will be rejected by NHDOL. For this reason, it is vital for each NHDOL Trading Partner Profile to be accompanied by a list of all claim administrator FEINs whose data will be reported under a given Sender ID. Since the profile form does not have any place to provide this list, NHDOL asks that it be submitted on the Third Party Administrator Location List. If such a list is not provided, NHDOL will assume that the only claim administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID.

DEPARTMENT OF LABOR DIVISION OF WORKERS' COMPENSATION



EDI SENDER'S TRADING PARTNER PROFILE

Date:				
Trading Partner Type:				
☐ Jurisdiction ☐ Insurance Carrier Employer	Service Bureau	☐ Third Par	ty Administrator	Self Insured
Other (Please specify)				
Trading Partner Information:				
Name				
City	State		Postal Code	
Mailing Address:				
Addroce				
City	State		Postal Code	
Contact Information:				
Business Contact Name Title Telephone FAX		Technical Co Name Title Telephone FAX		
Mailing		E-Mail Mailing		
Address		Address		
Business Contact Name		Technical Co	ontact	
Title Telephone		Title Telephone		
FAX		FAX		
E-Mail		E-Mail		
Mailing Address		Mailing Address		

Return Completed form to: NH Department of Labor Att: EDI, 95 Pleasant St., Concord, NH 03301, or E-Mail to EDI@dol.nh.gov

INSTRUCTIONS / DEFINITIONS for NHDOL_TPP, EDI Sender's Trading Partner Profile

This form is used to communicate the Sender's contact information. New Hampshire Department of Labor Division of Workers' Compensation (NHDOL) is responsible for providing contact information on the Receiver form. The completed forms are exchanged between the Receiver and Sender.

Date Enter the date the Trading Partner Profile is completed by the Sender.

Trading Partner Type Check the appropriate category reflecting the Sender's business type. If other, please

specify.

This section provides identifying information about the trading partner information. **Trading Partner Information**

FEIN Enter the Federal Employer Identification Number (FEIN) of the Trading Partner that will

> transmit workers' compensation data. This must match the FEIN supplied on the entity's "Transmission Profile" form. This, along with the 9-digit postal code (Zip+4) in the Trading

Partner address field, will be used to identify a unique Sender.

Name Enter the name of your business entity corresponding with the FEIN that will be transmitting

detailed workers' compensation information to NHDOL. This must match the Name supplied

on the entity's "Transmission Profile" form.

Address Enter the street address of the physical location of your business entity. It will represent

where materials may be received regarding this Sender if using a delivery service other then

the U.S. Postal Service.

City Enter the city portion of the street address of your business entity.

State Enter the two (2) character standard state abbreviation of the state portion of the street

address of your business entity.

Postal Code Enter the nine (9) digit postal code of the street address of your business entity. This field,

along with Trading Partner FEIN will be used to uniquely identify a Trading Partner. This

must match the postal code supplied on the entity's "Transmission Profile" form.

Mailing Address (Including City/

State/Postal Code)

Enter the mailing address used to receive deliveries via the U.S. Postal Service for your business entity. This should be the mailing address for receiving materials pertaining to this Trading Partner agreement. If this address is the same as the above street address, indicate

"Same as above".

Contact Information This section provides the ability to identify individuals within your business entity who can be

used as contacts for this Trading Partner relationship. Room has been provided for three

business contacts and three technical contacts.

The BUSINESS CONTACT is the individual most familiar with the transmission and business processes, as well as data quality issues, within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues, which may arise from your Trading Partner that the technical

contact cannot address.

The TECHNICAL CONTACT is the individual to be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist,

computer operator, and programmer analyst etc.

Name Enter the name of the Business/Technical contact.

Title Enter the title of the Business/Technical contact or the role that contact performs within a

given Trading Partner relationship.

Telephone Enter the telephone number at which that Business/Technical contact can be reached.

Include extension, if applicable

Fax Enter the telephone number of the FAX machine to use for the Business/Technical contact

E-Mail Enter the e-mail address at which that Business/Technical contact can be reached.

Mailing Address Enter the mailing address at which that Business/Technical contact can be contacted if

different than the Trading Partner mailing address

DEPARTMENT OF LABOR DIVISION OF WORKERS' COMPENSATION



EDI SENDER'S TRANSMISSION PROFILE

Date:	
Receiver Information: Name: New Hampshire Department of Labor, Division of Worker's Compensation FEIN: 02-6000618 Zip Code: 03301 - 3852	
Sender Information: Name: FEIN: Zip Code:	
Trading Partner Type:	
☐ Jurisdiction ☐ Insurance Carrier ☐ Service Bureau ☐ Third Party Administrator ☐ Self Insured Employer ☐ Other (Please specify)	-
Transaction Information: Release:3.0_ Projected Number per Transaction:	
Transmission Method:	
□ NHDOL FTP	

Return Completed form to: NH Department of Labor Att: EDI, 95 Pleasant St., Concord, NH 03301, or E-Mail to EDI@dol.nh.gov

INSTRUCTIONS / DEFINITIONS for NHDOL, EDI Sender's Transmission Profile

This form is used to communicate all allowable options the Sender of workers' compensation data will provide to the New Hampshire Department of Labor Division of Workers' Compensation (NHDOL). NHDOL is responsible for providing the information on the Receiver form, indicating all their requirements and where applicable, the supported options from which the Sender can select. The Sender will then complete the Sender's Response form providing data in the allotted spaces and indicating selections where the Receiver provides choices. This information is then returned to the Receiver.

Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, you could specify those differences by providing more than one profile.

Receiver Name, Receiver FEIN, Receiver Postal Code, will be pre-filled by NHDOL

Master Trading Partner Sender Information

Name Enter the name of the business entity that will be extracting and transmitting detailed workers'

compensation information to NHDOL. This should be the name that appears on the "Trading Partner

Profile" form.

FEIN Enter the Federal Employer Identification Number (FEIN) of the trading partner that will transmit

workers' compensation data. This must match the FEIN supplied on the entity's "Trading Partner

Profile" form.

Postal Code Enter the nine (9) digit postal code associated with the Sender Trading Partner's physical address,

which together with the Sender FEIN, will be used as the identifier of this trading partner. This must

match the postal code supplied on the entity's "Trading Partner Profile" form.

Trading Partner Type Check the appropriate category reflecting the Sender's business type. If other, please describe.

Transaction Information

Release Specify if you will be supporting IAIABC Release 3 or IAIABC Release 1*

Projected # per Specify the projected average number of detail records for a given Transaction Set ID that Transaction

will be sent to the Receiver Trading Partner. This will be used for planning purposes

Encryption Specify if you will encrypt data files sent to NHDOL. (NHDOL supports PGP encryption)

Notify us and send your public key if you wish acknowledgements encrypted

Transmission Method

NHDOL FTP Check this option to support uploading files to the New Hampshire FTP Servers

NHDOL Secure E-Mail Check this option to send files to NHDOL via Secure E-Mail attachments. Provide the

receiver E-Mail address for Acknowledgements

DEPARTMENT OF LABOR DIVISION OF WORKERS' COMPENSATION



EDI RECEIVER'S TRADING PARTNER PROFILE

ate:					
rading Partı	ner Type:				
Jurisdiction	☐ Insurance Carrier ☐] Service Burea	u 3 RD P	arty Administrator	
Self Insured E	Employer	(Please specify)			
rading Partı	ner Information:				
FEIN	02-6000618				
Name	State of NH	Dept. c	f Labor	Worker's Co	mp Division
Address	95 Pleasant St				
City	Concord	State NH		Zip Code	03301 - 3852
City	Concord	State NIT		Zip Code	03301 - 3032
lailing Addr	ess:				
Address	Same				
Address		State		Zip Code	
- -		State		Zip Code	
City	mation:	State	Technical		
City Contact Infor Business	rmation:	State	Technical Name	Contact	
City Contact Infor Business Name	rmation: Contact Daniel Albert		Name	Contact Jeff Silver	Analyst
City Contact Infor Business Name Title	Contact Daniel Albert Director, Worker's Comp		Name Title	Contact Jeff Silver Business Systems	Analyst
City Contact Infor Business Name Title Telephone	Contact Daniel Albert Director, Worker's Composition (603)271-8492		Name Title Telephone	Contact Jeff Silver Business Systems (603)271-3541	Analyst
City Contact Infor Business Name Title	Contact Daniel Albert Director, Worker's Compete (603)271-8492 (603)271-6149	ensation	Name Title	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149	-
City Contact Infor Business Name Title Telephone FAX E-Mail	Contact Daniel Albert Director, Worker's Composition (603)271-8492	ensation	Name Title Telephone FAX E-Mail	Contact Jeff Silver Business Systems (603)271-3541	-
City Contact Infor Business Name Title Telephone FAX	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh.	ensation gov	Name Title Telephone FAX	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@de	ol.nh.gov
City Business Name Title Telephone FAX E-Mail Mailing Address	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-385	ensation gov	Name Title Telephone FAX E-Mail Mailing Address	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@de 95 Pleasant St. Concord, NH 033	ol.nh.gov
City Business Name Title Telephone FAX E-Mail Mailing Address Business	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-385	ensation gov	Name Title Telephone FAX E-Mail Mailing Address Technical	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@do 95 Pleasant St. Concord, NH 033	ol.nh.gov
City Contact Infor Business Name Title Telephone FAX E-Mail Mailing Address Business Name	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-388 Contact Caroline Kelly	ensation gov	Name Title Telephone FAX E-Mail Mailing Address Technical Name	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@do 95 Pleasant St. Concord, NH 033 Contact Sue Borders	ol.nh.gov 301-3852
City Contact Infor Business Name Title Telephone FAX E-Mail Mailing Address Business Name Title	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-385 Contact Caroline Kelly FROI Administration	ensation gov	Name Title Telephone FAX E-Mail Mailing Address Technical Name Title	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@de 95 Pleasant St. Concord, NH 033 Contact Sue Borders Information Techn	ol.nh.gov 301-3852
City Contact Infor Business Name Title Telephone FAX E-Mail Mailing Address Business Name Title Telephone	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-385 Contact Caroline Kelly FROI Administration (603)271-6172	ensation gov	Name Title Telephone FAX E-Mail Mailing Address Technical Name Title Telephone	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@de 95 Pleasant St. Concord, NH 033 Contact Sue Borders Information Techn (603)271-0129	ol.nh.gov 301-3852
City Contact Infor Business Name Title Telephone FAX E-Mail Mailing Address Business Name Title Telephone FAX	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-388 Contact Caroline Kelly FROI Administration (603)271-6172 (603)271-6149	ensation gov 52	Name Title Telephone FAX E-Mail Mailing Address Technical Name Title Telephone FAX	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@do 95 Pleasant St. Concord, NH 033 Contact Sue Borders Information Techn (603)271-0129 (603)271-6149	ology Developer
City Contact Infor Business Name Title Telephone FAX E-Mail Mailing Address Business Name Title Telephone	Contact Daniel Albert Director, Worker's Composition (603)271-8492 (603)271-6149 Danielle.Albert@dol.nh. 95 Pleasant St Concord, NH 03301-385 Contact Caroline Kelly FROI Administration (603)271-6172	ensation gov 52	Name Title Telephone FAX E-Mail Mailing Address Technical Name Title Telephone	Contact Jeff Silver Business Systems (603)271-3541 (603)271-6149 Jeffrey.Silver@de 95 Pleasant St. Concord, NH 033 Contact Sue Borders Information Techn (603)271-0129	ology Developer

DEPARTMENT OF LABOR DIVISION OF WORKERS' COMPENSATION



TRADING PARTNER INSURER LIST

Trading Partner Name	Date
	Code that will be used by your company as the SENDER ID in the Header should match information submitted on your Master Trading Partner Profile.
Address	Postal Code
and self-insured's claims you will be	surance License # (leave blank if unknown) and legal name for each carrier's transmitting. We will notify you of any discrepancy between the identifying cords of the Division of Workers' Compensation. It is understood that this list rom time to time.
FEIN	Name of NH Authorized Carrier or NH Approved Self Insured
	<u> </u>
	-

The FEINs must match the various values of DN 6 submitted in your transmissions. Attach additional sheets as needed.

State of New Hampshire



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THIRD PARTY ADMINISTRATOR LOCATION LIST

Trading Partner Name		Date			
			y as the SENDER ID in the Header your Master Trading Partner Profile.		
Master FEI Address City, State		Postal Code			
known, address, and nin transmitting data. We w	e-digit postal code for vill notify you of any operation of the present records of the	reach location of the Third Par discrepancy between the identify Division of Workers' Comper	Workers' Compensation TPA Code, if ty Administrator that will be fying information, including the asation. It is understood that this list		
FEIN	TPA Name	Address	Postal Code		
		_			
		_			

The FEIN and the postal code must match the DN 8 and DN 14, respectively, submitted in your transmissions. Attach additional sheets as needed.