



INDUSTRIAL COMMISSION OF **ARIZONA**

THIRD PARTY ADMINISTRATOR REQUEST RE: PREFERRED COMMUNICATION METHOD("REQUEST")

Preferred Communication Method

("Party") (FEIN: _____)

Third Party Administrator hereby requests and agrees that the Industrial Commission of Arizona (the "Commission") may serve any and all notices, correspondence, subpoenas, documents, awards, decisions, orders, or other matters required by the Arizona Workers' Compensation Act ("ICA Document" or "ICA Documents") upon Party in the following manner (PARTY TO SELECT ONLY ONE OPTION):

Option: Service Via Electronic Facsimile (E-Fax)

If selected, the Commission will serve ICA Documents on Party via electronic facsimile (E-Fax) to the following fax number:

Party agrees that transmission of ICA Documents via E-Fax is legally-proper service and shall be the equivalent of other legally-permissible methods of service (including United States mail or personal service). Party agrees that service by E-Fax will be deemed completed at the time the Commission transmits an ICA Document to the fax number provided above. Party understands that the Commission will no longer transmit ICA Documents via other methods, including United States Mail, e-mail, or personal service.

Although ICA Documents will be transmitted via E-Fax whenever possible, certain ICA Documents will nevertheless reflect the Party's U.S. mailing address. Furthermore, in the event the Commission's E-Fax system is not functional, the Commission will send ICA Documents via U.S. Mail to ensure timely service. Party designates the following U.S. mailing address for these purposes:

Name:

Address:

City, State, Zip Code:

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Option: Service Via Secure File Transfer (SFTP)

If selected, the Commission will serve ICA Documents on Party by uploading ICA Documents to an SFTP account configured for Party. Party agrees that transmission of ICA Documents via SFTP is legally-proper service and shall be the equivalent of other legally-permissible methods of service (including United States mail or personal service). Party agrees that service by SFTP will be deemed completed at the time the Commission successfully uploads an ICA Document to the Party's SFTP user account. Party understands that the Commission will no longer transmit ICA Documents via other methods, including United States Mail, e-mail, or personal service. By selecting Option "3", Party agrees to comply with all end-user requirements issued by the Commission pertaining SFTP.

(If Option "3" is selected, the Commission will contact Party to configure an SFTP account. The Commission will contact the following representative to discuss end-user requirements and SFTP account configuration):

Represent Name:

Represent Phone:

Representative Email:

Until the ICA is able to set up and configure service by SFTP, Party's preferred communication is:

Until service by SFTP is set up and configured, the Commission will serve ICA Documents on Party via electronic facsimile (E-Fax) to the following fax number:

Although ICA Documents will be transmitted via SFTP whenever possible, certain ICA Documents will nevertheless reflect the Party's U.S. mailing address. Furthermore, in the event the Commission's SFTP system is not functional, the Commission will send ICA Documents via U.S. Mail to ensure timely service. Party designates the following U.S. mailing address for these purposes:

Name:

Address:

City, State, Zip Code:

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NOTHING IN THIS REQUEST AFFECTS THE RIGHT OF PARTY OR THE COMMISSION TO SERVE PROCESS IN ANY MANNER PERMITTED BY APPLICABLE LAW.

NOTHING IN THIS REQUEST AFFECTS THE DUTIES OF PARTY AND THE COMMISSION TO COMPLY WITH SERVICE REQUIREMENTS RELATED TO NON-PARTIES TO THIS REQUEST.

Although this Request shall be effective no the date submitted, the requested account changes will be processed by the Commission as expeditiously as possible. This Request will remain effective until Party completes and submits an updated Request (either using this form or electronically in Party's account in the ICA Community).

By signing below, I certify that I am an authorized representative of Party. I further certify that I am authorized to sign and submit this Request and that all of the representations included in this Request are true, accurate, and complete.

Printed Name and Title:

E-Mail Address:

Signature: _____

Date:

Parties may submit this form in the following way:

By E-Mail:
claims@azica.gov