

**IAIABC  
ELECTRONIC TRANSMISSION PROFILE  
RECEIVER'S SPECIFICATIONS**

Receiver Name: Virginia Workers' Compensation Commission Date Prepared: \_\_\_\_\_

Trading Partner Type:       Jurisdiction      Service Bureau      Other

Receiver ID:   FEIN: 54-6001751   Postal Code (9 digits): {23220} – {2036}

**Transaction Sets for this Profile:**

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	148	See VWC Event Table		AKC	
A49	148	See VWC Event Table		AKC	
POC	271				
MED	837				
AK1	824				

**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: 11:59 PM EST

**Electronic Mailbox(s) for this Profile: not authorized in Virginia**

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: Virginia Workers' Compensation Commission  
 Receiver ID: Receiver FEIN: 54-6001751  
 Receiver Postal Code (9 digits): {23220} – {2036}

**Sender Selections/Information**

**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 VWC Event Table			
A49	148	See VWC Event Table			
POC	271				
MED	837				
AK1	824				

**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.