Workers' Compensation Division
Department of Consumer and Business Services

Form 4821: Oregon Proof of Coverage EDI Insurer Profile

Insurers must complete this form before submitting or authorizing a vendor to send proof-of-coverage data to the department through electronic data interchange (EDI). If an insurer is direct reporting proof-of-coverage information, list the insurer name and FEIN under the vendor section.

A separate form is required for each subsidiary insurer within an insurance group that is licensed to write workers' compensation insurance in Oregon.

Insurer name _____ Insurer FEIN _____

The following vendor is hereby authorized to submit EDI proof-of-coverage data on behalf of the insurer listed above:

Vendor name _____ Vendor FEIN _____

Contact information for EDI proof-of-coverage business contact:

Business contact name _____ Title _____ Email address _____

Address _____ City _____ State _____ ZIP _____ Phone _____

Contact information for EDI proof-of-coverage technical contact:

Technical contact name _____ Title _____ Email address _____

Address _____ City _____ State _____ ZIP _____ Phone _____

Contact information for person who prepared profile information, if different from above:

Name _____ Title _____ Email address _____

Address _____ City _____ State _____ ZIP _____ Phone _____

Authorized signature _____

Date profile prepared: _____

Replaces profile dated: _____ (for vendor change)

Complete and return to the WCD EDI Coordinator
By fax: 503-947-7514
By email: edinews.wcd@dcbs.oregon.gov