**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sender ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sender Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list any additions and/or deletions to your client listing in the areas indicated below. It is important that all relevant information is listed for each client. If the client is a Service Co/TPA, the name and FEIN should be listed under Claim Administrator Name and Claim Administrator FEIN and the Postal Code should be listed as that of the Claim Administrator’s Physical Postal Code.

\*Sample Information Included Below. Please delete and submit client specific information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Insurer NAME** | **FL Insurer****Code** | **Insurer FEIN** | **CLAIM ADMINISTRATOR NAME** (if Different from Insurer – e.g. TPA) | **FL SERVICE CO/TPA Code** | **Claim Administrator FEIN** (IF DIFFERENT FROM INSURER) | **INSURER (OR Claim Administrator) Postal Code**  | **Add/ Delete** |
| **Old Faithful Insurance Co A** | **0001** | **941111111** |  |  |  | **555551111** | **Add** |
| **Old Faithful Insurance Co B** | **0002** | **941111112** |  |  |  | **555541112** | **Add** |
| **Old Faithful Insurance Co C** | **0003** | **941111113** |  |  |  | **55553** | **Delete** |
| **Old Reliable Self Insured Co A** | **9999** | **951111111** | **Best TPA** | **6999** | **931111111** | **555551111** | **Add** |
| **Self Insured Co B** | **9998** | **951111112** | **Best TPA** | **6999** | **931111111** | **555551111** | **Add** |
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| **Insurer NAME** | **FL Insurer****Code** | **Insurer FEIN** | **CLAIM ADMINISTRATOR NAME** (if Different from Insurer – e.g. TPA) | **FL SERVICE CO/TPA Code** | **Claim Administrator FEIN** (IF DIFFERENT FROM INSURER) | **INSURER (OR Claim Administrator) Postal Code**  | **Add/ Delete** |
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