

Worker's Compensation Administration

EDI Proof of Coverage Sender/Vendor Information

This form is used to provide information on Senders/Vendors sending POC information via Electronic Data Interchange. This form has two parts. The first part is used to provide the Administration with information regarding the sender/vendor. The second part of this form is used to provide data regarding the companies a sender/vendor is sending data for. If a sender/vendor is also an insurer, the information should be listed in both parts of the form. The E8 form must be filed for each company listed in the second part of this form.

Please type or print clearly:

Sender/Vendor Name:

Sender/Vendor FEIN:

Mailing Address:

City:

State:

Zip:

Contact Person:

Contact's Phone Number:

Contact's Email:

Please list the names and FEINs of each company you will be sending data for. If you are sending for your own company, please include that name and FEIN in this list as well. Note: For each company listed below, you must complete Form E8 as well: