

**INSURANCE MATCH PROGRAM
PARTNER PROFILE**

GENERAL INFORMATION

Partner Name	
Start Date	
Type of Insurance Partner	<input type="checkbox"/> Insurer <input type="checkbox"/> Other (Repository/Worker's Compensation Agency) <input type="checkbox"/> Agent/Processor Representing: <hr style="width: 80%; margin-left: 0;"/>
Type of Exchanges	<input type="checkbox"/> Matching Partner (Receives OCSE Inquiry File, Conducts Match and Returns Data to OCSE) <input type="checkbox"/> Claims Submitter

ADDRESS INFORMATION

Name	
Address Line 1	
Address Line 2	
City	
State	
Postal Code	
Country	

BUSINESS CONTACT INFORMATION

Contact Name			
Contact Phone Number		Extension:	
Contact Fax Number			
Contact E-mail			

TECHNICAL CONTACT INFORMATION

Contact Name			
Contact Phone Number		Extension:	
Contact Fax Number			
Contact E-mail			

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DATA EXCHANGE PREFERENCES

FILE INFORMATION			
Standard Input Format (SIF) Record Layout or Unique Layout	<input type="checkbox"/> Standard Input Format (SIF) Record Layout <input type="checkbox"/> Other (Layout must be provided to OCSE)		
Claim Type(s) to Be Sent	<input type="checkbox"/> 00 – Life <input type="checkbox"/> 07 – General Liability <input type="checkbox"/> 01 – Automobile <input type="checkbox"/> 08 – Homeowners Liability <input type="checkbox"/> 02 – Automobile – No Fault <input type="checkbox"/> 09 – Medical Premise/Owners Policy <input type="checkbox"/> 03 – Automobile – Medical <input type="checkbox"/> 10 – Product Liability <input type="checkbox"/> 04 – Property Liability <input type="checkbox"/> 11 – Slip, Trip and Fall <input type="checkbox"/> 05 – Workers’ Compensation <input type="checkbox"/> 12 – Other _____ <input type="checkbox"/> 06 – Personal Injury		
File Format and File Extension to Be Used	<input type="checkbox"/> Flat <input type="checkbox"/> XML	Flat File Extension:	<input type="checkbox"/> TXT <input type="checkbox"/> Other _____
File Naming Convention	<input type="checkbox"/> OCSE/Insurance Naming Convention (Ex.: CSC.INS. 200702201510.txt) <input type="checkbox"/> Other Naming Convention File Name _____		
Transmission Method	<input type="checkbox"/> SFTP <input type="checkbox"/> CONNECT:Direct		
Delete Files After Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No – Overwrite with a Zero-Byte File		

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PARTNER SERVER INFORMATION		
	Production	Testing
Scheduled Times to Exchange Files (Daily, Weekly) (Ex.: 01:30 PM EST)		
Output Directory Name		
User Name		
Password		
Public IP Address		