

**Appendix A
(OAR 436-162-0310)**

**Proof of Coverage
Element Requirement Table**

Data Element Number	Element Name	Record Type	FORMAT																										
				Coverage Notice/Binder-w/Phys Loc	Coverage Notice/Binder-No Phys Loc	Coverage Notice/Binder-Emplr w/o Juris Addr	New Policy-w/Phys Loc	New Policy-No Phys Loc	New Policy-Emplr w/o Juris Addr	Renewal-w/Phys Loc	Renewal-No Phys Loc	Renewal-Emplr w/o Juris Addr	Change Employer Demographics		Change Employer Demographics w/no jurisd addr		Change Insured Demographics		Change Employer FEIN		Change Employer FEIN w/no jurisd addr		Change Employer UI Number		Change Employer UI Number w/no jurisd addr				
				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	04-32-85	05-32-85	04-32-94	05-32-94	00-32-84	04-32-77	05-32-77	04-32-96	05-32-96	04-32-78	05-32-78	04-32-95	05-32-95				
				Element Requirements by Transaction (TriPLICATE Codes) Table																									
				Applicable TriPLICATE Codes (Y/N)																									
				DN0001	Transaction Set ID	PC1	3 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
				DN0107	Record Sequence Number	PC1	9 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
				DN0300	Transaction Set Purpose Code	PC1	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
				DN0302	Jurisdiction Designee Rec'd Date	PC1	DATE	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
				DN0334	Transaction Set Type Code	PC1	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0303	Transaction Reason Code	PC1	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F				
DN0304	Transaction Set Type Effec. Date	PC1	DATE	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F				
DN0006	Insurer FEIN	PC1	9 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F				

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Data Element Number	Element Name	Record Type	FORMAT	Coverage Notice/Binder-w/Phys Loc	Coverage Notice/Binder-No Phys Loc	Coverage Notice/Binder-Empir w/o Juris Addr	New Policy-w/Phys Loc	New Policy-No Phys Loc	New Policy-Empir w/o Juris Addr	Renewal-w/Phys Loc	Renewal-No Phys Loc	Renewal-Empir w/o Juris Addr	Change Employer Demographics		Change Employer Demographics w/no jurisd addr		Change Insured Demographics		Change Employer FEIN		Change Employer FEIN w/no jurisd addr		Change Employer UI Number		Change Employer UI Number w/no jurisd addr		
				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	04-32-85	05-32-85	04-32-94	05-32-94	00-32-84	04-32-77	05-32-77	04-32-96	05-32-96	04-32-78	05-32-78	04-32-95	05-32-95		
	Element Requirements by Transaction (TriPLICATE Codes) Table																										
DN0007	Insurer Name	PC1	30 A/N	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0305	Issuing Office Name	PC1	30 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0306	Issuing Office Address 1	PC1	30 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0307	Issuing Office Address 2	PC1	30 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0308	Issuing Office City	PC1	30 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0309	Issuing Office State	PC1	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0310	Issuing Office Postal Code	PC1	9 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0311	Issuing Agency Name	PC1	30 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0312	Issuing Agency City	PC1	30 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0313	Issuing Agency State	PC1	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0314	Insured FEIN	PC1	9 A/N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0017	Insured Name	PC1	90 A/N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0315	Insured Address 1	PC1	30 A/N	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA	NA	NA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0316	Insured Address 2	PC1	30 A/N	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA	NA	NA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0317	Insured City	PC1	30 A/N	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0318	Insured State	PC1	2 A/N	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0319	Insured Postal Code	PC1	9 A/N	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0320	Insured Telephone	PC1	10 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0321	Business Market	PC1	1 A/N	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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**Proof of Coverage
Element Requirement Table**

Data Element Number	Element Name	Record Type	FORMAT	Coverage Notice/Binder-w/Phys Loc	Coverage Notice/Binder-No Phys Loc	Coverage Notice/Binder-Empir w/o Juris Addr	New Policy-w/Phys Loc	New Policy-No Phys Loc	New Policy-Empir w/o Juris Addr	Renewal-w/Phys Loc	Renewal-No Phys Loc	Renewal-Empir w/o Juris Addr	Change Employer Demographics		Change Employer Demographics w/no jurisd addr		Change Insured Demographics		Change Employer FEIN		Change Employer FEIN w/no jurisd addr		Change Employer UI Number		Change Employer UI Number w/no jurisd addr	
				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	04-32-85	05-32-85	04-32-94	05-32-94	00-32-84	04-32-77	05-32-77	04-32-96	05-32-96	04-32-78	05-32-78	04-32-95	05-32-95	
DN0322	Wrap-up Indicator	PC1	1 A/N	M	M	M	M	M	M	M	M	M	M	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0323	Insured Legal Status	PC1	2 A/N	M	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA
DN0028	Policy Number	PC1	18 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0333	Employee Leasing Policy Identifier	PC1	1 A/N	R	R	R	R	R	R	R	R	R	R	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA
DN0332	Minimum Premium Indicator	PC1	1 A/N	M	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA
DN0029	Policy Effective Date	PC1	DATE	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0030	Policy Expiration Date	PC1	DATE	M	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0324	Prior Policy Number	PC1	18 A/N	NA	NA	NA	NA	NA	NA	IA	IA	IA	IA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0336	Number of Employers Expanded	PC1	6 N	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT
DN0325	Assignment Date	PC1	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0004	Jurisdiction	PC1	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0326	Governing Class	PC1	4 A/N	M	M	M	M	M	M	M	M	M	M	NA	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA
DN0327	Total Payroll	PC1	11 N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0328	Number of Employers	PC1	4 N	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT
DN0335	Transaction Issue Date	PC1	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0001	Transaction Set ID	PC2	3 A/N	F	X	F	F	X	F	F	X	F	F	F	F	F	F	X	F	F	F	F	F	F	F	F
DN0107	Record Sequence Number	PC2	9 N	F	X	F	F	X	F	F	X	F	F	F	F	F	F	X	F	F	F	F	F	F	F	F
DN0016	Employer FEIN	PC2	9 A/N	M	X	M	M	X	M	M	X	M	M	M	M	M	M	X	M	M	M	M	M	M	M	M

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				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	04-32-85	05-32-85	04-32-94	05-32-94	00-32-84	04-32-77	05-32-77	04-32-96	05-32-96	04-32-78	05-32-78	04-32-95	05-32-95	
DN0329	Employer UI Code	PC2	15 A/N	NA	X	NA	NA	X	NA	NA	X	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0018	Employer Name	PC2	60 A/N	M	X	M	M	X	M	M	X	M	M	M	M	M	X	M	M	M	M	M	M	M	M	M
DN0019	Employer Address 1	PC2	30 A/N	MC	X	X	MC	X	X	MC	X	X	MC	MC	X	X	X	MC	MC	X	X	MC	MC	X	X	
DN0020	Employer Address 2	PC2	30 A/N	MC	X	X	MC	X	X	MC	X	X	MC	MC	X	X	X	MC	MC	X	X	MC	MC	X	X	
DN0021	Employer City	PC2	15 A/N	M	X	X	M	X	X	M	X	X	M	M	X	X	X	M	M	X	X	M	M	X	X	
DN0022	Employer State	PC2	2 A/N	M	X	X	M	X	X	M	X	X	M	M	X	X	X	M	M	X	X	M	M	X	X	
DN0023	Employer Postal Code	PC2	9 A/N	M	X	X	M	X	X	M	X	X	M	M	X	X	X	M	M	X	X	M	M	X	X	
DN0025	Industry Code	PC2	6 A/N	M	X	M	M	X	M	M	X	M	M	M	M	M	X	M	M	M	M	M	M	M	M	M
DN0330	Number of Employees	PC2	6 N	NA	X	NA	NA	X	NA	NA	X	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0331	Employer Notify Date	PC2	DATE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Element Requirement Table

	E (Expected)																																													
	F (Fatal)																																													
	FT (Fatal Technical/Conditional)																																													
	IA (If Applicable/Available)																																													
	M (Mandatory)																																													
	MC (Mandatory/Conditional)																																													
	NA (Not Applicable)																																													
	R (Restricted)																																													
	X (Exclude)																																													
Data Element Number	Element Name	Record Type			Add New Insured FEIN		Change Erroneous Insured FEIN		Change Erroneous Effective Date		Change Erroneous Expiration Date		Change Erroneous Carrier/Insurer FEIN		Include Corporate Officer/ Partner/Sole Proprietor		Exclude Corporate Officer/ Partner/Sole Proprietor		Add New Employer(s)		Add Employer(s) w/no juris addr		Add Jurisdiction -w/Phys Loc		Add Jurisdiction No Phys Loc		Add Jurisdiction-Emplr w/o Juris Addr		Delete Employer Location(s)		Delete Employer w/o juris addr		Delete Jurisdiction		Canc-Insr/Non Payment		Canc-Insr/Rewrite/Reissue		Canc-Insr/Underwriting Reason							
			04-32-79	05-32-79	04-32-76	05-31-76	04-33-76	05-32-76	04-32-81	05-32-81	04-32-82	05-32-82	04-32-83	05-32-83	00-32-67	00-32-68	00-31-54	00-31-87	00-31-72	00-31-80	00-31-86	00-33-56	00-33-87	00-33-73	00-41-59	00-41-71	00-41-64																			
	Element Requirements by Transaction (Triplicate Codes) Table		Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y						
	Applicable Triplicate Codes (Y/N)		Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y						
DN0001	Transaction Set ID	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F				
DN0107	Record Sequence Number	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F				
DN0300	Transaction Set Purpose Code	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0302	Jurisdiction Designee Rec'd Date	PC1	M	M			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0334	Transaction Set Type Code	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0303	Transaction Reason Code	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0304	Transaction Set Type Effec. Date	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0006	Insurer FEIN	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F

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Element Requirement Table**

Data Element Number	Element Name	Record Type	Change Policy Number		Add New Insured FEIN		Change Erroneous Insured FEIN		Change Erroneous Effective Date		Change Erroneous Expiration Date		Change Erroneous Carrier/Insurer FEIN		Include Corporate Officer/ Partner/Sole Proprietor	Exclude Corporate Officer/ Partner/Sole Proprietor	Add New Employer(s)	Add Employer(s) w/no juris addr	Add Jurisdiction -w/Phys Loc	Add Jurisdiction No Phys Loc	Add Jurisdiction-Empir w/o Juris Addr	Delete Employer Location(s)	Delete Employer w/o juris addr	Delete Jurisdiction	Canc-Insr/Non Payment	Canc-Insr/Rewrite/Reissue	Canc-Insr/Underwriting Reason
			04-32-79	05-32-79	04-32-76	05-31-76	04-33-76	05-32-76	04-32-81	05-32-81	04-32-82	05-32-82	04-32-83	05-32-83													
	Element Requirements by Transaction (TriPLICATE Codes) Table																										
DN0007	Insurer Name	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	
DN0305	Issuing Office Name	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0306	Issuing Office Address 1	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0307	Issuing Office Address 2	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0308	Issuing Office City	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0309	Issuing Office State	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0310	Issuing Office Postal Code	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0311	Issuing Agency Name	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0312	Issuing Agency City	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0313	Issuing Agency State	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0314	Insured FEIN	PC1	M	M			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
DN0017	Insured Name	PC1	M	M			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
DN0315	Insured Address 1	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	MC	MC	MC	NA	NA	NA	NA	NA	
DN0316	Insured Address 2	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	MC	MC	MC	NA	NA	NA	NA	NA	
DN0317	Insured City	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	
DN0318	Insured State	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	
DN0319	Insured Postal Code	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	
DN0320	Insured Telephone	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
DN0321	Business Market	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	M	M	M	M	

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Data Element Number	Element Name	Record Type	Change Policy Number		Add New Insured FEIN		Change Erroneous Insured FEIN		Change Erroneous Effective Date		Change Erroneous Expiration Date		Change Erroneous Carrier/Insurer FEIN		Include Corporate Officer/ Partner/Sole Proprietor	Exclude Corporate Officer/ Partner/Sole Proprietor	Add New Employer(s)	Add Employer(s) w/no juris addr	Add Jurisdiction -w/Phys Loc	Add Jurisdiction No Phys Loc	Add Jurisdiction-Emplr w/o Juris Addr	Delete Employer Location(s)	Delete Employer w/o juris addr	Delete Jurisdiction	Canc-Insr/Non Payment	Canc-Insr/Rewrite/Reissue	Canc-Insr/Underwriting Reason
			04-32-79	05-32-79	04-32-76	05-31-76	04-33-76	05-32-76	04-32-81	05-32-81	04-32-82	05-32-82	04-32-83	05-32-83													
	Element Requirements by Transaction (TriPLICATE Codes) Table		04-32-79	05-32-79	04-32-76	05-31-76	04-33-76	05-32-76	04-32-81	05-32-81	04-32-82	05-32-82	04-32-83	05-32-83	00-32-67	00-32-68	00-31-54	00-31-87	00-31-72	00-31-80	00-31-86	00-33-56	00-33-87	00-33-73	00-41-59	00-41-71	00-41-64
DN0322	Wrap-up Indicator	PC1	IA	IA			IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	M	M	M	IA	IA	IA	IA	IA	IA	IA
DN0323	Insured Legal Status	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	NA
DN0028	Policy Number	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0333	Employee Leasing Policy Identifier	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	R	R	R	NA	NA	NA	NA	NA	NA	NA
DN0332	Minimum Premium Indicator	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	NA
DN0029	Policy Effective Date	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0030	Policy Expiration Date	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	NA
DN0324	Prior Policy Number	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0336	Number of Employers Expanded	PC1	FT	FT			FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT
DN0325	Assignment Date	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0004	Jurisdiction	PC1	F	F			F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0326	Governing Class	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	NA
DN0327	Total Payroll	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0328	Number of Employers	PC1	FT	FT			FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT
DN0335	Transaction Issue Date	PC1	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0001	Transaction Set ID	PC2	X	X			X	X	X	X	X	X	X	X	X	X	F	F	F	X	F	F	F	X	F	F	F
DN0107	Record Sequence Number	PC2	X	X			X	X	X	X	X	X	X	X	X	X	F	F	F	X	F	F	F	X	F	F	F
DN0016	Employer FEIN	PC2	X	X			X	X	X	X	X	X	X	X	X	X	M	M	M	X	M	M	M	X	X	X	X

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Element Requirement Table

Data Element Number	Element Name	Record Type	Change Policy Number		Add New Insured FEIN		Change Erroneous Insured FEIN		Change Erroneous Effective Date		Change Erroneous Expiration Date		Change Erroneous Carrier/Insurer FEIN		Include Corporate Officer/ Partner/Sole Proprietor	Exclude Corporate Officer/ Partner/Sole Proprietor	Add New Employer(s)	Add Employer(s) w/no juris addr	Add Jurisdiction -w/Phys Loc	Add Jurisdiction No Phys Loc	Add Jurisdiction-Emplr w/o Juris Addr	Delete Employer Location(s)	Delete Employer w/o juris addr	Delete Jurisdiction	Canc-Insr/Non Payment	Canc-Insr/Rewrite/Reissue	Canc-Insr/Underwriting Reason
			04-32-79	05-32-79	04-32-76	05-31-76	04-33-76	05-32-76	04-32-81	05-32-81	04-32-82	05-32-82	04-32-83	05-32-83													
	Element Requirements by Transaction (TriPLICATE Codes) Table																										
DN0329	Employer UI Code	PC2	X	X			X	X	X	X	X	X	X	X	X	X	NA	NA	NA	X	NA	NA	NA	X	NA	NA	NA
DN0018	Employer Name	PC2	X	X			X	X	X	X	X	X	X	X	X	X	M	M	M	X	M	M	M	X	X	X	X
DN0019	Employer Address 1	PC2	X	X			X	X	X	X	X	X	X	X	X	X	MC	X	MC	X	X	MC	X	X	X	X	X
DN0020	Employer Address 2	PC2	X	X			X	X	X	X	X	X	X	X	X	X	MC	X	MC	X	X	MC	X	X	X	X	X
DN0021	Employer City	PC2	X	X			X	X	X	X	X	X	X	X	X	X	M	X	M	X	X	M	X	X	X	X	X
DN0022	Employer State	PC2	X	X			X	X	X	X	X	X	X	X	X	X	M	X	M	X	X	M	X	X	X	X	X
DN0023	Employer Postal Code	PC2	X	X			X	X	X	X	X	X	X	X	X	X	M	X	M	X	X	M	X	X	X	X	X
DN0025	Industry Code	PC2	X	X			X	X	X	X	X	X	X	X	X	X	M	M	M	X	M	M	M	X	X	X	X
DN0330	Number of Employees	PC2	X	X			X	X	X	X	X	X	X	X	X	X	NA	NA	NA	X	NA	NA	NA	X	X	X	X
DN0331	Employer Notify Date	PC2	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M

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Element Requirement Table

Data Element Number	Element Name	Record Type	Element Requirements by Transaction (TriPLICATE Codes) Table																							
			00-41-69	00-41-70	00-41-66	00-42-60	00-42-61	00-42-63	00-42-62	00-42-65	00-42-45	00-42-01	00-60-60	00-60-63	00-60-62	00-60-65	00-60-01	00-60-45	00-60-59	00-60-64	00-70-01	00-50-01	00-50-80	00-50-86		
Applicable TriPLICATE Codes (Y/N)			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
DN0001	Transaction Set ID	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0107	Record Sequence Number	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0300	Transaction Set Purpose Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0302	Jurisdiction Designee Rec'd Date	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M		
DN0334	Transaction Set Type Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0303	Transaction Reason Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0304	Transaction Set Type Effec. Date	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
DN0006	Insurer FEIN	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		

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Data Element Number	Element Name	Record Type	Element Requirements by Transaction (Triplicate Codes) Table																					
			00-41-69	00-41-70	00-41-66	00-42-60	00-42-61	00-42-63	00-42-62	00-42-65	00-42-45	00-42-01	00-60-60	00-60-63	00-60-62	00-60-65	00-60-01	00-60-45	00-60-59	00-60-64	00-70-01	00-50-01	00-50-80	00-50-86
DN0007	Insurer Name	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	M
DN0305	Issuing Office Name	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0306	Issuing Office Address 1	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0307	Issuing Office Address 2	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0308	Issuing Office City	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0309	Issuing Office State	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0310	Issuing Office Postal Code	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0311	Issuing Agency Name	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0312	Issuing Agency City	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0313	Issuing Agency State	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0314	Insured FEIN	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0017	Insured Name	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0315	Insured Address 1	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	MC	MC	MC	MC
DN0316	Insured Address 2	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	MC	MC	MC	MC
DN0317	Insured City	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	M
DN0318	Insured State	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	M
DN0319	Insured Postal Code	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	M
DN0320	Insured Telephone	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0321	Business Market	PC1	M	M	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M	M

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Data Element Number	Element Name	Record Type	Element Requirements by Transaction (TriPLICATE Codes) Table																					
			00-41-69	00-41-70	00-41-66	00-42-60	00-42-61	00-42-63	00-42-62	00-42-65	00-42-45	00-42-01	00-60-60	00-60-63	00-60-62	00-60-65	00-60-01	00-60-45	00-60-59	00-60-64	00-70-01	00-50-01	00-50-80	00-50-86
			Canc-Insr/Failure to Pay Deduct	Canc-Insr/Mistrep of Info on App	Canc-Insr/Revoc of Vol Mkt Accept	Canc-Insrd/Cov Placed Elsewhere	Canc-Insrd/Duplicate Coverage	Canc-Insrd/Business Sold	Canc-Insrd/Change of Ownership	Canc-Insrd/ No Employees/ NoExp/No Ops	Canc-Insrd/Out of Business	Canc-Insrd/Reason Unknown	Non-Renew-Insrd/Cov Placed Elsewhere	Non-Renew-Insrd/Business Sold	Non-Renew-Insrd/Change of Ownership	Non-Renew-Insrd/ No Employees/ NoExp/No Ops	Non-Renew-Insrd/Reason Unknown	Non-Renew-Insrd/Out of Business	Non-Renew-Insrd/Non payment	Non-Renew-Insrd/Underwriting Reason	Reinstatement	Rewrite/Reissue-w/Phys Loc	Rewrite/Reissue-No Phys Loc	Rewrite/Reissue-Emplr w/o Juris Addr
DN0322	Wrap-up Indicator	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	M	M	M
DN0323	Insured Legal Status	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M
DN0028	Policy Number	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0333	Employee Leasing Policy Identifier	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	R	R	R
DN0332	Minimum Premium Indicator	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M
DN0029	Policy Effective Date	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0030	Policy Expiration Date	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M
DN0324	Prior Policy Number	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M
DN0336	Number of Employers Expanded	PC1	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT
DN0325	Assignment Date	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0004	Jurisdiction	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0326	Governing Class	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	M	M	M
DN0327	Total Payroll	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0328	Number of Employers	PC1	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT	FT
DN0335	Transaction Issue Date	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0001	Transaction Set ID	PC2	F	F	F	X	X	X	X	X	X	X	X	X	X	X	X	X	X	F	X	F	X	F
DN0107	Record Sequence Number	PC2	F	F	F	X	X	X	X	X	X	X	X	X	X	X	X	X	X	F	X	F	X	F
DN0016	Employer FEIN	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M

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Element Requirement Table

Data Element Number	Element Name	Record Type	Canc-Insr/Failure to Pay Deduct	Canc-Insr/Misrep of Info on App	Canc-Insr/Revoc of Vol Mkt Accept	Canc-Insd/Cov Placed Elsewhere	Canc-Insd/Duplicate Coverage	Canc-Insd/Business Sold	Canc-Insd/Change of Ownership	Canc-Insd/ No Employees/ NoExp/No Ops	Canc-Insd/Out of Business	Canc-Insd/Reason Unknown	Non-Renew-Insd/Cov Placed Elsewhere	Non-Renew-Insd/Business Sold	Non-Renew-Insd/Change of Ownership	Non-Renew-Insd/ No Employees/ NoExp/No Ops	Non-Renew-Insd/Reason Unknown	Non-Renew-Insd/Out of Business	Non-Renew-Insr/Non payment	Non-Renew-Insr/Underwriting Reason	Reinstatement	Rewrite/Reissue-w/Phys Loc	Rewrite/Reissue-No Phys Loc	Rewrite/Reissue-Emplr w/o Juris Addr
	Element Requirements by Transaction (TriPLICATE Codes) Table		00-41-69	00-41-70	00-41-66	00-42-60	00-42-61	00-42-63	00-42-62	00-42-65	00-42-45	00-42-01	00-60-60	00-60-63	00-60-62	00-60-65	00-60-01	00-60-45	00-60-59	00-60-64	00-70-01	00-50-01	00-50-80	00-50-86
DN0329	Employer UI Code	PC2	NA	NA	NA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NA	X	NA	X	NA
DN0018	Employer Name	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M
DN0019	Employer Address 1	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	MC	X	X
DN0020	Employer Address 2	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	MC	X	X
DN0021	Employer City	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	X
DN0022	Employer State	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	X
DN0023	Employer Postal Code	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	X
DN0025	Industry Code	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M
DN0330	Number of Employees	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NA	X	NA
DN0331	Employer Notify Date	PC2	M	M	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X