

EDI Setup Form

for 834 Enrollment

Please complete this form and email it to edi@prevea360.com.

*If the completed form is being emailed in by the Agent or Third Party Administrator, the Employer Group's Business Contact must be copied in.

Requester's Role:	Employer Group	Agent	Third Party Administrator
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Type of Account:	New	Existing (indicate changes below)
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Group Information:		
Name of Group	Group Number	Tax ID

Group Contact Information:

Business Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Email Address: _____

Technical Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Email Address: _____

Third Party Administrator Contact Information (for files routed through an External Vendor and not the Employer Group directly):
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TPA Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Email Address: _____

Last updated: 4/12/2022