

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION
CRITICISM INFORMATION
(WCCRIT)**

**WORKERS COMPENSATION CRITICISM INFORMATION (WCCRIT)
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WCCRIT STATISTICAL REPORTING CONTACT PAGE

WCCRIT questions should be directed to the appropriate Data Collection Organization contact listed below:

Compensation Advisory Organization of Michigan
Supervisor, Data Services
17197 N. Laurel Park Drive, Suite 311
Livonia, MI 48152
Telephone: 734-462-9600, ext. 229

New York Compensation Insurance Rating Board
Vice President, IT or
Programming Manager
200 East 42nd Street
New York, NY 10017
Telephone: 212-697-3535, ext. 123 or 124

Compensation Rating and Inspection Bureau of
New Jersey
Manager, MIS
60 Park Place
Newark, NJ 07102
Telephone: 973-622-6014, ext. 268
Fax: 973-622-1548

North Carolina Rate Bureau
Industry Support Team
5401 Six Forks Road
Raleigh, NC 27609-4435
Telephone: 919-783-9790
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau
Statistical Reporting Department
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371

Pennsylvania Compensation Rating Bureau
Statistical Reporting Department
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371

Insurance Services Office, Inc.
Cliff Hall
545 Washington Blvd
Jersey City, NJ 07310-1686
Telephone: 201-469-2228
Fax: 201-469-2141
E-mail: chall@iso.com

Wisconsin Compensation Rating Bureau
Unit Stat Specialist
P.O. Box 3080
Milwaukee, WI 53226
Telephone: 262-796-4570
E-mail: kay.higgins@wcrb.org

Minnesota Workers Compensation Insurers
Association, Inc.
Pamela R. Flaten
Data Collection & Reporting Manager
7701 France Avenue South, Suite 450
Minneapolis, MN 55435
Telephone: 952-897-6417
Fax: 952-897-6495
E-mail: pam.flaten@mwcia.org

Workers Compensation Insurance Rating Bureau
of California
Customer Service
525 Market Street, Suite 800
San Francisco, CA 94105
Telephone: 888-229-2472

National Council on Compensation Insurance, Inc.
Customer Service
901 Peninsula Corporate Circle
Boca Raton, FL 33487
Telephone: 800-NCCI 1-2-3 (800-622-4123)
E-mail: customer_service@ncci.com

Workers Compensation Rating and Inspection
Bureau of Massachusetts
Chief Information Officer or
Manager of Data Operations
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030, ext. 575

WCCRIT POLICY REPORTING CONTACT PAGE

WCCRIT questions should be directed to the appropriate Data Collection Organization contact listed below:

Compensation Advisory Organization of Michigan
Supervisor, Data Services
17197 N. Laurel Park Drive, Suite 311
Livonia, MI 48152
Telephone: 734-462-9600, ext. 229

New York Compensation Insurance Rating Board
Vice President, IT or
Programming Manager
200 East 42nd Street
New York, NY 10017
Telephone: 212-697-3535, ext. 123 or 124

Compensation Rating and Inspection Bureau of
New Jersey
Manager, MIS
60 Park Place
Newark, NJ 07102
Telephone: 973-622-6014, ext. 268
Fax: 973-622-1548

North Carolina Rate Bureau
Industry Support Team
5401 Six Forks Road
Raleigh, NC 27609-4435
Telephone: 919-783-9790
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau
Policy Reporting Department
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371

Pennsylvania Compensation Rating Bureau
Policy Reporting Department
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371

Insurance Services Office, Inc.
Cliff Hall
545 Washington Blvd
Jersey City, NJ 07310-1686
Telephone: 201-469-2228
Fax: 201-469-2141
E-mail: chall@iso.com

Wisconsin Compensation Rating Bureau
Elizabeth Rohde
P.O. Box 3080
Milwaukee, WI 53226
Telephone: 262-796-4551
E-mail: betty.rohde@wcrb.org

Minnesota Workers Compensation Insurers
Association, Inc.
Pamela R. Flaten
Data Collection & Reporting Manager
7701 France Avenue South, Suite 450
Minneapolis, MN 55435
Telephone: 952-897-6417
Fax: 952-897-6495
E-mail: pam.flaten@mwcia.org

Workers Compensation Insurance Rating Bureau
of California

Customer Service
525 Market Street, Suite 800
San Francisco, CA 94105
Telephone: 888-229-2472

National Council on Compensation Insurance, Inc.
Customer Service
901 Peninsula Corporate Circle
Boca Raton, FL 33487
Telephone: 800-NCCI 1-2-3 (800-622-4123)
E-mail: customer_service@ncci.com

Workers Compensation Rating and Inspection
Bureau of Massachusetts
Chief Information Officer or
Manager of Data Operations
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030, ext. 575

GENERAL

~~These specifications are for the distribution of unit statistical error information to insurers. Requests for this data should be directed to the appropriate jurisdiction.~~

~~Unless otherwise specified, the following standards will apply:~~

- ~~1. All alpha (A) and alphanumeric (AN) data fields are to be left justified and right blank filled.~~
- ~~2. All numeric (N) data fields are to be right justified and left zero filled, and unsigned.~~
- ~~3. All "RESERVED FOR FUTURE USE" fields are to be blank.~~
- ~~4. Fields indicated as "Not Applicable" will be zero filled or left blank by the jurisdiction whose abbreviations follow the phrase.~~
- ~~5. Data shall be written on 9 track, odd parity at 6,250 BPI density or, if requested by insurers, at 4,600 BPI.~~
- ~~6. Records will be blocked 50 (20,000 characters per block).~~
- ~~7. All fields will be character; no signed or packed fields will be written.~~

WORKERS COMPENSATION CRITICISM
REPORTING SPECIFICATIONS (WCCRIT)
SECTION 2
RECORD LAYOUTS

Field No.	Field Title/Description	Class	Position	Bytes
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I. LINK DATA COMMON TO ALL RECORDS

1	CARRIER CODE Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.	(N)	1-5	5
2	POLICY NUMBER IDENTIFIER Report the number identifier that uniquely identifies the policy under which experience occurred. This number identifier must be identical to the number identifier set forth on the policy Information Page or as endorsed. The complete policy number identifier must remain the same throughout the life of the policy and for all experience reporting. Letters are permitted in this field, but not embedded blanks or marks of punctuation.	(AN)	6-23	18
3	RESERVED FOR FUTURE USE		24	1
4	UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number identifier as part of the policy number, report the numeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.	(N)	25-30	6
5	EXPOSURE STATE CODE Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.	(N)	31-32	2
6	POLICY EFFECTIVE DATE Report the month, day and year that the policy became effective. This date must be identical to the date set forth in Item 2 of the policy Information Page or as endorsed. For interstate policies endorsed after the policy effective date to provide coverage for an additional state, report the effective date of the policy. For the second and third periods of three-year variable rate policies, report the effective date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the first period, report the policy effective date as shown on the policy Information Page, or as endorsed. In the event that the policy contains a Policy Period Endorsement, then the effective date must coincide with the dates indicated on the schedule of that endorsement. For the second period of extended-term policies, report the effective date as the date the second period began as shown in the Policy Period Endorsement.	(N)	33-40	8

Field No.	Field Title/Description	Class	Position	Bytes																																	
7	PRODUCT DATA TYPE CODE	(AN)	41	1																																	
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Policy Criticism</td> </tr> <tr> <td>S</td> <td>Unit Statistical Report Criticism</td> </tr> </tbody> </table>	Code	Description	P	Policy Criticism	S	Unit Statistical Report Criticism																														
Code	Description																																				
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S	Unit Statistical Report Criticism																																				
8	REPORT LEVEL CODE/REPORT NUMBER	(AN)	42	1																																	
	Report the code that corresponds to the report level based on the loss valuation date. NOTE: WCSTAT ONLY <table border="0"> <thead> <tr> <th>Code</th> <th>Report Level</th> <th>Loss Valuation Schedule</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>First Report</td> <td>Valued 18 months from policy effective month</td> </tr> <tr> <td>2</td> <td>Second Report</td> <td>Valued 30 months from policy effective month</td> </tr> <tr> <td>3</td> <td>Third Report</td> <td>Valued 42 months from policy effective month</td> </tr> <tr> <td>4</td> <td>Fourth Report</td> <td>Valued 54 months from policy effective month</td> </tr> <tr> <td>5</td> <td>Fifth Report</td> <td>Valued 66 months from policy effective month</td> </tr> <tr> <td>6*</td> <td>Sixth Report</td> <td>Valued 78 months from policy effective month</td> </tr> <tr> <td>7*</td> <td>Seventh Report</td> <td>Valued 90 months from policy effective month</td> </tr> <tr> <td>8*</td> <td>Eighth Report</td> <td>Valued 102 months from policy effective month</td> </tr> <tr> <td>9*</td> <td>Ninth Report</td> <td>Valued 114 months from policy effective month</td> </tr> <tr> <td>A*</td> <td>Tenth Report</td> <td>Valued 126 months from policy effective month</td> </tr> </tbody> </table> <p>The above character array will accommodate up to 35 report levels when using "A" through "Z" in lieu of "10" through "35". Report "1" through "9" and then "A" through "Z" as the report number in those jurisdictions requiring more than 9 report levels.</p>	Code	Report Level	Loss Valuation Schedule	1	First Report	Valued 18 months from policy effective month	2	Second Report	Valued 30 months from policy effective month	3	Third Report	Valued 42 months from policy effective month	4	Fourth Report	Valued 54 months from policy effective month	5	Fifth Report	Valued 66 months from policy effective month	6*	Sixth Report	Valued 78 months from policy effective month	7*	Seventh Report	Valued 90 months from policy effective month	8*	Eighth Report	Valued 102 months from policy effective month	9*	Ninth Report	Valued 114 months from policy effective month	A*	Tenth Report	Valued 126 months from policy effective month			
Code	Report Level	Loss Valuation Schedule																																			
1	First Report	Valued 18 months from policy effective month																																			
2	Second Report	Valued 30 months from policy effective month																																			
3	Third Report	Valued 42 months from policy effective month																																			
4	Fourth Report	Valued 54 months from policy effective month																																			
5	Fifth Report	Valued 66 months from policy effective month																																			
6*	Sixth Report	Valued 78 months from policy effective month																																			
7*	Seventh Report	Valued 90 months from policy effective month																																			
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9*	Ninth Report	Valued 114 months from policy effective month																																			
A*	Tenth Report	Valued 126 months from policy effective month																																			
9	TRANSACTION CODE	(N)	43-44	2																																	
	Report the 2-digit code identifying the type of transaction being submitted. NOTE: WCPOLS ONLY <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01.</td> <td>New Policy This Transaction Code is used to report to the jurisdiction that the insured has been issued a policy for the first time.</td> </tr> </tbody> </table>	Code	Description	01.	New Policy This Transaction Code is used to report to the jurisdiction that the insured has been issued a policy for the first time.																																
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Field No.	Field Title/Description	Class	Position	Bytes
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It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction.

Transaction Code 01 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

02. Renewal Policy

This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.

It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction.

Transaction Code 02 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

03. This Transaction Code is used to report endorsements (other than annual rerate) having record layouts in Section 6 of these specifications and issued subsequent to the policy.

04. Annual Rerate Endorsement

This transaction code is used to report two types of coverage:

1—To report the second or third year of a three-year variable rate policy.

2—To report the remaining portion of policies with a coverage period greater than annual.

There are no unique record types for annual rerate endorsements. They are to be reported using all record types applicable to new or renewal business and are identified by Transaction Code 04.

Transaction Code 04 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

Transaction Code 04 cannot be used to add or delete a state.

Field No.	Field Title/Description	Class	Position	Bytes
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additional premium amount bill or return premium amount is sent to the insured.

All records that are submitted for Transaction Code 08 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code.

Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 08 are only required on the record(s) that has the change.

Only one set of Transaction Code 08 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

If there are multiple transactions corresponding to Transaction Code 08 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate Transaction Code.

NOTE: When submitting a Transaction Code 08 for a multi-year policy without change effective and expiration dates, the following rules apply:
a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.
N/A: CA, DE, MI, NCCI, NJ, PA

If an insurer submitting Transaction Code 08 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

- | | |
|-----|---|
| 09. | Reserved for Future Use |
| 10. | Policy Replacement due to Non-Rating Change
This transaction code is used to report a change to the policy that does not impact premium amounts. |

Field No.	Field Title/Description	Class	Position	Bytes
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All records that are submitted for Transaction Code 10 **must** contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 10.

Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 10 are only required on the record(s) that has the change.

Only one set of Transaction Code 10 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

If there are multiple transactions corresponding to Transaction Code 10 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

NOTE: When submitting a Transaction Code 10 for a multi-year policy without change effective and expiration dates, the following rules apply:
a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.
N/A: CA, DE, MI, NCCI, NJ, PA

If an insurer submitting Transaction Code 10 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

- 11. Reserved for Future Use
- 12. Reserved for Future Use
- 13. Reserved for Future Use

Field No.	Field Title/Description	Class	Position	Bytes
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14. Policy Replacement due to Miscellaneous Change/Non-Key Field Change

This transaction code is used at the insurer's option for policy changes (excluding key data field changes) in place of Transaction Codes 08 and 10.

All records that are submitted for Transaction Code 14 **must** contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 14.

Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 14 are only required on the record(s) that has the change.

Only one set of Transaction Code 14 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

NOTE: When submitting a Transaction Code 14 for a multi-year policy without change effective and expiration dates, the following rules apply:

a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.

b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, MI, NCCI, NJ

If there are multiple transactions corresponding to Transaction Code 14 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate Transaction Code.

If an insurer submitting Transaction Code 14 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

NOT APPLICABLE: DE, PA

Field No.	Field Title/Description	Class	Position	Bytes
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15. Policy Replacement due to Add/Delete State Change
This transaction code is used to add or delete a state and has a very specific purpose.

1. Reporting to DCOs:
 - a) Reporting to the DCO of the state being added with this transaction:
Notifies the DCO that the state is being added to the policy and therefore this is the first submission of this policy to the state.
 - b) Reporting to the DCO of the state being deleted with this transaction:
Cannot be reported using this transaction. Submit a cancellation using Transaction Code 05 with Record Type Code 08 (only).
 - c) Reporting to a DCO other than that of the state being added or deleted with this transaction:
Notifies the DCO that another state is being added to or deleted from the policy. No other changes, other than those directly associated with adding or deleting the state (i.e., premium) are to be made with this transaction. If unable to exclude other changes from this transaction, then the transaction must be reported using one of Transaction Codes 08-14

NOTE: When submitting a Transaction Code 15 for a multi-year policy without change effective and expiration dates, the following rules apply:

a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.

b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.
N/A: CA, DE, MI, NCCI, NJ, PA

2. Reporting to NCCI:
Notifies NCCI of the state(s) being added and/or deleted to/from Item 3.A. Because NCCI is responsible for many states, NCCI can accept changes for states other than those being added and/or deleted.

Field No.	Field Title/Description	Class	Position	Bytes
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The Policy Changes Effective Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) will indicate the date the state is to be added or deleted.

If the state is to be deleted on the inception date of the policy, the deleted state will have only one accompanying Exposure Record (Record Type Code 05). The Exposure Record must contain zeros in the following fields: Classification Codes, Exposure Act/Exposure Coverage Code, Manual/Charged Rate, Exposure Period Effective Date, Estimated Exposure Amount, Estimated Premium Amount, Exposure Period Code, Amount of Pieces of Apparatus, Amount of Volunteers, and Policy Surcharge Factor.

NCCI Only: The Policy Changes Expiration Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) of the state in question will be reported as follows:

- a.) State Added—Report the Policy Expiration Date
- b.) State Deleted—Report the Policy Changes Effective Date.

Only one set of Transaction Code 15 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

If there are multiple transactions corresponding to Transaction Code 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate Transaction Code.

16. Coverage Notice/Binder

This Transaction Code is used to report coverage when the insurer does not have all the information available that is required for a complete establishing document. The policy itself must be submitted to the DCO on a subsequent submission, unless the Coverage Notice has been cancelled.

Transaction Code 16 requires all data elements necessary to establish Proof of Coverage when reporting to DCOs.

Minimum requirements for filing include:

- a.) All Link Data
- b.) Record Type Code 01—Header Record
At a minimum it must contain Field #1, link data information.
- c.) Record Type Code 02—Name Record
Submit at least one Name of Insured or as many name records as required by the DCO.

Field No.	Field Title/Description	Class	Position	Bytes
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d.) Record Type Code 03—Address Record
Submit the Mailing Address (Address Type 1)
corresponding to the required name record.
Also report as many Address of Location of
Operations (Address Type 2 and/or 6) records
as known.

Submit the Address of Carrier Issuing/Service Office
(Address Type 3) record.

Additional data elements may be required when
reporting to various DCOs, e.g., Federal Employer
Identification Number, State Unemployment Number,
Policy Type Code, Plan Indicator, etc. Please contact the
DCO to which you would submit this Proof of Coverage.

WI NOTE: On Transaction Code 16, Coverage Notice,
the minimum requirements will also include,
Header Record (record 01) position 108,
Policy Type Code – Plan Indicator and either
a State Premium record (record 04) with WI in
position 44-45, or an Other States Coverage
record (record 06) with 48 as an included
state.

MA NOTE: On Transaction Code 16, Massachusetts
Issue notice, the minimum requirements also
include Header Record (record 01) position
108 Policy Type ID Code – Plan Indicator,
positions 58-63 Policy Expiration Date,
position 75 Employee Leasing Policy Type
Code, and a State Premium Record (record 4)
with MA in Positions 44-45. If issue notice is
for a PEO client then the Transaction 16 must
contain the Employee Leasing Endorsement
Record FA and may contain the client name
on the appropriately identified Name Record.

Report as many elements that are known at the time of
the issuance of this transaction.

A Transaction Code 01 (New) or 02 (Renewal) must be
submitted on a subsequent submission unless the
Coverage Notice is cancelled.

If cancelling a previously submitted Coverage Notice (a
policy was not issued), use Transaction Code 05 with
Record Type Code 08 (Cancellation/ Reinstatement
Record) and a Cancellation/ Reinstatement Code of “4”
(Cancellation of Coverage Notice).

NOT APPLICABLE: NCCI, NJ, NY, NC

17. Noncompliance of Policy Terms and Conditions
This Transaction Code is used to report noncompliance
issues as a result of undisputed premium due, and/or

Field No.	Field Title/Description	Class	Position	Bytes
	<p>noncompliance with the policy terms and conditions on a policy or coverage notice previously reported</p> <p>This Transaction Code is also used to report compliance on a previously reported noncompliance transaction.</p> <p>Only Record Type Z1 is valid for this transaction code. The Noncompliance/Compliance record must include the carrier code, policy number identifier, and effective date of the policy for which it applies in the appropriate link data fields (Positions 1-43).</p> <p>NOTE: All carriers must notify the Plan Administrator of any undisputed premium obligation and or any noncompliance issues on prior or current assigned risk workers compensation insurance policies.</p> <p>This transaction is optional for voluntary market policies.</p> <p>NOT APPLICABLE: CA, MI, NJ</p>			
18.	<p>Renewal Certificate/Renewal Agreement (CA only) This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.</p> <p>Renewal Certificates and Renewal Agreements shall be used only for the purpose of renewing the policy and showing the proper experience modification for the renewal period. Renewal Certificates and Renewal Agreements cannot be used to make any other changes to the policy.</p>			
10	<p>CORRECTION SEQUENCE NUMBER Report the number that corresponds to the number of correction reports submitted within a particular report level.</p> <p>Exposure and loss corrections on the same report level must be numbered consecutively.</p> <p>NOTE: CA only—This field is used to determine if the report is sent as a correction. The sequence of the correction is not stored or used for processing.</p> <p>Report “1” through “9” and then “A” through “Z” as a correction number within a particular report level. This number sequence will accommodate up to 35 corrections. Report “0” for noncorrections.</p> <p>This field is the most current/correct value for this data element.</p>	(AN)	45	1

Field No.	Field Title/Description	Class	Position	Bytes
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Example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3. This is the revised correction sequence number on header corrections to change the correction sequence number.

11	TRANSACTION ISSUE DATE Report the issue date of the transaction being submitted, in this date format (YYYYMMDD).	(N)	46-53	8
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This date is the accounting date on which the data represented by this transaction code was processed by the insurer's policy issuance system.

This date, for a particular transaction, is not necessarily the date of creation of the file for the jurisdiction. Example: If an insurer processes transactions on a daily basis and saves these daily transactions to a file from which a submission is created once a week, this date would reflect the daily processing date, not the date of the submission creation. Thus, a given file submitted to the jurisdiction may contain transactions with different transaction issue dates.

More than one "06," "08," "10," "14," or "15" transactions with the same Transaction Issue Date for the same policy **must not** be included on the same submission.

NOTE: WCPOLS ONLY

Field No.	Field Title/Description	Class	Position	Bytes
II. HEADER RECORD				
1-11	LINK DATA	(AN)	1-53	53
12	RECORD TYPE CODE Report "1".	(AN)	54	1
13	POLICY EXPIRATION OR CANCELLATION DATE Report the month, day and year upon which the policy expired. For mid-term cancelled policies, report the cancellation date as the expiration date. For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page. For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. In the event the policy contains a Policy Period Endorsement, then the expiration date must coincide with the date indicated in the schedule of that endorsement. For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement. Format: YYMMDD.	(N)	55-62	8
14	INSURED NAME Report the insured name as was submitted by the data provider. Maximum size of risk name is 79 characters including spaces and punctuation marks. NOTE: MA—Only Positions 42–86 of the first name record are entered into this jurisdiction’s database and printed out on their unit cards. NOTE: NJ—Only Positions 42–91 of the first name record are printed on the units produced from this jurisdictions’ systems.	(AN)	63-152	90
15	USR ERROR STATUS CODE The following values apply: M = Minor Error R = Rejected – Rating Pending	(AN)	153	1

Field No.	Field Title/Description	Class	Position	Bytes
16	PROCESSED DATE Contains the date that the DCO processed the unit statistical report, formatted: YYYYMMDD.	(N)	154-161	8
17	RESPOND BY DATE Contains the date that the DCO requires a response, formatted: YYYYMMDD.	(N)	162-169	8
18	DCO CONTACT INFORMATION The contact information of the business representative to be contacted regarding the criticism.	(AN)	170-269	100
19	DCO CONTACT EMAIL ADDRESS The E-mail address of the business representative to be contacted regarding the criticism.	(AN)	270-369	100
20	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier). NOT APPLICABLE: DE, MI, MN , NCCI, NJ, NY, NC, PA, WI	(N)	370-378	9
21	BUSINESS SEGMENT IDENTIFIER Any series of identifying codes maintained and reported by the data provider. NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	379-385	7
22	RESERVED FOR FUTURE USE		386-400	15

Field No.	Field Title/Description	Class	Position	Bytes
III. ERROR INFORMATION RECORD				
1-8	LINK DATA	(AN)	1-53	53
9	RECORD TYPE CODE Report "2".	(AN)	54	1
10	RECORD TYPE SEQUENCE NUMBER The number that corresponds to the number of Error Records within a particular criticism.	(N)	55-57	3
11	ERROR CODE Field contains one error code being eight positions in length. Breakdown of eight position error code: Positions 1-2 - Identifies the WCSTAT Record Type on which the error occurred. Positions 3-4 -Identifies the starting position of the field in error on the WCSTAT record. Positions 5-8 – Identifies the error Sequence Number for the field	(N)	58-65	8
12	MESSAGE TYPE CODE Code Description D DCO Specific Error Message S Standard WCESTAT Error Message	(N)	66	1
13	ERROR MESSAGE This field contains a description of the error code.	(AN)	67-400	334