

IAIABC
Proof of Coverage Release 2.1
DN-Error Message Table

DN	IAIABC Data Element Name	Applicable to Jurisdiction Requirements														Applicable to Jurisdiction Requirements													
		PR	001	028	029	030	031	039	040	041	042	057	058	059	061	063	064	065	066	067	068	100	106	111	115	116	118		
0000	Entire Transaction																												
0001	Transaction Set ID	Y	F																										
0004	Jurisdiction	Y	F																										
0006	Insurer FEIN	Y	F	L				L	L																			L	
0007	Insurer Name	Y	L																										
0016	Employer FEIN	Y	PR	L	L			L	L				L																
0017	Insured Name	Y	PR	L																									
0018	Employer Name	Y	PR	L																									
0019	Employer Address Line 1	Y	PR	L																									
0020	Employer Address Line 2	Y	PR	L																									
0021	Employer City	Y	PR	L																									
0022	Employer State	Y	PR	L									L																
0023	Employer Postal Code	Y	PR	L									L																
0025	Industry Code	Y	PR	L									L																
0028	Policy Number	Y	PR	F		L		L								L	L					L							
0029	Policy Effective Date	Y	PR	F		L																L							
0030	Policy Expiration Date	Y	PR	L		L																L							
0098	Sender ID	Y	F					L																					
0099	Receiver ID	Y	F					L																					

