

**Alabama Workers Compensation Division
Release 1 FROI Conditional Requirements Table**

CODE	DN #	DATA ELEMENT NAME	BUSINESS CONDITIONS(S)	TECHNICAL CONDITION(S)	NOTE
C	0008	Third Party Administrator FEIN	This field is required when there is a Third Party Administrator handling the claim. The FEIN of the TPA is different from that of the Insurer. Otherwise, this field is blank .		FEIN must be valid.
C	0009	Third Party Administrator Name	This field is required when there is a Third Party Administrator handling the claim. The Name of the TPA is different from that of the Insurer. Otherwise, this field is blank .		.
C	0057	Employee Date of Death	The Employee's Date of Death is required when Employee death has occurred. Otherwise this field is blank .	Date format is CCYYMMDD .	Date must be valid.

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