

**Proof of Coverage Release 2.1
Transaction Reference (3-13-06)**

Report Type	Trans Set Purpose Code DN0300	Trans Set Type Code DN0334	Trans Reason Code DN0303	Submission Type Code*
Notification of Coverage				
Binder - w location(s)	00	05	01	A
Binder - w/o location(s)	00	05	80	I
Binder - w/o location(s) + name(s)	00	05	86	EN/M
New Policy - w location(s)	00	10	01	A
New Policy - w/o location(s)	00	10	80	I
New Policy - w/o location(s) + name(s)	00	10	86	EN/M
Renewal - w location(s)	00	20	01	A
Renewal - w/o location(s)	00	20	80	I
Renewal - w/o location(s) + name(s)	00	20	86	EN/M
Add Jurisdiction - w location(s)	00	31	72	A
Add Jurisdiction - w/o location(s)	00	31	80	I
Rewrite/Reissue - w location(s)	00	50	01	A
Rewrite/Reissue - w/o location(s)	00	50	80	I
Rewrite/Reissue - w/o location(s) + names(s)	00	50	86	EN/M
Addition of Coverage				
Add New Insured FEIN	04	32	76	PI
	05	31	76	
Include Corporate Officers	00	32	67	I
Exclude Corporate Officers	00	32	68	I
Add Employer - w location(s)	00	31	54	E/M
Add Employer - w/o location(s)	00	31	87	EN/M
Add Employer - w/o location(s) + Names	00	31	86	EN/M
Change of Existing Coverage				
Change Carrier/Insurer FEIN	04	32	83	PI
	05	32	83	
Correct Insured FEIN	04	33	76	PI
	05	32	76	
Change Policy Number	04	32	79	PI
	05	32	79	
Change Erroneous Policy Effective Date	04	32	81	PI
	05	32	81	
Change Erroneous Policy Expiration Date	04	32	82	PI
	05	32	82	
Change Insured Demographics	00	32	84	I
Change Employer FEIN w location	04	32	77	PE
	05	32	77	
Change Employer FEIN w/o location	04	32	96	PE
	05	32	96	
Change Employer UI Number w location	04	32	78	PE
	05	32	78	
Change Employer UI Number w/o location	04	32	95	PE
	05	32	95	
Change Employer Demographics w location	04	32	85	PE
	05	32	85	
Change Employer Demographics w/o location	04	32	94	PE
	05	32	94	

Report Type	Trans Set Purpose Code DN0300	Trans Set Type Code DN0334	Trans Reason Code DN0303	Submission Type Code*
Deletion of Coverage				
Delete Jurisdiction	00	33	73	I
Delete Employer w location(s)	00	33	56	E/M
Delete Employer w/o location(s)	00	33	87	EN/M
Cancellation of Coverage by Carrier/Insurer				
Non Payment	00	41	59	E/M
Underwriting Discretion	00	41	64	
Revocation of Voluntary Market Acceptance	00	41	66	
Failure to Pay Deductible	00	41	69	
Misrepresentation on Application	00	41	70	
Rewrite/Reissue	00	41	71	
Cancellation of Coverage by Insured				
Reason Unknown	00	42	01	I
Out of Business	00	42	45	
Coverage Placed Elsewhere	00	42	60	
Duplicate Coverage	00	42	61	
Change of Ownership	00	42	62	
Business Sold	00	42	63	
No Employees/No Exposure/No Operations	00	42	65	
Reinstatement of Coverage				
Carrier/Insurer Reinstates Policy	00	70	01	I
Non-Renewal of Coverage by Carrier/Insurer				
Underwriting Discretion	00	60	64	E/M
Non payment**	00	60	59	
Non-Renewal of Coverage by Insured				
Reason Unknown	00	60	01	I
Out of Business	00	60	45	
Coverage Placed Elsewhere	00	60	60	
Change of Ownership	00	60	62	
Business Sold	00	60	63	
No Employees/No Exposure/No Operations	00	60	65	

**Triplicate Code limited to Release 2.1

LEGEND: Submission Type Code*	
Description	*Code
Requires a single Insured Record (PC1) and Employer Record (PC2)s for all Jurisdiction locations.	A
Requires a single Insured Record (PC1) and one or more Employer Record (PC2)s for the impacted Jurisdiction as agreed to in the Trading Partner Agreement.	E/M
Requires a single Insured Record (PC1) and any Employer Record (PC2)s for employers operating in or through the state and not having a physical location in the State.	EN/M
Requires a single Insured Record (PC1) only.	I
Required paired Insured (PC1) records only.	PI
Requires paired Insured (PC1) records with one corresponding Employer Record (PC2) for the impacted Jurisdiction location.	PE

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Code Reference

Application Acknowledgment Code - DN0111	
HD	Transmission Rejected
TA	Transaction Accepted by jurisdiction
TE	Transaction Accepted with errors by jurisdiction
TR	Transaction Rejected by jurisdiction
TW	Rejected by Service Provider WCPOLS mapping
TN	Rejected by Service Provider - fails juris requirements

Employee Leasing Policy Identification – DN0333	
	http://www.iaiaabc.org/EDI/implementation.htm

Insured Legal Status - DN0323	
01	Individual
02	Partnership
03	Corporation
04	Association, Labor Union, Religious Organization
05	Limited Partner
06	Joint Venture
10	Limited Liability Company (LLC)
11	Trust or Estate
12	Executor or Trustee
13	Limited Liability Partnership (LLP)
14	Governmental Entity (See Implementation Note)
99	Other

Interchange Version ID - DN0105	
POC01	Proof of Coverage; Release 1, Version 0
POC02	POC02 Proof of Coverage; Release 2, Version 0
POC21	POC21 Proof of Coverage; Release 2, Version 1
AK101	Acknowledgment for Proof of Coverage: Release 1, Version 0; Release 2, Version 0
AKP21	Acknowledgment for Proof of Coverage: Release 2, Version 1
ARP21	Re-Acknowledgment for Proof of Coverage: Release 2, Version 1

Jurisdiction - DN0004	
	http://www.iaiaabc.org/EDI/implementation.htm
UL	Longshore & Harbor Workers Compensation Act
U1	Defense Base Act
U2	Non Appropriated Fund Instrumentalities Act
U3	Outer Continental Shelf Act
FC	Federal Coal Mine Health & Safety Act
FE	Federal Employers Liability Act
M1	Admiralty I & II

Minimum Premium Indicator – DN0332	
Y	Minimum Premium Policy
N	Non-Minimum Premium Policy

Request Code - DN0112	
0	None
1	Contact Sender

Test/Production Code - DN0104	
T	Test (pilot/parallel or test)
P	Production

Transaction Set ID - DN0001	
HD1	Transmission Header Record
PC1	Insured Record
PC2	Employer Record
TR1	Transmission Trailer Record
AKP	POC Acknowledgment Detail Record
ARP	POC Re-Acknowledgment Detail Record

Transaction Set Purpose Code - DN0300	
00	Original
04	Change
05	Replace

Transaction Set Type Code - DN0334	
05	Binder
10	New Policy
10	Renewal Policy
31-33	Endorsement
31	Add
32	Change
33	Delete
41-42	Cancellation
41	Canceled by Carrier/Insurer
42	Canceled by Insured
50	Rewrite/Reissue
60	Non Renewal
70	Reinstatement

POC Error Message Codes	
001	Mandatory field not present
028	All digits must be 0 – 9
029	Must be a valid date (CCYYMMDD)
030	Must be A - Z, 0 - 9, or spaces
031	Must be valid time
039	No match on database
040	All digits cannot be the same
041	Must be <= current date
042	Not statutorily valid
057	Duplicate Batch/Transaction
058	Code / ID invalid
059	Non-match data value not consistent with value previously reported
061	Event Table criteria not met

Transaction Reason Code - DN0303	
01	No Specific Reason Code Utilized
45	Out of Business/Retired from Business
54	Adding an Employer Location
56	Deleting an Employer Location
59	Non Payment
60	Coverage Placed Elsewhere
61	Duplicate Coverage
62	Change in Ownership
63	Business Sold
64	Underwriting Reason
65	No EEs/No Exposure/No Operations/ Completed Operations
66	Revocation of Voluntary Market Acceptance
67	Include Corp Officer/Partner/Sole Proprietor
68	Exclude Corp Officer/Partner/Sole Proprietor
69	Failure to Pay Deductible
70	Misrepresentation of Info on Application
71	Rewritten/Reissue
72	Adding a Jurisdiction
73	Deleting a Jurisdiction
76	Insured FEIN
77	Employer FEIN
78	Employer UI Number
79	Policy Number
80	No Specific Location in Jurisdiction
81	Policy Effective Date
82	Policy Expiration Date
83	Carrier/Insurer FEIN
84	Insured Record Info Not Otherwise Classified
85	Employer Record Info Not Otherwise Classified
86	Named Employer(s) With No Juris Address
87	Employer(s) With No Jurisdiction Address
94	Employer Name – Employer With No Jurisdiction Address
95	Employer UI Number – Employer With No Juris Address
96	Employer FEIN – Employer With No Jurisdiction Address

Wrap-up Indicator - DN0322	
1	Wrap-up
2	No Wrap-up

063	Invalid event sequence
164	Invalid data relationship
065	Corresponding report/data not found
066	Invalid record/transaction count
067	Must be >= Policy Effective Date
068	Must be <= Policy Expiration Date
100	No leading/embedded spaces
106	Invalid batch structure
111	Must be valid content
115	Must be <= Transaction Set Type Effective Date
116	Transaction not approved for production
118	Trading Partner not approved to submit data for Insurer/Claim Admin