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Event Table

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***
NOTIFICATION OF COVERAGE											
N-1, N-2, N-7		00	05	01	Binder – Employer Locations within Jurisdiction	2/9/2004		A			
N-3		00	05	80	Binder – Insured has No Physical Location within Jurisdiction	2/9/2004		A			
N-4		00	05	86	Binder – Employers with No Physical Address, but Operating within the Jurisdiction	2/9/2004		A			
N-1, N-2, N-7		00	05	01	Binder for Renewal - Employer Locations within Jurisdiction	5/1/2006		C			
N-3		00	05	80	Binder for Renewal - Insured has No Physical Location within Jurisdiction	5/1/2006		C			
N-4		00	05	86	Binder for Renewal -Employers with No Physical Address, but Operating within the Jurisdiction	5/1/2006		C			
N-1, N-2, N-7		00	10	01	New Policy – Employer Locations within Jurisdiction	12/1/2002		B			
N-3		00	10	80	New Business – Insured has No Physical Location within Jurisdiction	12/1/2002		B			
N-4		00	10	86	New Business – Employers with No Physical Address, but Operating within the Jurisdiction	12/1/2002		B			
N-1, N-2, N-7		00	20	01	Renewal – Employer Locations within Jurisdiction	12/1/2002		D			
N-3		00	20	80	Renewal – Insured has No Physical Location within Jurisdiction	12/1/2002		D			
N-4		00	20	86	Renewal – Employers with No Physical Address, but Operating within the Jurisdiction	12/1/2002		D			
N-5		00	31	72	Endorsement - Notifying a New Jurisdiction when a New Location is added to Existing Policy	12/1/2002		E			
N-6		00	31	80	Endorsement - Notifying a New Jurisdiction when a New Employer with No Jurisdiction location is added to Existing Policy	12/1/2002		E			
N-1, N-2, N-7		00	50	01	Rewrite/Reissue – Employer Locations within Jurisdiction	12/1/2002		J			
N-3		00	50	80	Rewrite/Reissue – Insured has No Physical Location within Jurisdiction	12/1/2002		J			
N-4		00	50	86	Rewrite/Reissue – Employers with No Physical Address, but Operating within the Jurisdiction	12/1/2002		J			
ADDITION TO COVERAGE											
A-1	Paired	04 / 05	32 / 31	76	Add New Insured FEIN	12/1/2002 / 12/1/2002		F			
A-2		00	32	67	Submitting Corporate Officer/Partner/Sole Proprietor - Inclusion	12/1/2002		E			
A-2		00	32	68	Submitting Corporate Officer/Partner/Sole Proprietor - Exclusion	12/1/2002		E			
A-3		00	31	54	Add New Employer – Add (Location in Jurisdiction)	12/1/2002		E			
A-3	Conditional	00	31	86	Add New Employer – Add (Insured in Jurisdiction, Employer Not)	12/1/2002		E			
A-3		00	31	87	Add Employer – Add (Insured and Employer not in Jurisdiction)	12/1/2002					

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2.1 Business Scenario reference****		Triplicate Code			Event Type	(A) Event Rule Date		(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***
CHANGE OF EXISTING COVERAGE											
C-1	Paired	04 / 05	32	83	Change Carrier/Insurer FEIN	12/1/2002 / 12/1/2002		F			
C-2	Paired	04 / 05	33 / 32	76	Correct Insured FEIN	12/1/2002 / 12/1/2002		F			
C-3	Paired	04 / 05	32	79	Change Policy Number	12/1/2002 / 12/1/2002		F			
C-4	Paired	04 / 05	32	81	Correct Erroneous Policy Effective Date	12/1/2002 / 12/1/2002		F			
C-5	Paired	04 / 05	32	82	Correct Erroneous Expiration Date	12/1/2002 / 12/1/2002		F			
C-6		00	32	84	Change Insured Demographics	12/1/2002		F			
C-7	Paired	04 / 05	32	77	Change Employer FEIN - Employer Locations within Jurisdiction	12/1/2002 / 12/1/2002		F			
C-7	Paired	04 / 05	32	96	Change Employer FEIN – Employer with No Jurisdiction Location	12/1/2002 / 12/1/2002		F			
C-8	Paired	04 / 05	32	78	Change Employer UI Number- Employer Locations within Jurisdiction	12/1/2002 / 12/1/2002		F			
C-8	Paired	04 / 05	32	95	Change Employer UI Number - Employer with No Jurisdiction Location	12/1/2002 / 12/1/2002		F			
C-9	Paired	04 / 05	32	85	Change Employer Demographics - Employer Locations within Jurisdiction	12/1/2002 / 12/1/2002		F			
C-9	Paired	04 / 05	32	94	Change Employer Demographics - Employer with No Jurisdiction Location	12/1/2002 / 12/1/2002		F			
DELETION OF COVERAGE											
D-1		00	33	73	Delete Jurisdiction No Longer Covered by Carrier/Insurer	12/1/2002		E			
D-2		00	33	56	Delete Employer Locations within Jurisdiction	2/9/2004		E			
D-2		00	33	87	Delete Employer with No Jurisdiction Location	12/1/2002		E			

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Event Table

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***
CANCELLATION OF COVERAGE											
X-1	By carrier	00	41	59	Policy Cancelled by Carrier/Insurer - Non-Payment	12/1/2002		G	10	C	3
X-1		00	41	64	Policy Cancelled by Carrier/Insurer - Underwriting Reason	12/1/2002		G	30	C	3
X-1		00	41	66	Policy Cancelled by Carrier/Insurer - Revocation of Voluntary Market Acceptance	12/1/2002		G	30	C	3
X-1		00	41	69	Policy Cancelled by Carrier/Insurer - Failure to Pay Deductible	12/1/2002		G	30	C	3
X-1		00	41	70	Policy Cancelled by Carrier/Insurer - Misrepresentation on Application	12/1/2002		G	30	C	3
X-1		00	41	71	Policy Cancelled by Carrier/Insurer - Rewrite/Reissue	12/1/2002		G	30	C	3
X-2	By insured	00	42	01	Policy Cancellation by Insured – Reason Unknown	12/1/2002		G	30	C	3
X-2		00	42	45	Policy Cancellation by Insured – Out of Business	12/1/2002		G	30	C	3
X-2		00	42	60	Policy Cancellation by Insured - Coverage Placed Elsewhere	12/1/2002		G	30	C	3
X-2		00	42	61	Policy Cancellation by Insured – Duplicate Coverage	12/1/2002		G	30	C	3
X-2		00	42	62	Policy Cancellation by Insured – Change of Ownership	12/1/2002		G	30	C	3
X-2		00	42	63	Policy Cancellation by Insured – Business Sold	12/1/2002		G	30	C	3
X-2		00	42	65	Policy Cancellation by Insured - No Employees/No Exposure/No Operations	12/1/2002		G	30	C	3
REINSTATEMENT OF COVERAGE											
R-1		00	70	01	Carrier/Insurer Reinstates Policy			H			
NON-RENEWAL OF COVERAGE											
Z-1	By carrier	00	60	64	Policy Non-Renewed by Carrier/Insurer – Underwriter discretion	12/1/2002		K	10	C	3
Z-1	NA	00	60	59	Policy Non-Renewed by insurer - Non payment	NA		NA	NA	NA	NA
Z-2	By insured	00	60	01	Policy Non-Renewed by insured - Reason Unknown	12/1/2002		K	30	C	3
Z-2		00	60	45	Policy Non-Renewed by insured - Out of Business	12/1/2002		K	30	C	3
Z-2		00	60	60	Policy Non-Renewed by insured - Coverage Placed Elsewhere	12/1/2002		K	30	C	3
Z-2		00	60	62	Policy Non-Renewed by insured - Change of Ownership	12/1/2002		K	30	C	3
Z-2		00	60	63	Policy Non-Renewed by insured - Business Sold	12/1/2002		K	30	C	3
Z-2		00	60	65	Policy Non-Renewed by insured - No Employees/No Exposure/No Operations	12/1/2002		K	30	C	3

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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 References			
2 = From Change/Endorsement Processed Date			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						