

Proof of Coverage  
Revised Element Requirements

Record	Data Element	DN#	Binder, New Policy, Rewrite/ Reissue Renewal	Endorsement	Cancellation or Nonrenewal by Insurer	Cancellation or Nonrenewal by Insured	Reinstatement
<b>INSURED RECORD</b>							
<b>Transaction</b>	Transaction Set ID	DN001	M	M	M	M	M
	Record Sequence Number	DN107	M	M	M	M	M
	Transaction Set Purpose Code	DN300	M	M	M	M	M
	Jurisdiction Designee Received Date	DN302	M	M	M	M	M
	Transaction Set Type Code	DN002	M	M	M	M	M
	Transaction Reason Code	DN303	M	M	M	M	M
	Transaction Set Type Effective Date	DN304	M	M	M	M	M
<b>Insurer</b>	Insurer FEIN	DN006	M	M	M	M	M
	Insurer Name	DN007	M	O	O	O	O
	Issuing Office Name	DN305	O	O	O	O	O
	Issuing Office Address Line 1	DN306	O	O	O	O	O
	Issuing Office Address Line 2	DN307	O	O	O	O	O
	Issuing Office City	DN308	O	O	O	O	O
	Issuing Office State	DN309	O	O	O	O	O
	Issuing Office Postal Code	DN310	O	O	O	O	O
<b>Agency</b>	Issuing Agency Name	DN311	O	O	O	O	O
	Issuing Agency City	DN312	O	O	O	O	O
	Issuing Agency State	DN313	O	O	O	O	O
<b>Insured</b>	Insured FEIN	DN314	M	M	M	M	M
	Insured Name	DN017	M	M	M	M	M
	Insured Address Line 1	DN315	M	O	O	O	O
	Insured Address Line 2	DN316	O	O	O	O	O
	Insured City	DN317	M	O	O	O	O
	Insured State	DN318	M	O	O	O	O
	Insured Postal Code	DN319	M	O	O	O	O
	Insured Telephone Number	DN320	O	O	O	O	O
	Business Market	DN321	O	O	O	O	O
	Wrap-Up Indicator <sup>(1)</sup>	DN322	C	O	O	O	O
	Insured Legal Status	DN323	M	O	O	O	O
	Employee Leasing Policy Identification <sup>(2)</sup>	DN333	M	O	O	O	O
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<b>Policy</b>	Policy Number	DN028	M	M	M	M	M
	Policy Effective Date	DN029	M	O	O	O	M
	Policy Expiration Date	DN030	O	O	O	O	O
	Prior Policy Number <sup>(3)</sup>	DN324	C	O	O	O	O
	Assignment Date	DN325	O	O	O	O	O
	Jurisdiction	DN004	M	M	M	M	M
	Governing Class	DN326	M	O	O	O	O
	Total Payroll	DN327	O	O	O	O	O
	Number of Employers	DN328	M	M	M	M	M
<b>EMPLOYER RECORD</b>							
<b>Segment</b>	Transaction Set ID	DN001	M	M	M	N/A	N/A
	Record Sequence Number	DN107	M	M	M		
	Employer FEIN	DN016	M	M	M		
	Employer UI Code <sup>(4)</sup>	DN329	O	O	O		
	Employer Name	DN018	M	M	O		
	Employer Address Line 1 <sup>(5)</sup>	DN019	M	O	O		
	Employer Address Line 2 <sup>(5)</sup>	DN020	O	O	O		
	Employer City <sup>(5)</sup>	DN021	M	O	O		
	Employer State <sup>(5)</sup>	DN022	M	O	O		
	Employer Postal Code <sup>(5)</sup>	DN023	M	O	O		
	Industry Code <sup>(6)</sup>	DN025	O	O	O		
	Number of Employees	DN330	O	O	O		
	Employer Notification Date	DN331	O	O	O		
<b>NOTES:</b>	<sup>(1)</sup> Only if wrap-up policy						
	<sup>(2)</sup> Only non-leasing policies accepted at this time						
	<sup>(3)</sup> Renewals, rewrites, reissues, new policies following EDI binders only						
	<sup>(4)</sup> Oregon's BIN						
	<sup>(5)</sup> Not required for employers with no OR address						
	<sup>(6)</sup> SIC code (with 'SC' suffix) or NAICS code						