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## **POLICY ELECTRONIC REPORTING INSTRUCTIONS**

### **GENERAL ELECTRONIC REPORTING INFORMATION**

There are options when submitting electronic data to Wisconsin. Electronic data can be submitted through Manage Policy, PEEP, or through the Carrier system using CDX. If a Carrier is not currently approved to send electronic data, they may transmit it through Manage Policy without having to test prior to submitting. If a Carrier wishes to submit electronically through CDX/PEEP, they may need to be approved for this process prior to sending their first Production batch.

Reporting requirements may be different, depending on your intent and what Carrier systems support. Wisconsin requires that all submissions to WCRB be sent via the Compensation Data Exchange (CDX) application, or using Manage Policy. If your system does not support an electronic transmittal record (ETR) or a submission control record (SCR), PEEP (Policy Entry and Edit Package) can create these records for you.

Please feel free to contact WCRB either by email at [manage.policy@wcrb.org](mailto:manage.policy@wcrb.org), or one of the contacts listed at the end of this Guide with any Reporting questions.

#### **MANAGE POLICY – WCRB Member Product**

Manage Policy is a product used to report Wisconsin data, though it does allow entry and retention of certain data for other states. The product is available to WCRB Members, allowing them to manually enter and submit transactions to WCRB. Transactions may also be imported into Manage Policy, allowing Carriers the option to make changes to transactions and report transactions or endorsement records that their system does not support. As mentioned above, there is no need for Carriers to test prior to using Manage Policy. See the Manage Policy User Guide on the WCRB.org website for documentation.

It should be noted that any data sent through Manage Policy should accurately reflect the information on the insured's policy. Data transmitted through Manage Policy updates into the WCRB database. Data transmitted through CDX updates the WCRB

database and then Manage Policy. Consequently, subsequent transactions submitted through Manage Policy and then later electronically through a Carrier system using CDX, may be inadvertently over-ridden.

### **PEEP—Policy Entry and Edit Package**

PEEP is an application available on the CDX website that is used to manually enter policy transactions so that they can be submitted to WCRB. It may also be used to import files and transactions into PEEP allowing Carriers the option to change transaction data and report transactions or endorsement records that their system does not support. See the CDX website for documentation of this option in the PEEP User Guide.

### **CDX—Compensation Data Exchange**

CDX is an Internet-based service that facilitates the electronic transmission of Workers' compensation data between Member Insurers and Data Collection Organizations. Please visit the CDX website for more information at [www.cdxworkcomp.org](http://www.cdxworkcomp.org).

### **CDX – Complete Testing**

Carriers who are not approved are not required to test but cannot submit transactions electronically except through the WCRB.org website using the Manage Policy product. Carriers new to the State of Wisconsin, or Carriers who have never been approved to submit electronically, but wish to, need to go through the process of Complete Testing. If a Carrier sends data electronically without approval, they will receive a Rejection stating “Transaction type is not approved for electronic reporting.”

All Carriers must be approved by WCRB prior to sending Production electronic policy data through CDX/PEEP for the first time for each Transaction Type they choose to send. This ensures proper mapping of all specific records into the WCRB database. A Carrier may test for all or a selected number of Transaction Types, and should email or contact WCRB for test scheduling at [manage.policy@wcrb.org](mailto:manage.policy@wcrb.org).

A Carrier will typically start by sending a test submission using Transaction Codes 01 (New Policy) and 02 (Renewal), then Transaction Codes for Endorsements (08, 10, 14, 15), then Transaction Code 05 for Cancellations / Reinstatements / Nonrenewals, and any other applicable Transaction Codes used. WCRB will provide a complete list of errors and suggested reporting improvements, including record and field positions from the WCIO WCPOLS Data Reporting Specifications, and notify the Carrier which items would result in the sending of a Notice to Carrier for corrections.

Carriers must submit both hard copy and electronic versions of the same policy transactions while in test, so we are better able to match what is being sent to the Insured to what is electronically reported. Depending on the size of the file, it may be zipped or broken up into several separate emails. You may also send paper copies to WCRB via mail, if you wish. These documents should be clearly labeled as test data.

Once the Carrier is notified that testing has been successfully completed, WCRB requests notification prior to the first transmission of Production data so it can be monitored for any issues.

### **CDX—Custom Testing**

If a Carrier is already approved but changes their data warehouse, company system, or means of transmitting data (such as through a third party), it is strongly advised to send a test sampling of each transaction code to be sure the transmission of data provides the desired results. This is considered Custom Testing and is voluntary.

Carriers who use the same reporting systems of another carrier already approved would usually only need to use Custom Testing.

Possible reasons for Custom Testing are below:

- New reporting system or software and want to make sure everything maps over correctly.
- New field, endorsement or record type, and want to make sure programming is correct.
- Common errors that result in Notice to Carrier letters, that the Carrier would like to get corrected in their system.
- Carriers who use a Third-Party Administrator, that are either switching to a new one or decide to report using their own system.
- Carriers who aren't approved and use the system of a Carrier who is approved.

Again, please advise WCRB when the first Production transmission is to be received so it can be monitored for accuracy.

## **SUBMISSION INSTRUCTIONS**

The name of the test file does not matter, as long as the Submission Type code on the ETR is "T" for test (Electronic Transmittal, position 64). Please see the CDX User Guide on the CDX website at [www.cdxworkcomp.org](http://www.cdxworkcomp.org) regarding setup, if needed.

Alphanumeric fields must be left justified and space filled. Numeric fields must be right justified and zero filled. Low values, null characters, control characters, or “unprintable” characters are not acceptable and may cause the submission to be rejected.

A mixture of Production data and Non-Production data is allowed for testing purposes. **If you believe test data was inadvertently submitted as Production data while testing, contact WCRB immediately.**

In order to begin reporting Production data electronically, the final result must contain:

- Submitted transaction information with a limited number of errors and no submission rejection errors.
- No discrepancies between the electronic transactions and the corresponding hard copy.

Instructions for the various types of transactions are recorded in the remainder of this document. Please make sure to include the requested information or inform WCRB of the reason this information is not being included, such as if the Carrier does not issue long term and 3-year policies, policies providing coverage for Employers Leasing Company (ELC), etc.

Carriers should be approved for Transaction Codes 01 and 02 in Wisconsin before the WCRB will accept a test submission for Transactions 03, 04, 05, 06, 08, 10, 14, 15 and 16.

When a file is submitted through CDX, it is a batch process and will process overnight.

WCRB makes every attempt to review test submissions in 2 to 3 days, but test volume can impact response time.

### **Reasons for Re-Testing**

Once a Carrier has passed the test phase and is allowed to submit transactions electronically, the following conditions may cause them to be returned to the test phase:

- Changes in the WCRB system requiring Carriers to return to test
- A Carrier is ready to submit transaction types not previously tested
- An unacceptably high rate of error is encountered on submissions
- Changes in the carrier system

## WISCONSIN REQUIREMENTS FOR ELECTRONIC POLICY SUBMISSIONS

Wisconsin accepts Transaction Codes:

Transaction Code	Description
01	New Policy
02	Renewal
03	Endorsements
04	Annual Rerate Endorsement
05	Cancellation/Reinstatement
06	Policy Replacement due to Key Field Change
08	Policy Replacement due to Rating Change
10	Policy Replacement due to Non-rating Change
14	Policy Replacement due to Miscellaneous Change/Non Key Field Change
15	Policy Replacement due to Add/Delete State
16	Coverage Notice

**Note:** Transaction Codes 08, 10 and 14 can be used interchangeably

### Transaction Codes 01 and 02

Carriers will be approved for electronic submission for Transaction Codes 01 and 02 when they have completed tests that include the following:

Additional locations	Short term policies
Policies with increased limits	Named insured at least 60 bytes long
Multi-state policies	Policies with WCPAP factor applied using Stat Code 9046
Long term and 3-year policies	Name Record with additional named insureds where multiple legal statuses are required
Experience Rated policies (both interstate and intrastate)	Policies providing coverage for Employers Leasing Company (ELC) and/or Client Company (CC)
Policies with a foreign address	Policies with non-rate based codes
3-year fixed rated policies	

**Note:**

If your company does not write any of the types of policies listed above, please notify WCRB in writing.

An average of 5-10 policies will be expected for each Transaction Code during Complete testing, depending on the type of policies each Carrier writes. You may want to consult with WCRB regarding the number of transactions that will be required, but the objective is to adequately test each of the items, above, that apply to the Carrier's type of business written.

**Endorsement Identification Information**

At least one Endorsement ID Record (Record Type 07) is required for each policy and should include all endorsement numbers associated and issued with a transaction. For Wisconsin, one record must include the following required endorsements:

- Wisconsin Law Endorsement (WC480601C)
- Wisconsin Cancellation and Nonrenewal Endorsement (WC480606B)
- Terrorism Risk Insurance Program Reauthorization Disclosure Act (WC000422C)
- Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement (WC000421F)

Any endorsements listed in Record Type 07, where variable information is required, must also be included. In addition, unique carrier Endorsement form numbers may not be reported in the Endorsement Identification Record per [Circular Letter 538](#).

**Name Formation**

Wisconsin prefers that Carriers use the following guidelines when reporting names:

- Do not include any special characters
- Omit the word "THE" if it is the first word in the name field
- If the name is a personal name, report last name first

**String Names and Addresses**

String names and addresses are a major problem for WCRB. The State of Wisconsin uses our database for tracking, follow-up, and investigation in finding coverage, so names need to be reported accurately. The reporting of string names is not allowed in Wisconsin. In addition, name fields should only contain names, and address fields should only contain addresses; therefore, please do not include any other information in these fields.

## Legal Nature of Insured Code

The codes available to report the legal nature of employers on a policy in the WCIO Workers Compensation Data Specifications Manual (WCPOLS) are not all applicable in the State of Wisconsin. When multiple entities have operations in Wisconsin, the Legal Nature of the Insured reported in the Header Record should reflect the Legal Nature for all entities. The applicability of each code is listed below.

Code	Description	Wisconsin Applicability?
01	Individual	Yes
02	Partnership	Yes
03	Corporation	Yes
04	Association, Labor Union, Religious Organization	Yes
05	Limited Partnership	Yes
06	Joint Venture	Yes
07	Common Ownership	No
08	Multiple Status	No
09	Joint Employers	No
10	Limited Liability Company	Yes
11	Trust or Estate	Yes
12	Executor or Trustee	No
13	Limited Liability Partnership	Yes
14	Governmental Entity	Yes
99	Other (Report text description in Positions 250-269)	Yes

### Note:

When Code 99—Other—is used to report the legal status of employers on a policy, the Text for Other Legal Status field (Record Type 01, position 250-269) must be completed and only used for multiple legal entities or to fill in a valid legal entity such as Church, Co-op, Town, Fire Dept. If the appropriate legal entity has a code available, above, that code should be utilized. Due to the number of allowable bytes, recognizable legal nature abbreviations are allowed, such as CORPLLC. Neither punctuation or “and/&” are required. Please see Circular Letter 538 for Wisconsin-required abbreviations.

## Transaction Code 03 (Not Commonly Used)

Carriers will be approved for electronic submission of production records of Transaction Code 03 when they have completed one successful test that includes the following:

- Examples of each of the following records submitted with the test data
- Additional Record types not listed in the table below may be submitted for testing but are not required.

<b>Number of Transactions</b>	<b>Record Type Code</b>	<b>Endorsement Name</b>
1	10	Experience Rating Mod Change
1	11	Rate Change
1	13	Policy Period
1	19	Longshore and Harbor Workers' Compensation Act Coverage
1	29	Voluntary Compensation and Employers Liability Coverage
1	36	Waiver of Our Right to Recover from Others
1	37	Sole Proprietors, Partners, Officers, and Others Coverage
1	38	Partners, Officers and Others Exclusion
1	44	Audit Noncompliance Endorsement
2	84	Policy Information Page State Premium Change Record Report Changes to State Premium Record
2	85	Policy Information Page Supplemental Data Element(s) Change Endorsement Record Report various types of policy information changes
2	86	Policy Information Page Class and/or Rate change and Other Endorsement Record Report changes to class and rate changes
2	87	Policy Information Page Data Element(s) Change Endorsement Record Report various types of policy information changes
2	88	Policy Information Page Name Change Report 1 with a single name and 1 with multiple names
2	89	Policy Information Page Address change Report 1 with a single address and 1 with multiple addresses

**Note:**

If your company does not use these record types, please notify the WCRB in writing and that will be taken into consideration during testing. If you want to use these record types at a later date, please let us know.

**Transaction Code 04**

Carriers will be approved for electronic submission of Production records of Transaction Code 04 when they have one successful test that includes one or two examples of this type of transaction.



## **Transaction Code 05**

Carriers will be approved for electronic submission of production records of Transaction Code 05 when they have one successful test that includes the following:

- Cancellations
- Nonrenewals
- Reinstatements
- At least one policy that has multiple cancellation/reinstatement/nonrenewal records
- At least one cancellation effective on the expiration date of the policy

### **Note:**

Please consult with WCRB regarding the number of transactions that are required.

For testing purposes, hard copy forms 0062 (Wisconsin Notice of Termination) and form 0062A (Wisconsin Notice of Reinstatement) should be sent in lieu of Insurer company forms. Copies of these forms are located in the Forms section of this website.

## **Cancellation ID Code 3—Nonrenewal**

A Nonrenewal in Wisconsin is a Carrier-initiated transaction that must be effective on the expiration date of the policy. Per Ins 21.01, Wisconsin Statute requires a 60-day notice of the Carrier's intention to nonrenew, and failure to meet the 60-day requirement entitles the insured to a renewal quote for an additional period of time equivalent to the expiring term. An endorsement to change an expiration date solely to allow the 60-day requirement for a Nonrenewal is not allowed.

Any Reason for Cancellation Code that is valid in Wisconsin will be accepted as a reason for nonrenewal. Reason for Cancellation Code '00' will also be accepted and this is preferred.

## **Transaction Code 06**

Carriers will be approved for electronic submission of Production records of Transaction Code 06 when they have one successful test that includes three (3) Transaction Code 06s.

## **Transaction Codes 08, 10, 14, and 15**

Carriers will be approved for electronic submission for Transaction Codes 08, 10, 14, and 15 when they have completed a test which includes at least one example of each of the following. Please consult with WCRB regarding the number of transactions that are required.

- A change transaction with multiple State Premium Records due to experience modification effective date.
- A change transaction changing an employer name with a Policy Change Effective Date within the policy period, but not equal to the policy effective date.
- A change transaction deleting an address mid-term.
- A change transaction deleting a class code.
- At least two of these changes must be adding or deleting a state.
- Transaction Code 15 testing must include at least one example where Wisconsin is not the state being deleted. An example where Wisconsin is the state being deleted should be included along with the required cancellation (Transaction 05).
- An example of two change transactions for the same policy where the first change is effective mid-term involving a name or address and the second change is on the effective date of the policy (see Potential Result of Change Transactions in Wisconsin on the next page).

**Note: (Transaction Codes 08, 10, 14, and 15)**

If your company does not support any of these types of transactions, please notify WCRB in writing and we will take this into consideration during testing. If at some later date you want to submit these types of transactions, please let us know.

At least 75% of the change transactions submitted for testing must include changes affecting Wisconsin data. When submitting change transactions, the corresponding hard copy must clearly identify the change that is being made and the order in which it should be processed.

**Multiple Premium Record Reporting in Wisconsin**

Multiple State Premium Records are required when an Experience Modification Effective Date is reported using a Transaction Code 08, 10, 14, or 15. These State Premium Records should be in order of the dates reported. Each record must contain the appropriate data associated with its particular period.

**Potential Result of Change Transactions in Wisconsin**

The method a Carrier uses to report subsequent transactions for a policy may result in a change not intended by the Carrier. If you submit effective and expiration dates for all records, even those not changed by a transaction, the following may be the result:

**Policy Issued: 01/01/18**

**Policy Period: 01/01/18 to 01/01/19**

<b>Transaction Code</b>	<b>Change</b>	<b>Received Date</b>	<b>Policy Change Effective Date In All Records</b>	<b>Policy Change Expiration Date In All Records</b>
08	Adding Named Insured	03/05/18	03/01/18	01/01/19
10	Change in Experience Mod	05/01/18	01/01/18	01/01/19

If the Carrier reports the Policy Change Effective Date and Policy Change Expiration Date on each record of a transaction, even though a change was only made on one of the records, the Policy Change Effective Date will be stored for all records in the WCRB database. In the above example, a name was added with a Policy Change Effective Date of 03/01/18 using Transaction Code 08. Subsequently, Transaction Code 10 was issued to change the Experience Mod with a Policy Change Effective Date of 01/01/18. Since this transaction is a complete policy replacement, and the Policy Change Effective Date of 01/01/18 was reported on all records, the name added by Transaction Code 08 will be updated to be effective 01/01/18 when Transaction Code 10 is submitted.

### **Transaction Code 16**

Carriers will be approved for electronic submission of Production records of Transaction Code 16 when they have one successful test that includes at least two of these transactions.

#### **Note:**

WCPOLS requires that Link Data, Header Record, at least one Name Record, and at least one Address Record be included in a Transaction 16. Wisconsin also requires the Policy Type ID Code—Plan field (position 108) in the Header Record and a State Premium Record for Wisconsin (Record 04, State Code: value 48).

### **Contact Information**

We hope to maintain a very high level of communication with each Carrier during the test phase. After we process each submission, we will contact you with the results. If you have any questions, please contact:

Mitchell Matthews  
(262) 796-4585  
[mitchell.matthews@wcrb.org](mailto:mitchell.matthews@wcrb.org)

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(262) 796-4550  
[mark.rohde@wcrb.org](mailto:mark.rohde@wcrb.org)

## Appendix A Common Reporting Errors

Record Name	Record Type	Field	Position	Error	Reference
Header Record	01	11	77-84	The Prior Policy Number field should be the policy number for the prior coverage. If the prior policy number is not available, leave this field blank.	
Address Record	03	7	51-110	The Address field should include any attn.'s, c/o's, etc. Wisconsin considers these to be only <b>part</b> of the street address.	
Endorsement Identification Record	07			An Endorsement Identification Record is required for all policies.	
Endorsement Identification Record	07			Company endorsements used in Wisconsin should not be reported on an electronic transaction.	See General Circular Letter 538, 4/16/2009
State Premium Record	04	3	46-47	Multiples of this record are required whenever there are multiple experience modification effective dates applied to a policy.	

**Appendix B**  
**PEEP (Policy entry and Edit Package)**  
**Fields Required for WI**  
**Per Screen Links**

The purpose of these guidelines is to provide a list of fields in the PEEP application that are required in Wisconsin. Completing these fields will aid Carriers in submitting data that meets Wisconsin's jurisdictional requirements.

**Bold** = Required Field in Wisconsin

*Italics* = Required if Applicable

**I. Link Data Common to All Transactions**

**Link data is required for all transactions entered into PEEP. The Transaction Code corresponding to the type of transaction being entered must be selected.**

**Link Data Information/Key Policy Data Elements:**

**Carrier Number**

**Policy Number**

**Policy Effective Date (MMDDYY)**

**Transaction Code**

**Transaction Issue Date (MMDDYY)**

**II. Required Fields-Transactions 01, 02, 04, 06, 08, 10, 14 & 15  
Information Page Screen Link:**

**Part 1**

**Primary Name of Insured (see III. Name screen link to add other insureds)**

**Primary Address (see IV. Address screen link to add other addresses)**

**City**

**State**

**Zip (Numbers Only, NO Dashes)**

*Country (if outside US)*

*Foreign Address Code*

*Geographic Area (if outside US)*

*FEIN (will accept a policy without, NTC will be sent)*

*Producer Name*

*Producer Address*

*City*  
*State*  
*Zip (Numbers only, No Dashes)*  
**Legal Nature of Insured**  
*Text for Other*  
*Prior Policy Number*

**Part 2**

**Policy Expiration Date (MMDDYY) (For all Transactions except 16)**

*Experience Rating Code*  
*Interstate Risk ID Number (if available)*

**POLICY INDICATORS**

**Employee Leasing Policy Type**

*Policy Term*

**Field Wrap Up**

*Type of Coverage*

**Policy Type ID Code Plan Indicator**

**ORIGINAL POLICY (For Policy Key Change Transaction Only)**

*Original Policy Number (Transaction Code 06 only)*  
*Original Carrier Code (Transaction Code 06 only)*  
*Original Policy Effective Date (Transaction Code 06 only)*

**Part 3A**

**State Codes (alphabetic list of all state codes)**

**Part 3B**

**Policy Limits**

*Accident*  
*Policy Limit*  
*Each Employee*

**Part 3C**

*Other States Insurance*

**Inclusion/Exclusion Code**

*3C state codes (alphabetic list of all state codes)*

**Part 4**

**Policy Minimum**

*State*

**Amount**

*Deposit Premium*

**Total Est. Std. Premium**

*Policy Changes Effective Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

*Policy Changes Expiration Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

**Name Screen Link:**

**Name Record**

**Name of Insured**

*Federal Employer Identification Number (FEIN)*

*Policy Changes Effective Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

*Policy Changes Expiration Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

**Address Screen Link:**

**Address Record**

**Type of Address Code**

**Name Link Identifier** *(if known)*

**Street Address**

**City**

**State**

**Postal or Zip Code (no dashes)**

*Policy Changes Effective Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

*Policy changes Expiration Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

**Exposure/Premium Info Screen Link:**

**Exposures**

**Classification Code**

**Estimated Exposure Amount (Enter whole dollar amounts only)**

**Manual Charged Rate (Enter the decimal)**

**Estimated Premium Amount (Enter whole dollars only)**

*Exposure Period Effective Date (if other than policy effective date)*

**Exposure Act/Exposure Coverage Code**

*Policy Changes Effective Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

*Policy Changes Expiration Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

**Premium**

*State Add/Delete Code (Use for Transaction Code 15)*

**Independent Rating Bureau Risk ID Number/File Number/Account Number**

**(Transaction ID Code 01 and Policy Type ID Code Plan Indicator 2 only)**

*Carrier Code (if different from the Carrier Code in link data)*

*Experience Modification Factor/Merit Rating Factor (assume x.xxx)*

**Estimated State Standard Premium Total**

**Expense Constant Amount (one per policy)**

*Premium Discount Amount (Enter whole dollars only)*

*Prorated Expense Constant Reason Code*

*Prorated Minimum Premium Reason Code*

*Reason State Was Added To Policy Reason Code*

*Experience Modification Effective Date (MMDDYY)*

*Type of Non-Standard ID Code*

*Policy Changes Effective Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

*Policy Changes Expiration Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

## **Endorsements Screen Link:**

### **3D Endorsements**

**State Code (All is acceptable)**

**Endorsement Number (list all endorsements applicable to the policy)**

*Bureau Version Identifier (for each endorsement listed if applicable)*

*Policy Changes Effective Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

*Policy Changes Expiration Date (MMDDYY) (For Transactions 08, 10, 14, 15)*

**Endorsement Records for any Endorsement that have Variable Data**

## **III. Required Fields for Transaction Code 03**

**This Transaction Code is used to report endorsements that have specific record layouts and are issued subsequent to the policy. Once the link data and the state information are entered, the endorsement is selected. Data associated with this record is then completed.**

## **IV. Required Fields Transaction Code 16**

**Part 1**

**Primary Name of Insured (See III. Name screen link to add other insureds)**

**Primary Address (See IV. Address screen link to add other addresses)**

**City**

**State**



**Zip**

**Part 2**

**Policy Expiration Date (Zero fill)**

**Policy Type ID Code Plan Indicator**

**Part 3A**

**State Codes (Alphabetic List of all State Codes)**

**V. Required Fields—Transaction 05 (Cancellation/Nonrenewal)**

**Enter State Code**

**Cancellation/Nonrenewal Information**

**Transaction ID Code (must be 1=cancellation or 3=nonrenewal)**

**Cancel Code**

**Reason for Cancellation**

**Name of Employer**

**Address of Employer**

**Cancellation/Reinstatement Transaction Sequence Number** (to be completed within multiple cancellation/reinstatement/nonrenewal transactions are in the same submission)

**Cancellation/Reinstatement Effective Date**

**VI. Required Fields-Transaction 05 (Reinstatements)**

**Enter State Code**

**Reinstatement Information**

**Transaction ID Code (must be 2=reinstatement)**

**Reinstatement Code**

**Name of Employer**

**Address of Employer**

**Cancellation/Reinstatement Transaction Sequence Number** (to be completed when multiple cancellation/reinstatement/nonrenewal transactions are in the same submission)

**Cancellation/Reinstatement Effective Date (MMDDYY)**

**Corresponding Cancellation Effective Date (MMDDYY)**