State of Michigan
POC Data Element Requirements

FORM 400																							
				POSITION					New Policies			Renewals			Additions					Rewrites			
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
INSURED																							
	0001	Transaction Set ID	3 A/N	1	3	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	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
	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
	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
	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
	0303	Transaction Reason Code	2 A/N	25	26				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
	0006	Insurer FEIN	9 A/N	35	43				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
	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
	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
	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
	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
	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
	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	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	I/A	I/A	I/A	I/A	I/A	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	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	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	M	M	M	M	M	N/A
	0017	Insured Name	90 A/N	276	365				M	M	M	M	M	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	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	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	M	M	M	M	M	N/A
	0318	Insured State	2 A/N	456	457				M	M	M	M	M	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	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	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	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	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	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	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	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	M	M	M	M	M	N/A
	N/A	Filler	10A/N	501	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
	0029	Policy Effective Date	DATE	511	518				M	M	M	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

State of Michigan
POC Data Element Requirements

FORM 400																							
				POSITION					New Policies			Renewals			Additions					Rewrites			
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
	0324	Prior Policy Number	18 A/N	527	544	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	N/A	N/A	N/A	M	M	M	N/A	N/A	N/A	N/A	N/A	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	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
	0004	Jurisdiction	2 A/N	565	566				M	M	M	M	M	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	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	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	M	M	M	M	M
EMPLOYER																							
	0001	Transaction Set ID	3 A/N	1	3				M	N/A	M	M	N/A	M	M	M	N/A	M	M	M	N/A	M	N/A
	0107	Record Sequence Nbr	9 N	4	12				M	N/A	M	M	N/A	M	M	M	N/A	M	M	M	N/A	M	N/A
	0016	Employer FEIN	9 N	13	21				M	N/A	M	M	N/A	M	M	M	N/A	M	M	M	N/A	M	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
	0018	Employer Name	60 A/N	37	96				M	N/A	M	M	N/A	M	M	M	N/A	M	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	M	N/A	M	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	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	M	N/A	M	M	M	N/A	M	N/A
	0022	Employer State	2 A/N	172	173				M	N/A	M	M	N/A	M	M	M	N/A	M	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	M	N/A	M	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	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	N/A	I/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	N/A	N/A	N/A	N/A	N/A

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

State of Michigan
POC Data Element Requirements

FORM 400																							
				POSITION					New Policies			Renewals			Additions					Rewrites			
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

POC Data Element Requirements for Michigan

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 06/17/2004.			

State of Michigan
POC Data Element Requirements

FORM 401																											
				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
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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	1A/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	N/A	N/A	N/A	N/A
	N/A	Filler	10A/N	501	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	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	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	N/A	N/A	N/A	N/A
	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	N/A	N/A	N/A

FORM 401																											
				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
	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	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	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	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	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	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	N/A	N/A	N/A	N/A
EMPLOYER																											
	0001	Transaction Set ID	3 A/N	1	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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	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	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	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	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	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	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	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	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	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	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	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	N/A	N/A	N/A	N/A

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

State of Michigan
POC Data Element Requirements

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.			

FORM 403																										
				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	Not Valid in Michigan	Not Valid in Michigan	M	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	M	M	Not Valid in Michigan	Not Valid in Michigan	M	M	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	M	M	Not Valid in Michigan	Not Valid in Michigan	M	M
	0107	Record Sequence Nbr	9 N	4	12			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
	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
	0002	Transaction Set Type Code	2 A/N	23	24			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
	0304	Transaction Set Type Effective Date	DATE	27	34			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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	0314	Insured FEIN	9 A/N	267	275			M				M	M			N/A	N/A				M	M			N/A	M
	0017	Insured Name	90 A/N	276	365			M				M	M			N/A	N/A				M	M			N/A	M
	0315	Insured Address Line 1	30 A/N	366	395			M/C				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			M/C				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/C				N/A	N/A			N/A	N/A				N/A	N/A			N/A	N/A
	0318	Insured State	2 A/N	456	457			M/C				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			M				M	M			N/A	N/A				M	M			N/A	N/A
	0320	Insured Telephone Number	10 A/N	467	476			M/C				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
	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
	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
	0028	Policy Number	18 A/N	481	498			M				M	M			N/A	N/A				M	N/A			N/A	N/A
	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
	0332	Minimum Premium Indicator	1A/N	500	500			N/A				N/A	N/A			N/A	N/A				N/A	N/A			N/A	N/A
	N/A	Filler	10A/N	501	510			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	M			N/A	N/A				N/A	M			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
	0324	Prior Policy Number	18 A/N	527	544			N/A				N/A	N/A			N/A	N/A				M	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

FORM 403																										
				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**
	0325	Assignment Date	DATE	557	564	Not Valid in Michigan	Not Valid in Michigan	N/A	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	N/A	N/A	Not Valid in Michigan	Not Valid in Michigan	N/A	N/A	Not Valid in Michigan	Not Valid in Michigan	Not Valid in Michigan	N/A	N/A	Not Valid in Michigan	Not Valid in Michigan	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
	0326	Governing Class	4 A/N	567	570			M/C				N/A	N/A			N/A	N/A				N/A	N/A			N/A	N/A
	0327	Total Payroll	11 N	571	581			M/C				N/A	N/A			N/A	N/A				N/A	N/A			N/A	N/A
	0328	Number of Employers	4 N	582	585			M				M	M			M	M				M	M			M	M
EMPLOYER																										
	0001	Transaction Set ID	3 A/N	1	3			N/A				N/A	N/A			M	N/A				N/A	N/A			M	N/A
	0107	Record Sequence Nbr	9 N	4	12			N/A				N/A	N/A			M	N/A				N/A	N/A			M	N/A
	0016	Employer FEIN	9 N	13	21			N/A				N/A	N/A			M	N/A				N/A	N/A			M	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
	0018	Employer Name	60 A/N	37	96			N/A				N/A	N/A			M	N/A				N/A	N/A			M/C	N/A
	0019	Employer Address Line 1	30 A/N	97	126			N/A				N/A	N/A			M/C	N/A				N/A	N/A			M/C	N/A
	0020	Employer Address Line 2	30 A/N	127	156			N/A				N/A	N/A			M/C	N/A				N/A	N/A			M/C	N/A
	0021	Employer City	15 A/N	157	171			N/A				N/A	N/A			M/C	N/A				N/A	N/A			M/C	N/A
	0022	Employer State	2 A/N	172	173			N/A				N/A	N/A			M/C	N/A				N/A	N/A			M/C	N/A
	0023	Employer Postal Code	9 A/N	174	182			N/A				N/A	N/A			M	N/A				N/A	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
	0330	Number of Employees	6 N	189	194			N/A				N/A	N/A			M/C	N/A				N/A	N/A			M/C	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

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

FORM 403																										
				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																									

POC Data Element Requirements for Michigan

CONDITIONAL REQUIREMENTS FOR FORM 403			
IAIABC RECORDS	***IAIABC DN***	***IAIABC DATA ELEMENT NAME***	***CONDITION(S)***
INSURED			
	0315	Insured Address Line 1	Mandatory if information on policy has changed.
	0316	Insured Address Line 2	Mandatory if information on policy has changed.
	0317	Insured City	Mandatory if information on policy has changed.
	0318	Insured State	Mandatory if information on policy has changed.
	0320	Insured Telephone Number	Mandatory if information on policy has changed.
	0326	Governing Class	Mandatory if information on policy has changed.
	0327	Total Payroll	Mandatory if information on policy has changed.
EMPLOYER			
	0019	Employer Address Line 1	Mandatory if information has changed. Old information in 04, new information in 05.
	0020	Employer Address Line 2	Mandatory if information has changed. Old information in 04, new information in 05.
	0021	Employer City	Mandatory if information has changed. Old information in 04, new information in 05.
	0022	Employer State	Mandatory if information has changed. Old information in 04, new information in 05.
	0330	Number of Employees	Mandatory if information has changed. Old information in 04, new information in 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 condi 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.