

V1.1		E-FORMS AGREEMENT SPREADSHEET				MAILING ADDRESS		
DATE	EXISTING FILER?	OFFICE/ORGANIZATION NAME	UAN uniform assigned name (if applicable)	ERN eams reference number (if applicable)	PREFERRED METHOD OF SERVICE (choose 1, US mail, email or fax)	STREET - PO BOX	SUITE - STE FLOOR - FL	CITY
		INSTRUCTIONS						
		The narrative E-Forms Agreement is incorporated by reference as though fully set forth herein.						
		1) Insert rows above for additional office locations if necessary						
		2) Enter Data in ALL CAPS						
		3) UAN - if you do not have one, DWC will assign and email your UAN and ERN						
		4) Use USPS abbreviations - see http://www.usps.com/ncsc/lookups/usps_abbreviations.htm						
		5) Office/Organization Category - if "Other" selected, attach explanation						
		6) Note your Challenge Questions and Answers - they are used if you are requesting changes - e.g. to administrator, password, etc.						
		7) Administrators' email addresses must be unique and please provide separate emails for your administrators.						
		8) You can only have one preferred method of service.						
		SAMPLES						
1/5/2010	YES/ jet users	GOOD TIMES INSURANCE CO	GOOD TIMES EUREKA	123456789	US MAIL	PO BOX 1234		EUREKA
6/25/2010	YES amended	LAW OFFICE OF JOHN SMORES	JOHN JOSMORES ELFIN FOREST	987654321	FAX	1234 S STATE ST	STE 321	ELFIN FOREST
12/12/2010	NO	XYZ MEDICAL SUPPLIES	XYZ MEDICAL SAN YSIDRO	654123789	EMAIL	1721 TECUMSAH AVE	STE 99999	SAN YSIDRO
1/1/2010	NO	WE FILE FOR YOU	WE FILE CARLSBAD	456321987	US MAIL	56 W 1ST ST	FL 16	CARLSBAD

Trading Partner Agreement
Spreadsheet Version

Verion 1.0

		PHYSICAL ADDRESS - (blank if same as mailing)					ORGANIZATION CATEGORY (select only 1)						
STATE	ZIP	STREET	SUITE - STE FLOOR - FL	CITY	STATE	ZIP	Office telephone or office fax (if preferred method)	OFFICE EMAIL	Claim Administrator Office	Representative Office	Lien Claimant (unrepresented)	Third-Party Filer	Other
CA	90257	14589 S VERMONT AVE	FL 19	EUREKA	CA	90256	8885551234	GOODTIMES@AOL.COM	X				
CA	95687						8885555432	SMORESLOW@MSN.COM		X			
CA	78654						8885556789	XYZ@GMAIL.COM			X		
CA	35687						7145552323	FILE4YOU@YAHOO.COM				X	

Primary Administrator				CHALLENGE QUESTIONS			
FIRST NAME	LAST NAME	E-MAIL ADDRESS	PHONE numbers only Direct 8885551212 extension 8885551212x34	Date of Birth	Place of Birth	S-SIGNATURE	FIRST NAME
						By entering your S signature, you, on behalf of the office listed herein, confirm you have read, understand and that the office agrees to and accepts the terms and conditions of the E-Forms Agreement.	
FREIDA	SMITH	FRIEDA@GOODTIMES.COM	8885551212	1/2/1980	LOS ANGELES,CA	S FREIDA SMITH	MARTHA
JOHN	SMORES	LEGALBEAGLE@SMORES.COM	8885551212X456	8/21/1970	AUSTIN,TEXAS	S JOHN SMORES	CAROL
GEORGE	BONECUTTER	GEORGE@XYZMEDICAL.NET	8885551212X987	4/10/1960	SALEM,OREGON	S GEORGE BONECUTTER	JAMES
FRED	THOMPSON	FRED.THOMPSON@WEFILEFORYOU.COM	5558881212	12/1/1950	MEXICO CITY,MX	S FRED THOMPSON	SHIRLEY

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ALTERNATE ADMINISTRATOR			CHALLENGE QUESTIONS (answer two)		
LAST NAME	E-MAIL ADDRESS	PHONE numbers only Direct 8885551212 extension 8885551212x34	Date of Birth	Place of Birth	S-SIGNATURE
CARLSON	MJ@GOODTIMES.COM	8885551213	6/15/1965	seattle, wa	S MARTHA JAMES CARLSON
CASTAWAY	CASTAWAY@SMORES.COM	8885551212X996	1/31/1972	austin, tx	S CAROL CASTAWAY
TOPSER	JAMES@XYZMEDICAL.NET	8885551212X1234	11/15/1980	san francisco, ca	S JAMES TOPSER
SMYTHE	SHIRLEY.SMYTHE@WEFILEFORYOU.COM	558881214	12/12/1960	berkeley, ca	S SHIRLEY SMYTHE

By entering your S signature, you, on behalf of the office listed herein, confirm you have read, understand and that the office agrees to and accepts the terms and conditions of the E-Form Agreement.