

WAIVER REQUEST FOR EDI FIRST REPORT OF INJURY (FROI)

Name of Business

Address

City,

FEIN

State

Zip

Check One:

Insurance Carrier

Claim Administrator

Self Insurer

1. Which format will you be implementing, Maine's Proprietary format or the IAIABC Rel 3? (If Proprietary format, go to question 4).
2. What is the status of your IAIABC Claim Rel 3 development?
3. Do you file IAIABC Claims Rel 1 with other jurisdictions, if so which one(s)?
4. The Electronic Filing /EDI Rule states that the Board may grant a waiver if compliance with the requirements would cause undue hardship. For purposes of the Rule, undue hardship means significant difficulty or expense. Please describe the hardship that compliance with the 1/1/05 implementation would cause.
5. What is the time frame being requested for waiver?
6. Do you currently use, or have you considered using a EDI Service Provider for FROI sub?
7. If you are a Claim Administrator please list all the Insurance Carriers and Self Insurers that you are requesting a waiver for.