2.1 Business Scenario reference****		Triplicate Code			Event Type	Event Rule Date (A) (B)		Trigger Criteria (C)	When is the transaction Due? (D) (E) (F)		
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Transaction Reason Code	From	Thru	Trigger Criteria Code*	Value	Type**	Due***
NOTIFICATION OF COVERAGE											
N-1, N-2, N-7		00	05	01	Binder – Employer Locations within Jurisdiction	4/1/2003		A	30	C	1
N-3		00	05	80	Binder – Insured has No Physical Location within Jurisdiction	4/1/2003		A	30	C	1
N-4		00	05	86	Binder – Employers with No Physical Address, but Operating within the Jurisdiction	4/1/2003		A	30	C	1
N-1, N-2, N-7		00	05	01	Binder for Renewal - Employer Locations within Jurisdiction	4/1/2003		C	30	C	1
N-3		00	05	80	Binder for Renewal - Insured has No Physical Location within Jurisdiction	4/1/2003		C	30	C	1
N-4		00	05	86	Binder for Renewal -Employers with No Physical Address, but Operating within the Jurisdiction	4/1/2003		C	30	C	1
N-1, N-2, N-7		00	10	01	New Policy – Employer Locations within Jurisdiction	4/1/2003		B	30	C	1
N-3		00	10	80	New Business – Insured has No Physical Location within Jurisdiction	4/1/2003		B	30	C	1
N-4		00	10	86	New Business – Employers with No Physical Address, but Operating within the Jurisdiction	4/1/2003		B	30	C	1
N-1, N-2, N-7		00	20	01	Renewal – Employer Locations within Jurisdiction	4/1/2003		D	30	C	1
N-3		00	20	80	Renewal – Insured has No Physical Location within Jurisdiction	4/1/2003		D	30	C	1
N-4		00	20	86	Renewal – Employers with No Physical Address, but Operating within the Jurisdiction	4/1/2003		D	30	C	1
N-5		00	31	72	Endorsement - Notifying a New Jurisdiction when a New Location is added to Existing Policy	4/1/2003		E	30	C	J1
N-6		00	31	80	Endorsement - Notifying a New Jurisdiction when a New Employer with No Jurisdiction location is added to Existing Policy	4/1/2003		E	30	C	J1
N-1, N-2, N-7		00	50	01	Rewrite/Reissue – Employer Locations within Jurisdiction	4/1/2003		J	30	C	6
N-3		00	50	80	Rewrite/Reissue – Insured has No Physical Location within Jurisdiction	4/1/2003		J	30	C	6
N-4		00	50	86	Rewrite/Reissue – Employers with No Physical Address, but Operating within the Jurisdiction	4/1/2003		J	30	C	6

2.1 Business Scenario reference****		Triplicate Code			Event Type	(A) Event Rule Date	(B)	(C) Trigger Criteria	(D) When is the transaction Due?	(E)	(F)
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Transaction Reason Code	From	Thru	Trigger Criteria Code*	Value	Type**	Due***
ADDITION TO COVERAGE											
A-1	Paired	04 / 05	32 / 31	76	Add New Insured FEIN	NA	NA	NA	NA	NA	NA
A-2		00	32	67	Submitting Corporate Officer/Partner/Sole Proprietor - Inclusion	4/1/2003		E	30	C	2
A-2		00	32	68	Submitting Corporate Officer/Partner/Sole Proprietor - Exclusion	4/1/2003		E	10	C	2
A-3		00	31	54	Add New Employer – Add (Location in Jurisdiction)	4/1/2003		E	30	C	J2
A-3	Conditional	00	31	86	Add New Employer – Add (Insured in Jurisdiction, Employer Not)	4/1/2003		E	30	C	J2
A-3		00	31	87	Add Employer – Add (Insured and Employer not in Jurisdiction)	4/1/2003		E	30	C	J2
CHANGE OF EXISTING COVERAGE											
C-1	Paired	04 / 05	32	83	Change Carrier/Insurer FEIN	4/1/2003		F	30	C	2
C-2	Paired	04 / 05	33 / 32	76	Correct Insured FEIN	4/1/2003		E	30	C	2
C-3	Paired	04 / 05	32	79	Change Policy Number	4/1/2003		F	30	C	2
C-4	Paired	04 / 05	32	81	Correct Erroneous Policy Effective Date	4/1/2003		F	30	C	1
C-5	Paired	04 / 05	32	82	Correct Erroneous Expiration Date	4/1/2003		F	30	C	2
C-6		00	32	84	Change Insured Demographics	4/1/2003		E	30	C	2
C-7	Paired	04 / 05	32	77	Change Employer FEIN - Employer Locations within Jurisdiction	4/1/2003		E	30	C	2
C-7	Paired	04 / 05	32	96	Change Employer FEIN – Employer with No Jurisdiction Location	4/1/2003		E	30	C	2
C-8	Paired	04 / 05	32	78	Change Employer UI Number- Employer Locations within Jurisdiction	4/1/2003		NA	NA	NA	NA
C-8	Paired	04 / 05	32	95	Change Employer UI Number - Employer with No Jurisdiction Location	4/1/2003		NA	NA	NA	NA
C-9	Paired	04 / 05	32	85	Change Employer Demographics - Employer Locations within Jurisdiction	4/1/2003		E	30	C	2
C-9	Paired	04 / 05	32	94	Change Employer Demographics - Employer with No Jurisdiction Location	4/1/2003		E	30	C	2

Source table: (c) IAIABC 2011 Rev 07-11-05

Proof of Coverage
Event Table

2.1 Business Scenario reference****		Triplicate Code			Event Type	Event Rule Date (A)	(B)	Trigger Criteria (C)	When is the transaction Due? (D)	(E)	(F)
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Transaction Reason Code	From	Thru	Trigger Criteria Code*	Value	Type**	Due***
DELETION OF COVERAGE											
D-1		00	33	73	Delete Jurisdiction No Longer Covered by Carrier/Insurer	4/1/2003		E	10	C	J3
D-2		00	33	56	Delete Employer Locations within Jurisdiction	7/1/2009		E	10	C	J3
D-2		00	33	87	Delete Employer with No Jurisdiction Location	7/1/2009		E	10	C	J3
CANCELLATION OF COVERAGE											
X-1	By carrier	00	41	59	Policy Cancelled by Carrier/Insurer - Non-Payment	4/1/2003		G	10	C	J3
X-1		00	41	64	Policy Cancelled by Carrier/Insurer - Underwriting Reason	4/1/2003		G	10	C	J3
X-1		00	41	66	Policy Cancelled by Carrier/Insurer - Revocation of Voluntary Market Acceptance	4/1/2003		G	10	C	J3
X-1		00	41	69	Policy Cancelled by Carrier/Insurer - Failure to Pay Deductible	4/1/2003		G	10	C	J3
X-1		00	41	70	Policy Cancelled by Carrier/Insurer - Misrepresentation on Application	4/1/2003		G	10	C	J3
X-1		00	41	71	Policy Cancelled by Carrier/Insurer - Rewrite/Reissue	4/1/2003		G	10	C	J3
X-2	By insured	00	42	01	Policy Cancellation by Insured – Reason Unknown	4/1/2003		E	10	C	J3
X-2		00	42	45	Policy Cancellation by Insured – Out of Business	4/1/2003		E	10	C	J3
X-2		00	42	60	Policy Cancellation by Insured - Coverage Placed Elsewhere	4/1/2003		E	10	C	J3
X-2		00	42	61	Policy Cancellation by Insured – Duplicate Coverage	4/1/2003		E	10	C	J3
X-2		00	42	62	Policy Cancellation by Insured – Change of Ownership	4/1/2003		E	10	C	J3
X-2		00	42	63	Policy Cancellation by Insured – Business Sold	4/1/2003		E	10	C	J3
X-2		00	42	65	Policy Cancellation by Insured - No Employees/No Exposure/No Operations	4/1/2003		E	10	C	J3
REINSTATEMENT OF COVERAGE											
R-1		00	70	01	Carrier/Insurer Reinstates Policy	4/1/2003		H	30	C	5

Source table: (c) IAIABC 2011 Rev 07-11-05

Proof of Coverage
Event Table

2.1 Business Scenario reference****		Triplicate Code			Event Type	Event Rule Date (A) (B)		Trigger Criteria (C)	When is the transaction Due? (D) (E) (F)		
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Transaction Reason Code	From	Thru	Trigger Criteria Code*	Value	Type**	Due***
NON-RENEWAL OF COVERAGE											
Z-1	By carrier	00	60	64	Policy Non-Renewed by Carrier/Insurer – Underwriter discretion	4/1/2003	6/30/2009	K	10	C	J4
Z-1		00	60	59	Policy Non-Renewed by insurer - Non payment	4/1/2003	6/30/2009	K	10	C	J4
Z-2	By insured	00	60	01	Policy Non-Renewed by insured - Reason Unknown	4/1/2003	6/30/2009	K	10	C	J4
Z-2		00	60	45	Policy Non-Renewed by insured - Out of Business	4/1/2003	6/30/2009	K	10	C	J4
Z-2		00	60	60	Policy Non-Renewed by insured - Coverage Placed Elsewhere	4/1/2003	6/30/2009	K	10	C	J4
Z-2		00	60	62	Policy Non-Renewed by insured - Change of Ownership	4/1/2003	6/30/2009	K	10	C	J4
Z-2		00	60	63	Policy Non-Renewed by insured - Business Sold	4/1/2003	6/30/2009	K	10	C	J4
Z-2		00	60	65	Policy Non-Renewed by insured - No Employees/No Exposure/No Operations	4/1/2003	6/30/2009	K	10	C	J4

Trigger Criteria Codes*	Type **
A = Application for Workers' Compensation Insurance policy not ready for release	B = Business Days
B = Application for Workers' Compensation Insurance policy ready for release	C = Calendar Days
C = Policy is expiring, renewal not ready for release	
D = Policy is expiring, renewal policy ready for release	
E = Notification from insured	
F = Key field change made to policy (change carrier within group, policy number and/or policy effective date)	
G = Cancellation of policy	
H = Policy is reinstated	
J = Policy has been re-written with a new policy number	
K = Non-renewal of policy	

Transaction Due Codes***	2.1 Business Scenario reference****
1 = From Policy Effective Date	These Scenarios are specific to Rel 2.1, for other Scenario
2 = From Change/Endorsement Processed Date	References refer to the Scenario Crosswalk table
3 = Before Cancellation Effective Date	
4 = Before Non-Renewal Effective Date	
5 = From Reinstatement Effective Date	
6 = From Rewrite/Reissue Processed Date	
Oregon-SpecificTransaction Due Codes	
J= Jurisdiction defined	
J1 = From Add Jurisdiction Effective Date	
J2 = From Add Location Effective Date	
J3 = From Cancellation Effective Date or the Date Insurer Receives Notice - whichever is later	
J4 = From Non-Renewal Effective Date	
└Non-renewals effective before 7/1/2009 must be reported.	
└Reporting of non-renewals is optional as of 7/1/2009.	