State of Michigan
Workers' Compensation Agency

EDI Implementation Guide

for

Proof of Coverage

State of Michigan
POC Filing Requirements

Filing Type	Electronic Filing Requirements	Hard Copy Requirements
Issuance of Policy (BWC-400)	Must be accepted by the agency within 30 days after the effective date of the policy.	Must be received by the agency within 30 days after the effective date of the policy.
Endorsements (BWC-403)	Cannot be submitted electronically at this time	Must be received by the agency within 30 days after the effective date of the change.
Reinstatements (BWC-400)	Must be accepted by the agency within 30 days after the effective date of the policy. Multiple entity policies can be reinstated electronically only if all entities have the same cancellation date.	Must be received by the agency within 30 days after the effective date of the reinstatement.
Cancellations (BWC-401)	Must be accepted by the agency at least 20 days prior to the effective date of cancellation.	Must be received by the agency at least 20 days prior to the effective date of cancellation.
Renewals	Not mandated by statute, but CAOM has agreed to send them in order to update policy numbers so that cancellations can be processed electronically.	N/A

The following Guidelines apply to all Legal Entity Types	
Legal Nature of Insured Code	The Header record should include either the Legal Nature of Insured code for the primary name on the policy or "99".
Legal Nature of Entity Code	Each name record must include a Legal Nature of Entity code. All name records under a FEIN must have the same code.
Type of Name Record Code	1 - Personal Name Type or 2 - Commercial Name Type only. String format is not allowed. A Personal Name must be formatted as Last Name, First Name OR Last Name, First Name, Middle Name OR Last Name, First Name, Middle Initial or the transaction will be rejected.
Name Record	If "Etal" is used in a Name Record, the transaction will be rejected. We must have a separate name record for each name on the policy. Each name record must be unique under a FEIN.
Name Link Identifier	Each name should have a separate Name Link Identifier to link the specific address(es) to a name. The primary name on the policy must be reported as 001.
Continuation Sequence Number	If multiple name records have the exact same addresses associated with them, the Continuation Sequence Number should be used to identify each name under a name link. If each name has a separate Name Link Identifier, this field will be reported as 001.
Mailing Address	One mailing address is required. Type of Address Code 1 is used to identify the mailing address. If the mailing address is not a physical location (PO Box, Drawer, PMB, etc.), a Type of Address Code 2 is required if there are physical locations in Michigan. If there are no physical locations in Michigan, a Type of Address Code 6 is required. (The mailing address will be mapped to the address fields of all records created with a Type of Address Code = 6.)
Physical Address	Type of Address Code 2 is used to identify a physical location. If it is a PO Box, RR, Drawer, PMB, etc., the transaction will be rejected. If the mailing address is also a physical address, it should not be repeated.
Multi Entity Policy (More than 1 FEIN)	The first address associated with the first occurrence of a unique FEIN should be the lead address. The first name record for each unique FEIN should be the lead name for that FEIN. This will ensure that the correct legal name of the employer can be identified on the State of Michigan's database. This will be the name displayed on the Carrier's Notice of Termination. Each name record must be unique under a FEIN.
Commercial Names	2 - Commercial Name Type. A separate name record is required for each commercial name on a policy. Do not include DBA, TA, AKA, FKA, etc. as they are not part of the legal name. If a commercial name has unique addresses, it should have a unique Name Link Identifier.
PEO/Employee Leasing	If an insurance company issues a PEO/Employee Leasing policy the State of Michigan only needs the main named insured, the PEO, - we do not need the client names. This should be coded in your WCPOLS file to CAOM so they know what information to forward on to the State of Michigan.

The following Guidelines apply depending on the Legal Entity Type of the Insured		
Individual	01	1 - Personal Name Type. A Personal Name must be formatted correctly (see Type of Name Record Code above) or the transaction will be rejected. String format is not allowed. Only one personal name record is allowed. The insured should be the individual. The Name Link Identifier should be 001.
Partnership	02	There must be more than one unique name record or the transaction will be rejected. If a partner is an individual, the name must be formatted as a Personal Name Type (see Type of Name Record Code above). If a partner is not an individual, the name must be formatted as Commercial.
Corporation	03	2 - Commercial Name Type. The name should include one of the following words (or abbreviations) - Corporation, Company, Incorporated or Limited. Professional Corporations should have Professional Corporation or PC in the name. Do not report name records for corporate officers.
Limited Liability Company (Limited Liability Corporation is not a legal entity type)	10	2 - Commercial Name Type. The name should include one of the following - LLC, LC, or Limited Liability Company. If it is a Professional Limited Liability Company, it should have one of the following - Professional Limited Liability Company, PLLC or PLC. These are not corporations and should not have Corporation in the name. Do not report name records for members or managers.
Limited Partnership	05	2 - Commercial Name Type. Should contain Limited Partnership in the name (No abbreviation).
Limited Liability Partnership	13	2 - Commercial Name Type. Should contain Limited Liability Partnership or LLP in the name.
Trust	11	2 - Commercial Name Type. Must contain the word Trust in the name.
Estate	11	2 - Commercial Name Type. Must contain the word Estate in the name.
Joint Venture - This is the result of 2 businesses going together to conduct a single business event.	06	2 - Commercial Name Type. Should contain the words Joint Venture in the name.
Association, Union, Religious Organization	04	2 - Commercial Name Type.
Governmental Entity	14	2 - Commercial Name Type

Filing Suggestions
It is strongly recommended that the carriers submit transmissions to CAOM daily.
The agency's received date (for 20 day notice on cancellations, etc.) will be the date the electronic filing is received **from** CAOM and **accepted** by the agency.
If possible, carriers should avoid filing multiple transactions for a policy in one transmission.
When multiple transactions for a policy are necessary, it is imperative that they be sent in logical business event sequence.
If transactions are not received in the correct order, they may be rejected or cause coverage problems by being loaded out of sequence in the agency's database (i.e., if a policy is cancelled flat, the policy issuance should occur first in the transmission and then the cancellation. If these transactions were sent in reverse order, the cancellation would get processed first and would be rejected because the agency would not have a record of the policy issuance. The issuance would then be accepted and loaded to the database as open coverage.)

Policy Information

Fein 381111111	
Quality Carpets Inc	PO Box 123
	Lansing Mi 48910
	258 Main St
	Lansing Mi 48910
Creative Flooring	258 Main St
	Lansing Mi 48910
	487 Capital
	Lansing Mi 48910
Marys Countertops	237 Massillon Rd
No Michigan location	Akron Oh 44320
FEIN 382222222	
Mary Jones dba Jones Vinyl	666 Turner St
	Lansing Mi 48910
	487 Capital
	Lansing Mi 48910

IAIABC Records
00-XX-01

PC1	Quality Carpets Inc
	PO Box 123 Lansing Mi 48910
PC2	Quality Carpets Inc
	PO Box 123 Lansing Mi 48910
PC2	Quality Carpets Inc
	258 Main St Lansing Mi 48910
PC2	Creative Flooring
	487 Capital Lansing Mi 48910
PC2	Creative Flooring
	258 Main St Lansing Mi 48910
PC2	Jones Vinyl
	666 Turner St Lansing Mi 48910
PC2	Jones Vinyl
	487 Capital Lansing Mi 48910
PC2	Jones, Mary
	666 Turner St Lansing Mi 48910
PC2	Jones, Mary
	487 Capital Lansing Mi 48910
PC2	Marys Countertops
	PO Box 123 Lansing Mi 48910

If an Individual or Partnership has one or more Commercial names, the first Commercial Name Record should be mapped to the PC1 Record.
The 1st PC2 record is the employer information for PC1

WCPOLS Records

Name Records	Name Link Identifier	Continuation Seq #	
Quality Carpets Inc	001	001	Primary name is always 001/001
Creative Flooring	002	001	
Jones, Mary	003	001	These 2 have the exact same addresses so they have the same name link
Jones Vinyl	003	002	
Marys Countertops	004	001	

Address Records	Name Link Identifier	Address Type	
PO Box 123 Lansing Mi 48910	001	1	The mailing address is a PO Box so an address type 2 is required for name link 001. The same address will appear more than once if it associated with more than one name link. The first address for a unique FEIN should be the mailing or lead address.
258 Main St Lansing Mi 48910	001	2	
487 Capital Lansing Mi 48910	002	2	
666 Turner St Lansing Mi 48910	003	2	
258 Main St Lansing Mi 48910	002	2	
487 Capital Lansing Mi 48910	003	2	
	004	6	An Address Type 6 is linked to Marys Countertops to indicate there are no Michigan locations. The address fields are blank. The mailing address will be mapped to the address fields.

This will map to a 00-XX-01 because every FEIN in the transaction has a Type of Address = 2. All records under a FEIN must be kept within the same transaction.

400 Equivalents

FEIN 3811111		
Name	Quality Carpets Inc	
Address	PO Box 123 Lansing Mi 48910	
Additional names & addresses		
	Quality Carpets Inc	258 Main St Lansing Mi 48910
	Creative Flooring	258 Main St Lansing Mi 48910
	Creative Flooring	487 Capital Lansing Mi 48910
	Marys Countertops	PO Box 123 Lansing Mi 48910
FEIN 382222222		
Name	Jones Vinyl	
Owner	Jones, Mary	
Address	666 Turner St Lansing Mi 48910	
Additional names & addresses		
	Jones Vinyl	487 Capital Lansing Mi 48910

A separate 400 is required for each FEIN

Policy Information

FEIN 381111111	
Quality Carpets Inc	PO Box 123 Lansing MI 48910
	258 Main St Lansing MI 48910
Creative Flooring	258 Main St Lansing MI 48910
	487 Capital Lansing MI 48910
FEIN 383333333	
Foundation Constructions Inc No Michigan location	237 Massillon Akron Ohio 44320

This policy provides an example of an Insured and employer with locations in Michigan and an employer with exposure only. The paired triplicates are 00-10-01 and 00-10-86

WCPOLS Records

Name Records	Name Link Identifier	Continuation Seq #	Comments
Quality Carpets Inc	001	001	
Creative Flooring	002	001	
Foundation Construction Inc	003	001	Michigan exposure only

Address records	Name Link Identifier	Address Type	Comments
PO Box 123 Lansing MI 48910	001	1	
258 Main St Lansing MI 48910	001	2	
487 Capital Lansing MI 48910	002	2	
258 Main St Lansing MI 48910	002	2	
	003	6	An Address Type 6 is linked to Foundation Construction to indicate there are no locations in Michigan. The address fields are blank The mailing address will be mapped to the address fields

IAIABC Records

01-10-01		01-10-86	
PC1	Quality Carpets Inc PO Box 123 Lansing MI 48910	PC1	Quality Carpets Inc PO Box 123 Lansing MI 48910
PC2	Quality Carpets Inc PO Box 123 Lansing MI 48910	PC2	Foundation Constructions Inc PO Box 123 Lansing MI 48910
PC2	Quality Carpets Inc 258 Main St Lansing MI 48910	An 86 must always follow an 01 or an 80 in a paired transaction. The PC1 in the 86 will be a repeat of the PC1 in the 01 or 80. The first PC2 is not the employer information as in an 01. The PC2's are the employers with exposure only. All records under a FEIN must be kept within the same transaction.	
PC2	Creative Flooring 487 Capital Lansing MI 48910		
PC2	Creative Flooring 258 Main St Lansing MI 48910		

If the only 2 entities on the policy were Quality Carpets Inc and Foundation Construction Inc and neither had locations in Michigan, the paired triplicates would be 01-10-80 and 01-10-86.

01-10-80		01-10-86	
PC1	Quality Carpets Inc 237 Massillon Akron Oh 44320	PC1	Quality Carpets Inc 237 Massillon Akron Oh 44320
Only an Insured record is required for an 80		PC2	Foundation Construction Inc 237 Massillon Akron Oh 44320

PEO/EMPLOYEE LEASING
IF CODE IS "P" FORWARD TO SOM
IF CODE IS "C" DO NOT FORWARD TO SOM

State of Michigan
POC Data Element Requirements

IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITION BEG	POSITION END	00-05-01	00-05-80	00-05-86	New Policies 00-10-01	00-10-80	00-10-86	Renewals 00-20-01	00-20-80	00-20-86	Additions 00-31-54	00-31-72	00-31-80	00-31-86	00-31-87	Rewrites 00-50-01	00-50-80	00-50-86	00-70-01
INSURED																							
	0001	Transaction Set ID	3 A/N	1	3				M	M	M	M	M	M						M	M	M	M
	0107	Record Sequence Nbr	9 N	4	12				M	M	M	M	M	M						M	M	M	M
	0300	Transaction Set Purpose Code	2 A/N	13	14				M	M	M	M	M	M						M	M	M	M
	0302	Jurisdiction Designee Received Date	DATE	15	22				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0002	Transaction Set Type Code	2 A/N	23	24				M	M	M	M	M	M						M	M	M	M
	0303	Transaction Reason Code	2 A/N	25	26				M	M	M	M	M	M						M	M	M	M
	0304	Transaction Set Type Effective Date	DATE	27	34				M	M	M	M	M	M						M	M	M	M
	0006	Insurer FEIN	9 A/N	35	43	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	M	M	M	M	M	M	Supported By CAOM	Supported By CAOM	Supported By CAOM	Supported By CAOM	Supported By CAOM	M	M	M	M
	0007	Insurer Name	30 A/N	44	73				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0305	Issuing Office Name	30 A/N	74	103				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0306	Issuing Office Address Line 1	30 A/N	104	133				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0307	Issuing Office Address Line 2	30 A/N	134	163				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0308	Issuing Office City	30 A/N	164	193				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0309	Issuing Office State	2 A/N	194	195				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0310	Issuing Office Postal Code	9 A/N	196	204				I/A	I/A	I/A	I/A	I/A	I/A						I/A	I/A	I/A	N/A
	0311	Issuing Agency Name	30 A/N	205	234				I/A	I/A	I/A	I/A	I/A	I/A	Not	Not	Not	Not	Not	I/A	I/A	I/A	N/A
	0312	Issuing Agency City	30 A/N	235	264				I/A	I/A	I/A	I/A	I/A	I/A						I/A	I/A	I/A	N/A
	0313	Issuing Agency State	2 A/N	265	266				I/A	I/A	I/A	I/A	I/A	I/A						I/A	I/A	I/A	N/A
	0314	Insured FEIN	9 A/N	267	275				M	M	M	M	M	M						M	M	M	N/A
	0017	Insured Name	90 A/N	276	365				M	M	M	M	M	M						M	M	M	N/A
	0315	Insured Address Line 1	30 A/N	366	395				M	M	M	M	M	M						M	M	M	N/A
	0316	Insured Address Line 2	30 A/N	396	425				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0317	Insured City	30 A/N	426	455				M	M	M	M	M	M						M	M	M	N/A
	0318	Insured State	2 A/N	456	457				M	M	M	M	M	M						M	M	M	N/A
	0319	Insured Postal Code	9 A/N	458	466				M	M	M	M	M	M						M	M	M	N/A
	0320	Insured Telephone Number	10 A/N	467	476				I/A	I/A	I/A	I/A	I/A	I/A						I/A	I/A	I/A	N/A
	0321	Business Market	1 A/N	477	477				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0322	Wrap-up Indicator	1 A/N	478	478				M	M	M	M	M	M						M	M	M	N/A
	0323	Insured Legal Status	2 A/N	479	480				M	M	M	M	M	M						M	M	M	N/A
	0028	Policy Number	18 A/N	481	498				M	M	M	M	M	M						M	M	M	M
	0333	Employee Leasing Policy ID	1A/N	499	499				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0332	Minimum Premium Indicator	1A/N	500	500				M	M	M	M	M	M						M	M	M	N/A
	0335	Transaction Issue Date	DATE	501	508				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	N/A	Filler	10A/N	509	510				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0029	Policy Effective Date	DATE	511	518				M	M	M	N/A	N/A	N/A						N/A	N/A	N/A	N/A

State of Michigan
POC Data Element Requirements

FORM 400

IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END	00-05-01	00-05-80	00-05-86	00-10-01	00-10-80	00-10-86	00-20-01	00-20-80	00-20-86	00-31-54	00-31-72	00-31-80	00-31-86	00-31-87	00-50-01	00-50-80	00-50-86	00-70-01
					POSITION				New Policies			Renewals			Additions					Rewrites			
	0030	Policy Expiration Date	DATE	519	526				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0324	Prior Policy Number	18 A/N	527	544				N/A	N/A	N/A	M	M	M						M	M	M	N/A
	N/A	Filler	12A/N	545	556				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0325	Assignment Date	DATE	557	564				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0004	Jurisdiction	2 A/N	565	566				M	M	M	M	M	M						M	M	M	N/A
	0326	Governing Class	4 A/N	567	570				I/A	I/A	I/A	I/A	I/A	I/A						I/A	I/A	I/A	N/A
	0327	Total Payroll	11 N	571	581				M/C	M/C	M/C	M/C	M/C	M/C						M/C	M/C	M/C	N/A
	0328	Number of Employers	4 N	582	585				M	M	M	M	M	M						M	M	M	M
	0999	Name Type Code	1N	586	586				M	M	M	M	M	M						M	M	M	N/A
EMPLOYER																							
	0001	Transaction Set ID	3 A/N	1	3				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0107	Record Sequence Nbr	9 N	4	12				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0016	Employer FEIN	9 N	13	21				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0329	Employer UI Code	15 A/N	22	36	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	N/A	N/A	N/A	N/A	N/A	N/A	Not Supported By CAOM	Not Supported By CAOM	Not Supported By CAOM	Not Supported By CAOM	Not Supported By CAOM	N/A	N/A	N/A	N/A
	0018	Employer Name	60 A/N	37	96				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0019	Employer Address Line 1	30 A/N	97	126				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0020	Employer Address Line 2	30 A/N	127	156				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0021	Employer City	15 A/N	157	171				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0022	Employer State	2 A/N	172	173				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0023	Employer Postal Code	9 A/N	174	182				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0025	Industry Code	6 A/N	183	188				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0330	Number of Employees	6 N	189	194				I/A	N/A	I/A	I/A	N/A	I/A						I/A	N/A	I/A	N/A
	0331	Employer Notification Date	DATE	195	202				N/A	N/A	N/A	N/A	N/A	N/A						N/A	N/A	N/A	N/A
	0998	Employer Legal Status	2N	203	204				M	N/A	M	M	N/A	M						M	N/A	M	N/A
	0999	Name Type Code	1N	205	205				M	N/A	M	M	N/A	M						M	N/A	M	N/A

LEGEND	CODE	Definition
	M	Mandatory
	E	Expected
	M/C	Mandatory-Conditional
	EC	Expected-Conditional
	I/A	If Available
	N/A	Not Used

				POSITION		New Policies			Renewals			Additions					Rewrites			

FORM 400

IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END	00-05-01	00-05-80	00-05-86	00-10-01	00-10-80	00-10-86	00-20-01	00-20-80	00-20-86	00-31-54	00-31-72	00-31-80	00-31-86	00-31-87	00-50-01	00-50-80	00-50-86	00-70-01

Triplicate Code Definitions

00-05-01	Binder - physical locations in Michigan
00-05-80	Binder - exposure only (Sales, trucking…)
00-05-86	Binder - employers exposure only. Must be sent in a paired transaction - must follow 00-05-01 or 00-05-80
00-10-01	New policy - physical locations in Michigan
00-10-80	New policy exposure only (Sales, trucking…)
00-10-86	New policy - employers exposure only. Must be sent in a paired transaction - must follow 00-10-01 or 00-10-80
00-20-01	Renewal - physical locations in Michigan
00-20-80	Renewal - exposure only
00-20-86	Renewal - employers exposure only. Must be sent in a paired transaction - must follow 00-20-01 or 00-20-80
00-31-54	Adding employer / location
00-31-72	Adding a jurisdiction - physical locations in Michigan
00-31-80	Adding a jurisdiction - exposure only
00-31-86	Adding employers exposure only. Must be sent in a paired transaction - must follow 00-31-72 or 00-31-80
00-31-87	Adding employers with exposure only to existing policy
00-50-01	Rewrite - physical locations in Michigan
00-50-80	Rewrite - exposure only (Sales, trucking…)
00-50-86	Rewrite - employers exposure only. Must be sent in a paired transaction - must follow 00-50-01 or 00-50-80
00-70-01	Reinstatement

CONDITIONAL REQUIREMENTS FOR FORM 400			
IAIABC RECORDS	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*CONDITION(S)*
INSURED			
	0327	Total Payroll	If Minimum Premium Indicator = N Then Total Payroll is Mandatory
EMPLOYER			
None defined as of 11/18/2003.			

State of Michigan
POC Data Element Requirements

FORM 401

Vertical labels spanning the code columns: 00-33-56 = "Not Supported By CAOM"; 00-33-73 = "Not Supported By WCPOLS"; 00-42-63 = "Not Supported By WCPOLS"; 00-60-63 = "Not Supported By WCPOLS".

IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END	00-33-56	00-33-73	00-41-59	00-41-64	00-41-66	00-41-69	00-41-70	00-41-71	00-42-01	00-42-45	00-42-60	00-42-61	00-42-62	00-42-63	00-42-65	00-60-01	00-60-45	00-60-60	00-60-62	00-60-63	00-60-64	00-60-65
INSURED																											
	0001	Transaction Set ID	3 A/N	1	3			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0107	Record Sequence Nbr	9 N	4	12			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0300	Transaction Set Purpose Code	2 A/N	13	14			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0302	Jurisdiction Designee Received Date	DATE	15	22			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0002	Transaction Set Type Code	2 A/N	23	24			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0303	Transaction Reason Code	2 A/N	25	26			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0304	Transaction Set Type Effective Date	DATE	27	34			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0006	Insurer FEIN	9 A/N	35	43			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0007	Insurer Name	30 A/N	44	73			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0305	Issuing Office Name	30 A/N	74	103			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0306	Issuing Office Address Line 1	30 A/N	104	133			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0307	Issuing Office Address Line 2	30 A/N	134	163			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0308	Issuing Office City	30 A/N	164	193			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0309	Issuing Office State	2 A/N	194	195			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0310	Issuing Office Postal Code	9 A/N	196	204			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0311	Issuing Agency Name	30 A/N	205	234			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0312	Issuing Agency City	30 A/N	235	264			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0313	Issuing Agency State	2 A/N	265	266			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0314	Insured FEIN	9 A/N	267	275			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0017	Insured Name	90 A/N	276	365			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0315	Insured Address Line 1	30 A/N	366	395			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0316	Insured Address Line 2	30 A/N	396	425			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0317	Insured City	30 A/N	426	455			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0318	Insured State	2 A/N	456	457			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0319	Insured Postal Code	9 A/N	458	466			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0320	Insured Telephone Number	10 A/N	467	476			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0321	Business Market	1 A/N	477	477			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0322	Wrap-up Indicator	1 A/N	478	478			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0323	Insured Legal Status	2 A/N	479	480			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0028	Policy Number	18 A/N	481	498			M	M	M	M	M	M	M	M	M	M	M		M	M	M	M	M		M	M
	0333	Employee Leasing Policy ID	1 A/N	499	499			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0332	Minimum Premium Indicator	1 A/N	500	500			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0335	Transaction Issue Date	DATE	501	508			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	N/A	Filler	10 A/N	509	510			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0029	Policy Effective Date	DATE	511	518			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0030	Policy Expiration Date	DATE	519	526			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A

				POSITION		TRIPLICATE CODES																							
IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END	00-33-56	00-33-73	00-41-59	00-41-64	00-41-66	00-41-69	00-41-70	00-41-71	00-42-01	00-42-45	00-42-60	00-42-61	00-42-62	00-42-63	00-42-65	00-60-01	00-60-45	00-60-60	00-60-62	00-60-63	00-60-64	00-60-65
	0324	Prior Policy Number	18 A/N	527	544			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	N/A	Filler	12A/N	545	556			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0325	Assignment Date	DATE	557	564			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0004	Jurisdiction	2 A/N	565	566			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0326	Governing Class	4 A/N	567	570			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0327	Total Payroll	11 N	571	581			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0328	Number of Employers	4 N	582	585			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
EMPLOYER																											
	0001	Transaction Set ID	3 A/N	1	3	Not Supported by CAOM	Not Supported by WCPOLS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Supported by WCPOLS	N/A	N/A	N/A	N/A	N/A	Not Supported by WCPOLS	N/A	N/A
	0107	Record Sequence Nbr	9 N	4	12			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0016	Employer FEIN	9 N	13	21			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0329	Employer UI Code	15 A/N	22	36			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0018	Employer Name	60 A/N	37	96			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0019	Employer Address Line 1	30 A/N	97	126			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0020	Employer Address Line 2	30 A/N	127	156			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0021	Employer City	15 A/N	157	171			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0022	Employer State	2 A/N	172	173			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0023	Employer Postal Code	9 A/N	174	182			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0025	Industry Code	6 A/N	183	188			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0330	Number of Employees	6 N	189	194			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A
	0331	Employer Notification Date	DATE	195	202			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A

FORM 401

LEGEND	CODE	Definition
	M	Mandatory
	E	Expected
	M/C	Mandatory-Conditional
	EC	Expected-Conditional
	I/A	If Available
	N/A	Not Used

FORM 401						

IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITION		TRIPLICATE CODES
				BEG	END	00-33-56 / 00-33-73 / 00-41-59 / 00-41-64 / 00-41-66 / 00-41-69 / 00-41-70 / 00-41-71 / 00-42-01 / 00-42-45 / 00-42-60 / 00-42-61 / 00-42-62 / 00-42-63 / 00-42-65 / 00-60-01 / 00-60-45 / 00-60-60 / 00-60-62 / 00-60-63 / 00-60-64 / 00-60-65
Triplicate Code Definitions						
	00-33-56	Delete an employer from policy				
	00-33-73	Delete jurisdiction from policy				
	00-41-59	Carrier cancels - non payment				
	00-41-64	Carrier cancels -underwriting reason				
	00-41-66	Carrier cancels - revocation of VMA				
	00-41-69	Carrier cancels - non pay of deductable				
	00-41-70	Carrier cancels - misrepresentation on application				
	00-41-71	Carrier cancels - rewrite				
	00-42-01	Insured cancels - no specific reason				
	00-42-45	Insured cancels - out of business / retired				
	00-42-60	Insured cancels - coverage placed elsewhere				
	00-42-61	Insured cancels - duplicate coverage				
	00-42-62	Insured cancels - change in ownership				
	00-42-63	Insured cancels - business sold				
	00-42-65	Insured cancels - no employees, no exposure				
	00-60-01	Insured non-renews - no specific reason				
	00-60-45	Insured non-renews - out of business				
	00-60-60	Insured non re-news - coverage placed elsewhere				
	00-60-62	Insured non-renews - change in ownership				
	00-60-63	Insured non-renews - business sold				
	00-60-64	Carrier non-renews - underwriting reason				
	00-60-65	Insured non-renews - no employees, no exposure				

POC Data Element Requirements for Michigan

CONDITIONAL REQUIREMENTS FOR FORM 401			
IAIABC RECORDS	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*CONDITION(S)*
INSURED			
None defined as of 06/17/2004.			
EMPLOYER			
None defined as of 06/17/2004.			

				POSITION		TRIPLICATE CODES																				
IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END	00-32-67	00-32-68	00-32-84	04-32-76	04-32-77	04-32-78	04-32-79	04-32-81	04-32-82	04-32-83	04-32-85	04-33-76	05-32-76	05-32-77	05-32-78	05-32-79	05-32-81	05-32-82	05-32-83	05-32-85	05-33-76
INSURED																										
	0001	Transaction Set ID	3 A/N	1	3																					
	0107	Record Sequence Nbr	9 N	4	12																					
	0300	Transaction Set Purpose Code	2 A/N	13	14																					
	0302	Jurisdiction Designee Received Date	DATE	15	22																					
	0002	Transaction Set Type Code	2 A/N	23	24																					
	0303	Transaction Reason Code	2 A/N	25	26																					
	0304	Transaction Set Type Effective Date	DATE	27	34																					
	0006	Insurer FEIN	9 A/N	35	43																					
	0007	Insurer Name	30 A/N	44	73																					
	0305	Issuing Office Name	30 A/N	74	103																					
	0306	Issuing Office Address Line 1	30 A/N	104	133																					
	0307	Issuing Office Address Line 2	30 A/N	134	163																					
	0308	Issuing Office City	30 A/N	164	193																					
	0309	Issuing Office State	2 A/N	194	195																					
	0310	Issuing Office Postal Code	9 A/N	196	204																					
	0311	Issuing Agency Name	30 A/N	205	234																					
	0312	Issuing Agency City	30 A/N	235	264																					
	0313	Issuing Agency State	2 A/N	265	266																					
	0314	Insured FEIN	9 A/N	267	275																					
	0017	Insured Name	90 A/N	276	365																					
	0315	Insured Address Line 1	30 A/N	366	395																					
	0316	Insured Address Line 2	30 A/N	396	425																					
	0317	Insured City	30 A/N	426	455																					
	0318	Insured State	2 A/N	456	457																					
	0319	Insured Postal Code	9 A/N	458	466																					
	0320	Insured Telephone Number	10 A/N	467	476																					
	0321	Business Market	1 A/N	477	477																					
	0322	Wrap-up Indicator	1 A/N	478	478																					
	0323	Insured Legal Status	2 A/N	479	480																					
	0028	Policy Number	18 A/N	481	498																					
	0333	Employee Leasing Policy ID	1A/N	499	499																					
	0332	Minimum Premium Indicator	1A/N	500	500																					
	N/A	Filler	10A/N	501	510																					
	0029	Policy Effective Date	DATE	511	518																					
	0030	Policy Expiration Date	DATE	519	526																					
	0324	Prior Policy Number	18 A/N	527	544																					
	N/A	Filler	12A/N	545	556																					

Triplicate code column designations (applied vertically across the INSURED section):

- 00-32-67: Not Valid in Michigan
- 00-32-68: Not Valid in Michigan
- 00-32-84: Not Supported By CAOM
- 04-32-76: Not Valid in Michigan
- 04-32-77: Not Valid in Michigan
- 04-32-78: Not Valid in Michigan
- 04-32-79: Not Supported By CAOM
- 04-32-81: Not Supported By CAOM
- 04-32-82: Not Valid in Michigan
- 04-32-83: Not Valid in Michigan
- 04-32-85: Not Supported By CAOM
- 04-33-76: Not Supported By CAOM
- 05-32-76: Not Valid in Michigan
- 05-32-77: Not Valid in Michigan
- 05-32-78: Not Valid in Michigan
- 05-32-79: Not Supported By CAOM
- 05-32-81: Not Supported By CAOM
- 05-32-82: Not Valid in Michigan
- 05-32-83: Not Valid in Michigan
- 05-32-85: Not Supported By CAOM
- 05-33-76: Not Supported By CAOM

FORM 403						TRIPLICATE CODES																				
				POSITION																						
IAIABC RECORDS	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END	00-32-67	00-32-68	00-32-84	04-32-76	04-32-77	04-32-78	04-32-79	04-32-81	04-32-82	04-32-83	04-32-85	04-33-76	05-32-76	05-32-77	05-32-78	05-32-79	05-32-81	05-32-82	05-32-83	05-32-85	05-33-76
	0325	Assignment Date	DATE	557	564																					
	0004	Jurisdiction	2 A/N	565	566																					
	0326	Governing Class	4 A/N	567	570																					
	0327	Total Payroll	11 N	571	581																					
	0328	Number of Employers	4 N	582	585																					
EMPLOYER																										
	0001	Transaction Set ID	3 A/N	1	3																					
	0107	Record Sequence Nbr	9 N	4	12																					
	0016	Employer FEIN	9 N	13	21																					
	0329	Employer UI Code	15 A/N	22	36																					
	0018	Employer Name	60 A/N	37	96																					
	0019	Employer Address Line 1	30 A/N	97	126																					
	0020	Employer Address Line 2	30 A/N	127	156																					
	0021	Employer City	15 A/N	157	171																					
	0022	Employer State	2 A/N	172	173																					
	0023	Employer Postal Code	9 A/N	174	182																					
	0025	Industry Code	6 A/N	183	188																					
	0330	Number of Employees	6 N	189	194																					
	0331	Employer Notification Date	DATE	195	202																					

Triplicate code column status (applies to all rows above):

Triplicate Code	Status
00-32-67	Not Valid in Michigan
00-32-68	Not Valid in Michigan
00-32-84	Not Supported By CAOM
04-32-76	Not Valid in Michigan
04-32-77	Not Valid in Michigan
04-32-78	Not Valid in Michigan
04-32-79	Not Supported By CAOM
04-32-81	Not Supported By CAOM
04-32-82	Not Valid in Michigan
04-32-83	Not Valid in Michigan
04-32-85	Not Supported By CAOM
04-33-76	Not Supported By CAOM
05-32-76	Not Valid in Michigan
05-32-77	Not Valid in Michigan
05-32-78	Not Valid in Michigan
05-32-79	Not Supported By CAOM
05-32-81	Not Supported By CAOM
05-32-82	Not Valid in Michigan
05-32-83	Not Valid in Michigan
05-32-85	Not Supported By CAOM
05-33-76	Not Supported By CAOM

LEGEND	CODE	Definition
	M	Mandatory
	E	Expected
	MC	Mandatory-Conditional
	EC	Mandatory-Expected
	I/A	If Available
	N/A	Not Used

				POSITION		TRIPLICATE CODES																		
IAIABC RECORDS	**IAIABC DN**	**IAIABC DATA ELEMENT NAME**	**IAIABC FORMAT**	**BEG**	**END**	00-32-67	00-32-68	00-32-84	04-32-76	04-32-77	04-32-78	04-32-79	04-32-81	04-32-82	04-32-83	04-32-85	04-33-76	05-32-76	05-32-77	05-32-78	05-32-79	05-32-81	05-32-82	05-32-83	05-32-85	05-33-76
TRIPLICATE CODE DEFINITIONS																								
00-32-67		Including corporate officers, partners…																							
00-32-68		Excluding corporate officers, partners…																							
00-32-84		Change insured info not otherwise classified																							
04/05-32-76		Change insured FEIN																							
04/05-32-77		Change employer FEIN																							
04/05-32-78		Change UI#																							
04/05-32-79		Change policy number																							
04/05-32-81		Change effective date																							
04/05-32-82		Change expiration date																							
04/05-32-83		Change carrier FEIN																							
04/05-32-85		Change employer info not otherwise classified																							
04/05-33-76		Correct insured FEIN																							

CONDITIONAL REQUIREMENTS FOR FORM 403			
IAIABC RECORDS	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*CONDITION(S)*
INSURED			
			None defined as of 04/20/05
EMPLOYER			
			None defined as of 04/20/05

		REQUIREMENT CODE DEFINITIONS	
Code	**Description**	**Definition**	
M	Mandatory	The data element must be present and must be in a valid format or the transaction will be rejected.	
M/C	Mandatory/Conditional	The data element is normally optional, but becomes mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and mandatory rules apply (the data element must be present and must be in a valid format or the transaction will be rejected). For example, if the Triplicate Code indicates a change in demographic data, then the changed data element(s) are mandatory.	
E	Expected	The data element is expected on the Triplicate, however the transaction will be accepted with errors should it fail any edit. A correction will be required.	
E/C	Expected/Conditional	The data element is normally optional, but becomes expected under conditions established by the receiver. If the defined condition exists, the data element becomes expected. The transaction will be accepted with errors should it fail any edit. A correction will be required.	
I/A	If Available	If this data element is available, it should be included on the Triplicate. If sent, edits will be applied and the transaction will be accepted with errors should it fail any edit.	
N/A	Not Applicable	The data element is not required or expected by the receiver. It may or may not be sent. If it is sent, it will not be edited or processed and will not impact the status of the transaction.	

Element #	Element Description	001	028	029	030	031	039	040	041	042	057	058	059	063	064	065	066	067	068	100	106	116	118
		Mandatory field not present	Must be numeric (0-9)	Must be valid date (CCYYMMDD)	Must be A - Z, 0 - 9, or spaces	Must be valid time (HHMMSS)	No match on database	All digits cannot be the same	Must be <= current date	Not statutorily valid	Duplicate transmission/transaction	Code / ID invalid	Non-Match data value not consistent with value previously rec	Invalid event sequence	Invalid data relationship	Corresponding report/data not found	Invalid record/transaction count	Must be >= policy effective date	Must be <= policy expiration date	No leading or embedded spaces	Invalid batch structure	Transaction not approved for production	Trading Partner not approved to submit data for Insurer/Claims Administrator
0000	Entire Transaction										X		X	X	X	X						X	
0001	Transaction Set ID																						
0004	Jurisdiction	X								X													
0006	Insurer FEIN	X	X				X															X	X
0007	Insurer Name																						
0016	Employer FEIN	X	X				X	X		X			X										
0017	Insured Name	X																					
0018	Employer Name	X																					
0019	Employer Address Line 1	X																					
0020	Employer Address Line 2																						
0021	Employer City	X																					
0022	Employer State	X										X											
0023	Employer Postal Code	X																					
0025	SIC Code																						
0028	Policy Number	X			X		X			X										X			
0029	Policy Effective Date	X		X																			
0030	Policy Expiration Date																						
0098	Sender ID	X																					X
0099	Receiver ID	X								X													
0100	Date Transmission Sent	X		X					X														
0101	Time Transmission Sent	X				X																	
0102	Original Transmission Date																						
0103	Original Transmission Time																						
0104	Test/Prod Indicator	X										X											
0105	Interchange Version ID	X								X													
0106	Detail Record Count	X	X														X						
0107	Record Sequence Number	X	X																				
0300	Transaction Set Purpose Code	X										X											
0302	Jurisdiction Designee Received Date																						
0303	Transaction Reason Code	X								X													
0304	Transaction Set Type Effective Date	X		X											X	X							
0305	Issuing Office Name																						
0306	Issuing Office Address Line 1																						
0307	Issuing Office Address Line 2																						
0308	Issuing Office City																						
0309	Issuing Office State																						
0310	Issuing Office Postal Code																						
0311	Issuing Agency Name																						
0312	Issuing Agency City																						
0313	Issuing Agency State																						
0314	Insured FEIN	X	X				X	X		X			X										
0315	Insured Address Line 1	X																					
0316	Insured Address Line 2																						
0317	Insured City	X																					
0318	Insured State	X										X											
0319	Insured Postal Code	X																					
0320	Insured Telephone Number																						
0321	Business Market																						
0322	Wrap-Up Indicator	X								X													
0323	Insured Legal Status	X								X					X								
0324	Prior Policy Number	X			X		X														X		
0325	Assignment Date																						
0326	Governing Class																						
0327	Total Payroll		X							X													
0328	Number of Employers	X	X														X						
0329	Employer UI Code																						
0330	Number of Employees																						
0331	Employer Notification Date																						
0332	Minimum Premium Policy Indicator	X										X											
0333	Employee Leasing Indicator																						
0334	Transaction Set Type Code	X								X													
0335	Transaction Issue Date																						
0998	Employer Legal Status	X								X					X								
0999	Name Type Code	X								X					X								

DN #	ERR #	ERROR SEVERITY	IAIABC DATA ELEMENT	IAIABC ERROR MESSAGE	CONDITION	ACKNOWLEDGMENT ELEMENT ERROR TEXT	CORRECTION PROCESS	ERROR ACCOUNTABILITY
0000	057	HD	Entire Batch/Transaction	Duplicate Transmission/ Transaction	A duplicate transmission was sent (Based on Sender ID, Date Transmission Sent and Time Transmission Sent in Header Record)	"Duplicate transmission"	If the transmission was sent in error, no follow up is required. If either the Date Transmission Sent or Time Transmission Sent was in error, the transaction can be resubmitted after correction.	CAOM
0000	057	TR	Entire Batch/Transaction	Duplicate Transmission/ Transaction	A cancellation with the same Insurer, effective date and policy number matches what the SOM already has on file.	"Duplicate transaction - Cancellation"	If the transaction was sent in error, no follow up is required.	Insurer
					A duplicate transaction was sent. Coverage already exists for the same Insurer, effective date and policy number	"Duplicate transaction -Issuance"	If the transaction was sent in error, no follow up is required.	Insurer
0000	059	TR	Entire Batch/Transaction	Non-match data value not consistent with value previously reported	WCA has a different termination date on one or more coverage record(s)	"Previous cancellation dates do not match"	Reinstatements must be made on paper	Insurer
0000	063	TR	Entire Batch/Transaction	Invalid event sequence	PC1 with Transaction Reason Code 86 was not preceded by a PC1 with Transaction Reason Code of 01 or 80 with matching Transaction Set Type Code, Transaction Set Purpose Code, Insurer FEIN, Policy Number and Transaction Set Type Effective Date.	"Invalid paired transaction structure."	CAOM should not transmit files with this error.	CAOM
					Invalid Triplicate Code - when the combination of Transaction Set Purpose, Transaction Set Type Code and Transaction Reason Code on an insured record is not one of those defined on the POC Data Element Requirement Table.	"Invalid triplicate code combination"	CAOM should not transmit files with this error. CAOM must review the WCPOLS transaction to determine the correct triplicate code before resubmitting.	CAOM
0000	064	TR	Entire Batch/Transaction	Invalid data relationship	Employer record(s) rejected due to errors on the Insured record	"PC2 record rejected due to an error on the PC1 ."	Correction can be submitted electronically.	Insurer
					If the previous 01 or 80 transaction has been rejected (Application Acknowledgment Code = TR), the 86 transaction is also rejected	"Rejected due to error(s) on related record(s)."	Correction can be submitted electronically.	Insurer or CAOM
					A cancellation was received for a multiple entity policy. The cancellation could not be used to cancel any employer on the policy.	"Cancellation failed on every FEIN on this policy"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					If Type Code = 10, 20 or 50 AND Reason Code = 1 the name and address on the first PC2 must match the PC1.	"First PC2 must match PC1"	CAOM should not transmit files with this error.	CAOM
					Must be one and only one personal name for an FEIN within the transaction when PC1 Name is "Commercial"	"Incorrect Number of Personal Name Records"	Insurer must verify with insured. Can be submitted electronically after correction.	Insurer
0000	065	TR	Entire Batch/Transaction	Corresponding report/data not found	Insured record has an employer count which differs from the number of associated employers actually sent.	"Employer count did not = number of PC2 records sent"	CAOM should not transmit files with this error. CAOM must review the WCPOLS transaction to determine the correct employer count before resubmitting.	CAOM
0000	106	HD	Entire Batch/Transaction	Invalid batch structure	One or more detail records must be included.	"Detail record(s) missing"	CAOM should not transmit files with this error. Correction can be submitted electronically.	CAOM
					The first detail record must be an Insured record (Transaction Set ID = PC1)	"First record must have Transaction Set ID = PC1 "	CAOM should not transmit files with this error. Correction can be submitted electronically.	CAOM
					Each detail record must have a Transaction Set ID of PC1 or PC2	"Each detail record must be PC1 or PC2"	CAOM should not transmit files with this error. Correction can be submitted electronically.	CAOM
					Records in the batch are not numbered consecutively and in ascending SEQUENCE-NBR order	"Records not in sequence"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
					A Trailer record must be included (Transaction Set ID = TR1)	"Trailer record missing"	CAOM should not transmit files with this error. Correction can be submitted electronically.	CAOM
0004	001	TR	Jurisdiction	Mandatory field not present	The record did not contain the mandatory data element: Jurisdiction.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0004	042	TR	Jurisdiction	Not statutorily valid	The record did not contain the valid code - MI. Does not appear to be a Michigan policy. Not valid for cancellations.		If it is not a Michigan policy, the Insurer does not need to follow up. If it is a Michigan policy, the Insurer should correct the jurisdiction and resubmit to CAOM.	Insurer
0006	001	TR	Insurer FEIN	Mandatory field not present	The record did not contain the mandatory data element: Insurer FEIN.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0006	028	TR	Insurer FEIN	Must be numeric(0-9)	The FEIN contains some non-numeric characters.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0006	039	TR	Insurer FEIN	No match on database	The policy number was found but the Insurer FEIN on the transaction does not match the Insurer FEIN on SOM's database.	"Policy number is with a different insurer"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					No record of Insurer FEIN on SOM's database	"No record of Insurer FEIN"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					Insurer FEIN does not match previous Insurer on a Renewal.	"Cannot renew a policy with a different Insurer"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0006	059	TR	Insurer FEIN	Non-match data value not consistent with value previously reported	Insurer FEIN is not in the same group as previous Insurer on a Rewrite	"To rewrite Insurer must be from same NAIC group"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0006	116	TR	Insurer FEIN	Transaction not approved for production	Insurer has not been approved for this triplicate or approval has been suspended.	"Insurer is not authorized for this triplicate"	Insurer must make these filings on paper.	CAOM
0006	118	TR	Insurer FEIN	Trading Partner not approved to submit data for Insurer/Claim Administrator	Sender is not authorized to submit filings on behalf of the Insurer FEIN .	"Sender not currently authorized for Insurer FEIN"	If the FEIN was incorrect, CAOM can resubmit electronically after correction. If the SOM has not approved the insurer for electronic reporting, filings must be made on paper.	CAOM
0016	001	TR	Employer FEIN	Mandatory field not present	The record did not contain the mandatory data element: Employer FEIN.		CAOM should not transmit files without all mandatory fields. Correction must be filed on paper by insurer.	CAOM

DN #	ERR #	ERROR SEVERITY	IAIABC DATA ELEMENT	IAIABC ERROR MESSAGE	CONDITION	ACKNOWLEDGMENT ELEMENT ERROR TEXT	CORRECTION PROCESS	ERROR ACCOUNTABILITY
0016	028	TR	Employer FEIN	Must be numeric(0-9)	The FEIN contains some non-numeric characters.		CAOM should not transmit files with this error. Correction must be filed on paper by insurer.	CAOM
0016	039	TR	Employer FEIN	No match on database	The employer FEIN the insurer is attempting to delete from a policy cannot be found on SOM's database.	"Employer FEIN not found"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0016	040	TR	Employer FEIN	All digits cannot be the same	The FEIN contains all 9 of the same digit.		CAOM should not transmit files with this error. Correction must be filed on paper by insurer.	CAOM
0016	042	TR	Employer FEIN	Not statutorily valid	FEIN must be valid. Cannot be 123456789, 987654321.		CAOM should not transmit files with this error. Correction must be filed on paper by insurer.	CAOM
0016	059	TR	Employer FEIN	Non-match data value not consistent with value previously reported	The employer has been approved by the SOM to be Self Insured.	"Self Insured - WCA will request filings if needed"	If the employer was approved to be Self Insured, the insurer should not submit any filings unless contacted by the WCA.	Insurer
0017	001	TR	Insured Name	Mandatory field not present	The record did not contain the mandatory data element: Insured Name. Not valid for cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0017	042	TR	Insured Name	Not statutorily valid	"Etal" or "DBA" was included in the Insured's Name	"Etal or dba not accepted in Name Records"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0018	001	TR	Employer Name	Mandatory field not present	The record did not contain the mandatory data element: Employer Name.		CAOM should not transmit files without all mandatory fields. Correction must be done on paper by insurer.	CAOM
0018	064	TR	Employer Name	Invalid data relationship	If the PC1 has NAME-TYPE-CD = 1 and LEGAL-STATUS = 01, then all PC2s within the FEIN must have the same name	"All names must be the same personal name"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0021	001	TR	Employer City	Mandatory field not present	The record did not contain the mandatory data element: Employer City.		CAOM should not transmit files without all mandatory fields. Correction must be done on paper by insurer.	CAOM
0022	001	TR	Employer State	Mandatory field not present	The record did not contain the mandatory data element: Employer State.		CAOM should not transmit files without all mandatory fields. Correction must be done on paper by insurer.	CAOM
0022	058	TR	Employer State	Code/ID Invalid	The record must contain a valid State Code (FIPS State Code Table) Codes will be provided for addresses out of the US.		CAOM should not transmit files without all mandatory fields. Correction must be done on paper by insurer.	CAOM
0023	001	TR	Employer Postal Code	Mandatory field not present	The record did not contain the first 5 or all 9 digits of the mandatory data element: Employer Postal Code.		CAOM should not transmit files without all mandatory fields. Correction must be done on paper by insurer.	CAOM
0028	001	TR	Policy Number	Mandatory field not present	The record did not contain the mandatory data element: Policy Number.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0028	030	TR	Policy Number	Must be A - Z, 0 - 9, or spaces	The record contained invalid characters.		CAOM should not transmit files with this error. CAOM and the insurer must agree on correct policy number formatting. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0028	039	TR	Policy Number	No match on database	There is no open coverage record on the SOM's database with an insurer and policy number that matches the insurer and policy number on a cancellation .	"No matching policy number to cancel"	If the policy number on the SOM's database is incorrect, the insurer must file a paper form WC-403 to correct the policy number. The cancellation can then be resubmitted electronically. If the policy number on the cancellation is incorrect, it can be resubmitted electronically with the correct policy number. If the issuance was never filed with the SOM, the cancellation can be submitted electronically after the issuance is submitted.	Insurer
					The policy number cannot be found for an employer the insurer is attempting to delete from a policy.	"Policy number not found for employer"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					There is no cancelled coverage record that matches the insurer and policy number on a reinstatement.	"No matching policy to reinstate"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					The SOM has been informed of this coverage but the issuance has not been received.	"Issuance not received for this policy number yet"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0028	042	TR	Policy Number	Not statutorily valid	The policy number and Insurer FEIN match but the SOM's database indicates this is an All States endorsement.	"Cannot cancel an All States endorsement"	If the transaction was sent in error, no follow up is required.	Insurer
0028	100	TR	Policy Number	No Leading/Embedded Spaces	The policy number has leading or embedded spaces		CAOM should not transmit files with this error. CAOM and the insurer must agree on correct policy number formatting. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0029	001	TR	Policy Effective Date	Mandatory field not present	The record did not contain the mandatory data element: Policy Effective Date. Not valid for cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0029	029	TR	Policy Effective Date	Must be valid date (CCYYMMDD)	The record contains an invalid date format for Policy Effective Date. Not valid for cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0098	001	HD	Sender ID	Mandatory field not present	The record did not contain the mandatory data element: Sender ID		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0098	118	HD	Sender ID	Trading Partner not approved to submit data for Insurer/Claim Administrator	No record of approval for this Sender ID.	"No record of approval for this Sender ID "	CAOM should not transmit files with this error. CAOM must correct before CAOM can resubmit.	CAOM
0099	001	HD	Receiver ID	Mandatory field not present	The record did not contain the mandatory data element: Receiver ID.		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0099	042	HD	Receiver ID	Not statutorily valid	Receiver ID is not valid for Michigan.	"Receiver FEIN must be 386000134"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0100	001	HD	Date Transmission Sent	Mandatory field not present	The record did not contain the mandatory data element: Date Transmission Sent.		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0100	029	HD	Date Transmission Sent	Must be valid date (CCYYMMDD)	The record contains an invalid date format for Date Transmission Sent.		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0100	041	HD	Date Transmission Sent	Must be <= current date	The Date Transmission Sent must be within 7 days of the received date and cannot be in the future.	"Not within 7 days prior to the received date"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0101	001	HD	Time Transmission Sent	Mandatory field not present	The record did not contain the mandatory data element: Time Transmission Sent		CAOM should not transmit files without all mandatory fields. CAOM must complete before resubmitting.	CAOM
0101	031	HD	Time Transmission Sent	Must be valid time (HHMMSS)	The record contains an invalid time format for Date Transmission Sent		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM

DN #	ERR #	ERROR SEVERITY	IAIABC DATA ELEMENT	IAIABC ERROR MESSAGE	CONDITION	ACKNOWLEDGMENT ELEMENT ERROR TEXT	CORRECTION PROCESS	ERROR ACCOUNTABILITY
0104	001	HD	Test / Prod indicator	Mandatory field not present	The record did not contain the mandatory data element: Test/Prod Indicator		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0104	058	HD	Test / Prod indicator	Code/ID Invalid	The transmission must comply with SOM file naming convention. Production file name but value doesn't = P.	"Production file expected"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
					The transmission must comply with SOM file naming convention. Test file name but value doesn't = T.	"Test file expected"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0105	001	HD	Interchange Version ID	Mandatory field not present	The record did not contain the mandatory data element: Interchange Version ID		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0105	042	HD	Interchange Version ID	Not statutorily valid	Transmission Type Code/Release Number must be POC 21.		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0106	001	HD	Detail Record Count	Mandatory field not present	The record did not contain the mandatory data element: Detail Record Count		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0106	028	HD	Detail Record Count	Must be numeric(0-9)	The Detail Record Count contains some non-numeric characters.		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0106	066	HD	Detail Record Count	Invalid Record/Transaction Count	The value of the Detail Record Count does not match the number of detail records.		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0107	001	HD	Record Sequence Number	Mandatory field not present	The record did not contain the mandatory data element: Record Sequence Number.		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0107	028	HD	Record Sequence Number	Must be numeric(0-9)	The Record Sequence Number contains some non-numeric characters.		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0300	001	TR	Transaction Set Purpose Code	Mandatory field not present	The record did not contain the mandatory data element: Transaction Set Purpose Code.		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0300	058	TR	Transaction Set Purpose Code	Code/ID Invalid	Invalid Transaction Set Purpose Code. Valid codes are 00 (Original) 04 (Change) 05 (Replace)		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0303	001	TR	Transaction Reason Code	Mandatory field not present	The record did not contain the mandatory data element: Transaction Reason Code.		CAOM should not transmit files without all mandatory fields. CAOM must correct before resubmitting.	CAOM
0303	042	TR	Transaction Reason Code	Not statutorily valid	Invalid Transaction Reason Code - Valid codes are 01 (No Specific Reason) 45 (Out of 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) 64 (Underwriting Reason) 65 (No Employees, No Exposure) 66 (Revocation of VMA) 69 (Failure to Pay Deductible) 70 (Misrepresentation on Application) 71 (Rewritten/Reissue) 72 (Adding a Jurisdiction) 73 (Deleting a Jurisdiction) 79 (Policy Number) 80 (No Specific Location in Jurisdiction) 81 (Policy Effective Date) 84 (Insured Record Information) 85 (Employer Record Information) 86 (Employer with no Jurisdiction Address) & 87 (Adding Employer with no Jurisdiction Address)		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0304	001	TR	Transaction Set Type Effective Date	Mandatory field not present	The record did not contain the mandatory data element: Transaction Set Type Effective Date.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0304	029	TR	Transaction Set Type Effective Date	Must be valid date (CCYYMMDD)	The record contains an invalid date format for Transaction Set Type Effective Date.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0304	059	TR	Transaction Set Type Effective Date	Non-match data value not consistent with value previously reported	A cancellation contained all of the mandatory elements and the data was valid. However, the Transaction Set Type Effective Date on the cancellation was prior to the effective date of coverage on the SOM's database.	"Date cannot be prior to the current coverage date"	Insurer remains on the risk until a correct cancellation is submitted. Corrected cancellation can be resubmitted electronically.	Insurer
					A reinstatement contained all of the mandatory elements and the data was valid. However, the effective date was more than 6 months after the previous cancellation date.	"Must be within 6 months after previous cancellation"	Insurer must reconcile the effective date problem and resubmit electronically if appropriate.	Insurer
					A reinstatement contained all of the mandatory elements and the data was valid. However, the effective date was prior to the previous cancellation date	"Cannot reinstate prior to cancellation date"	Insurer must reconcile the effective date problem and resubmit electronically if appropriate.	Insurer
0304	063	TR	Transaction Set Type Effective Date	Invalid event sequence	Transaction Set Type Effective Date is after previously reported cancellation date	"Policy cancelled with earlier date"	Insurer must file another issuance before a subsequent cancellation can be processed.	Insurer
0314	001	TR	Insured FEIN	Mandatory field not present	The record did not contain the mandatory data element: Insured FEIN. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0314	028	TR	Insured FEIN	Must be numeric(0-9)	The record contains some non-numeric characters. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0314	039	TR	Insured FEIN	No match on database	The insurer is attempting to renew or rewrite a policy for an FEIN that is not on our database. Not valid on cancellations.	"No record of Insured's original policy"	Insurer must verify with insured. Original policy can be submitted electronically first, followed by the renewal or rewrite.	Insurer

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0314	040	TR	Insured FEIN	All digits cannot be the same	The FEIN contains all 9 of the same digit. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0314	042	TR	Insured FEIN	Not statutorily valid	FEIN must be valid. Cannot be 123456789, 987654321. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0314	059	TR	Insured FEIN	Non-match data value not consistent with value	The Insured has been approved to be Self Insured.	"Self Insured - WCA will request filings if needed"	If the insured was approved to be Self Insured, the insurer should not submit any filings unless contacted by the WCA.	Insurer
0315	001	TR	Insured Address Line 1	Mandatory field not present	The record did not contain the mandatory data element: Insured Address Line 1. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0317	001	TR	Insured City	Mandatory field not present	The record did not contain the mandatory data element: Insured City. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0318	001	TR	Insured State	Mandatory field not present	The record did not contain the mandatory data element: Insured State. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmitting.	CAOM
0318	058	TR	Insured State	Code/ID Invalid	The record must contain a valid State Code (FIPS State Code Table) Codes will be provided for addresses out of the US. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0319	001	TR	Insured Postal Code	Mandatory field not present	The record did not contain the first 5 digits of the mandatory data element: Insured Postal Code. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0322	001	TR	Wrap-Up indicator	Mandatory field not present	The record did not contain the mandatory data element: Wrap-Up Indicator. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0322	042	TR	Wrap-Up indicator	Not statutorily valid	Must equal 2 - No Wrap-Up. Not valid on cancellations.	"Invalid code. Wrap-Up indicator must be 2"	CAOM should not transmit files with this error. CAOM must correct before CAOM can resubmit. If policy is for a Wrap-Up, the filing must be done on paper by insurer.	CAOM
0323	001	TR	Insured Legal Status	Mandatory field not present	The record did not contain the mandatory data element: Insured legal status. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0323	039	TR	Insured Legal Status	No match on database	The Insured Legal Status on a transaction does not correspond to the Legal Status on the SOM's database.	"Legal Status does not match SOM's database"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0323	042	TR	Insured Legal Status	Not statutorily valid	Invalid Code - Valid codes are: 01 (Individual), 02 (Partnership), 03 (Corporation), 04 (Association, Union, Religious Organization), 05 (Limited Partnership), 06 (Joint Venture), 10 (Limited Liability Company), 11 (Trust or Estate), 13 (Limited Liability Partnership) and 14 (Government Entity).		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0323	064	TR	Insured Legal Status	Invalid data relationship	Insured Legal Status does not correspond with the legal title in the Insured's name. If any variation of LLC is in the Insured Name the Insured Legal Status must = 10. Not valid on cancellations.	"Legal status and name do not correspond"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0324	001	TR	Prior Policy Number	Mandatory field not present	The record did not contain the mandatory data element: Prior Policy Number. Applicable only to rewrites and renewals.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0324	030	TR	Prior Policy Number	Must be A - Z, 0 - 9, or spaces	The record contained invalid characters. Applicable only to rewrites and renewals.		CAOM should not transmit files with this error. CAOM and the insurer must agree on correct policy number formatting. CAOM can resubmit after correction.	CAOM
0324	039	TR	Prior Policy Number	No match on database	If applicable, the prior policy number must match the policy number on the SOM's database. Applicable only to rewrites and renewals.		If the policy number on the SOM's database is incorrect, the insurer must make the necessary filings to update the policy number. The transaction can then be resubmitted electronically. If the prior policy number on the transaction was incorrect, it can be resubmitted after correction.	Insurer
0324	100	TR	Prior Policy Number	No Leading/Embedded Spaces	Prior policy number cannot have leading or embedded spaces. Applicable only to rewrites and renewals.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0327	028	TR	Total Payroll	Must be numeric(0-9)	If provided it cannot contain any non-numeric characters. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0327	042	TR	Total Payroll	Not statutorily valid	Must be greater than zero	"Value must be > zero"	CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0328	001	TR	Number of Employers	Mandatory field not present	The record did not contain the mandatory data element: Number of Employers. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0328	028	TR	Number of Employers	Must be numeric(0-9)	The record contains some non-numeric characters. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0328	066	TR	Number of Employers	Invalid Record/Transaction Count	When the Transaction Set Type Code is 10, 20, 31, 32, 33 or 50 and Transaction Reason Code (DN303) is 01 , 54, 56, 72, 85, 86 or 87 DN328 (Number of Employers) must be greater	"Value must be > zero"	CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
					When the Transaction Set Type Code is 41, 42, 60 or 70 OR when the Transaction Reason Code (DN303) is 79, 80, 81 or 84 OR when the Transaction Set Type Code & Transaction Reason Code combination is 33-73 DN328 (Number of Employers) must be zero.	"Value must be zero"	CAOM should not transmit files with this error. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM

DN #	ERR #	ERROR SEVERITY	IAIABC DATA ELEMENT	IAIABC ERROR MESSAGE	CONDITION	ACKNOWLEDGMENT ELEMENT ERROR TEXT	CORRECTION PROCESS	ERROR ACCOUNTABILITY
0332	001	TR	Minimum Premium Indicator	Mandatory field not present	The record did not contain the mandatory data element: Minimum Premium Indicator. Not valid on cancellations.		CAOM should not transmit files without all mandatory fields. Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0332	058	TR	Minimum Premium Indicator	Code/ID Invalid	The record did not contain a valid code for Minimum Premium Indicator. Valid codes are Y or N. Not valid on cancellations.		CAOM should not transmit files with this error. Insurer must correct before CAOM can resubmit.	CAOM
0334	001	TR	Transaction Set Type Code	Mandatory field not present	The record did not contain the mandatory data element: Transaction Set Type Code		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0334	042	TR	Transaction Set Type Code	Not statutorily valid	The record did not contain a valid Transaction Set Type Code. Valid codes are: 10 (New) 20 (Renewal) 31 (Add) 32 (Change) 33 (Delete) 41 (Insurer Cancels) 42 (Insured Cancels) 50 (Rewrite) 60 (Non-renewal) 70 (Reinstatement)		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0998	001	TR	Employer Legal Status	Mandatory field not present	The record did not contain the mandatory data element: Employer Legal Status		Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0998	039	TR	Employer Legal Status	No match on database	The Employer Legal Status on a transaction does not correspond to the Legal Status on the SOM's database.	"Legal Status does not match SOM's database"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0998	042	TR	Employer Legal Status	Not statutorily valid	Invalid Code - Valid codes are: 01 (Individual), 02 (Partnership), 03 (Corporation), 04 (Association, Union, Religious Organization), 05 (Limited Partnership), 06 (Joint Venture), 10 (Limited Liability Company), 11 (Trust or Estate), 13 (Limited Liability Partnership) and 14 (Government Entity).		Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0998	064	TR	Employer Legal Status	Invalid data relationship	Employer Legal Status does not correspond with the legal title in the Employer's name. If any variation of LLC is in the Insured Name the Insured Legal Status must = 10. Not valid on cancellations.	"Legal status and name do not correspond"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					Employer Legal status on PC2 must match Insured Legal Status on PC1 for the same FEIN	"Legal status must match under a FEIN"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
					Employer Legal status on must match on each PC2 for the same FEIN	"Legal status must match under a FEIN"	Insurer must reconcile filings and resubmit electronically if appropriate.	Insurer
0999	001	TR	Name Type Code	Mandatory field not present	The record did not contain the mandatory data element: Name Type Code		Insurer must supply and/or CAOM must populate prior to resubmission.	CAOM
0999	042	TR	Name Type Code	Not statutorily valid	Invalid Code - Valid codes are: 1 (Personal), 2 (Commercial)		CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
0999	064	TR	Name Type Code	Invalid data relationship	If PC1 has NAME-TYPE-CD = 1 and LEGAL-STATUS = 01 or 02, all PC2s must have NAME-TYPE-CD = 1	"All name Type Codes must equal 1"	CAOM should not transmit files with this error. CAOM must correct before resubmitting.	CAOM
					If the PC1-INSURED-LEGAL-STATUS is anything but "01" (Individual) or "02" (partnership) there should not be PC2 records with PC2-NAME-TYPE-CD = 1 (Personal)	"Personal names not valid for this legal status"	Insurer must verify with insured. Can be submitted electronically after correction.	Insurer
					Less than 2 unique names for a partnership	"Less than 2 unique name records for a Partnership"	Insurer must verify with insured. Can be submitted electronically after correction.	Insurer

If an entire policy is rejected, it can usually be corrected by the insurer and/or CAOM and resubmitted electronically. If the insured information on a policy is accepted but some or all of the employer information is rejected, the rejected information must usually be corrected and submitted on paper by the insurer. The insurer will be responsible for the corrected paper filings even if the reason for rejection was caused by CAOM.

Transaction			Expected Records	WCPOLS Codes	Required WCPOLS Records	Additional Requirements / Comments
Purpose	Set	Reason				
00	10	01	Insured & Employers	Transaction 01 (Michigan locations) An employer is considered to have Michigan locations if there are any Type of Address Codes = 2 under a FEIN. If a FEIN has both Type of Address Codes = 2 and 6 it will map to an 01. All records for a FEIN must be sent in the same transaction.	Header, Name, Address, State Premium, Exposure	Type of Address 1, 2 & 6's. *Subsidiaries with Type of Address Code 6 are sent in the Employer (PC2) records of 00-10-86.
00	10	80	Insured	Transaction 01 - no physical Michigan locations - only Type of Address Codes = 1 and 6.	Header, Name, Address, State Premium, Exposure	Type of Address Code 1 and 6 (no specific location) only. Subsidiaries with Type of Address code 6 are sent in the Employer (PC2) records of 00-10-86.
00	10	86	Insured & Employers	Subsidiaries (Different FEIN than Insured) with only Type of Address Codes = 6.	Included in the 00-10-01 or 00-10-80 records.	Must immediately follow the appropriate 00-10-01 or 00-10-80 transaction.
00	20	01	Insured & Employers	Transaction 02 (Michigan locations) An employer is considered to have Michigan locations if there are any Type of Address Codes = 2 under a FEIN. If a FEIN has both Type of Address Codes = 2 and 6 it will map to an 01. All records for a FEIN must be sent in the same transaction.	Header, Name, Address, State Premium, Exposure	Type of Address 1, 2 & 6's. *Subsidiaries with Type of Address Code 6 are sent in the Employer (PC2) records of 00-20-86.
00	20	80	Insured	Transaction 02 - no physical Michigan locations - only Type of Address Codes = 1 and 6.	Header, Name, Address, State Premium, Exposure	Type of Address Code 1 and 6 (no specific location) only. Subsidiaries with Type of Address code 6 are sent in the Employer (PC2) records of 00-20-86.
00	20	86	Insured & Employers	Subsidiaries (Different FEIN than Insured) with only Type of Address Codes = 6.	Included in the 00-20-01 or 00-20-80 records.	Must immediately follow the appropriate 00-20-01 or 00-20-80 transaction.
00	41	59	Insured	Transaction 05, Rec 08 with cancel code 05 or 20, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	41	64	Insured	Transaction 05, Rec 08 with cancel code 04, 16 or 19, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	41	66	Insured	Transaction 05, Rec 08 with cancel code 11, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	41	69	Insured	Transaction 05, Rec 08 with cancel code 12, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	41	70	Insured	Transaction 05, Rec 08 with cancel code 13, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	41	71	Insured	Transaction 05, Rec 08 with cancel code 07, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	42	01	Insured	Transaction 05, Rec 08 with cancel code 03, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	42	45	Insured	Transaction 05, Rec 08 with cancel code 01, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	42	60	Insured	Transaction 05, Rec 08 with cancel code 09, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	42	61	Insured	Transaction 05, Rec 08 with cancel code 10, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	42	62	Insured	Transaction 05, Rec 08 with cancel code 08, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	42	65	Insured	Transaction 05, Rec 08 with cancel code 02, Canc/Rein ID Code 1	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	50	01	Insured & employers	Transaction 06 (Michigan locations) An employer is considered to have Michigan locations if there are any Type of Address Codes = 2 under a FEIN. If a FEIN has both Type of Address Codes = 2 and 6 it will map to an 01. All records for a FEIN must be sent in the same transaction.	Header, Name, Address, State Premium, Exposure	Type of Address 1, 2 & 6's. *Subsidiaries with Type of Address Code 6 are sent in the Employer (PC2) records of 00-50-86. Prior policy number required in the Header record.
00	50	80	Insured	Transaction 06 - no physical Michigan locations - only Type of Address Codes = 1 and 6.	Header, Name, Address, State Premium, Exposure	Type of Address Code 1 and 6 (no specific location) only. *Subsidiaries with Type of Address code 6 are sent in the Employer (PC2) records of 00-50-86. Prior policy number required in the Header record.
00	50	86	Insured & Employers	Subsidiaries (Different FEIN than Insured) with only Type of Address Codes = 6.	Included in the 00-50-01 or 00-50-80 records	Must immediately follow the appropriate 00-50-01 or 00-50-80 transaction.
00	60	01	Insured	Transaction 05, Rec 08 with cancel code 03, Canc/Rein ID Code 3	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	60	45	Insured	Transaction 05, Rec 08 with cancel code 01, Canc/Rein ID Code 3	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	60	60	Insured	Transaction 05, Rec 08 with cancel code 09, Canc/Rein ID Code 3	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.

00	60	62	Insured	Transaction 05, Rec 08 with cancel code 08, Canc/Rein ID Code 3	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	60	64	Insured	Transaction 05, Rec 08 with cancel code 04, 16, or 19, Canc/Rein ID Code 3	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	60	65	Insured	Transaction 05, Rec 08 with cancel code 02, Canc/Rein ID Code 3	Cancellation/Reinstatement	This transaction will cancel all employers with a corresponding carrier and policy number.
00	70	01	Insured	Transaction 05, Rec 08 with cancel code 00, Canc/Rein ID code 2	Cancellation/Reinstatement	This transaction will reinstate all employers with a corresponding carrier and policy number.