

Office of Workers' Claims  
 IAIABC Release #1  
 First Report of Injury  
 Element Table

GROUPING	DATA NBR	STATE FIELDS/DEFINED ELEMENTS	MTC	MTC	MTC	MTC	MTC	MTC	
			00 REQS.	01 REQS.	02 REQS.	04 REQS.	AU REQS.	CO REQS.	
TRANSACTION	1	TRANSACTION SET ID	M	M	M	M	M	M	
	2	MAINTENANCE TYPE CODE	M	M	M	M	M	M	
	3	MAINTENANCE TYPE CODE DATE	M	M	M	M	M	M	
JURISDICTION	4	JURISDICTION	M	M	M	M	M	M	
	5	AGENCY CLAIM NUMBER	C	M	M	C	C	M	
CLAIM	6	INSURER FEIN	M	C	C	M	M	C	
	7	INSURER NAME	M	C	C	M	M	C	
	8	THIRD PARTY ADMINISTRATOR FEIN	C	C	C	C	C	C	
	9	THIRD PARTY ADMINISTRATOR NAME	C	C	C	C	C	C	
	10	CLAIM ADMINISTRATOR ADDRESS LINE 1	C	C	C	C	C	C	
	11	CLAIM ADMINISTRATOR ADDRESS LINE 2	C	C	C	C	C	C	
	12	CLAIM ADMINISTRATOR CITY	C	C	C	C	C	C	
	13	CLAIM ADMINISTRATOR STATE	C	C	C	C	C	C	
	14	CLAIM ADMINISTRATOR POSTAL CODE	C	C	C	C	C	C	
	15	CLAIM ADMINISTRATOR CLAIM NUMBER	C	C	C	C	C	C	
	INSURED	16	EMPLOYER FEIN	M	C	C	M	M	C
		17	INSURED NAME	C	C	C	C	C	C
		18	EMPLOYER NAME	M	C	C	M	M	C
		19	EMPLOYER ADDRESS LINE 1	M	C	C	M	M	C
		20	EMPLOYER ADDRESS LINE 2	C	C	C	C	C	C
21		EMPLOYER CITY	M	C	C	M	M	C	
22		EMPLOYER STATE	M	C	C	M	M	C	
23		EMPLOYER POSTAL CODE	M	C	C	M	M	C	
24		SELF INSURED INDICATOR	M	C	C	M	M	C	
25		SIC CODE	M	C	C	M	M	C	
26		INSURED REPORT NUMBER							
27	INSURED LOCATION NUMBER								
POLICY	28	POLICY NUMBER							
	29	POLICY EFFECTIVE							
	30	POLICY EXPIRATION							
ACCIDENT	31	DATE OF INJURY	M	M	M*	M	M	M*	
	32	TIME OF INJURY							
	33	POSTAL CODE OF INJURY SITE	M	C	C	M	M	C	
	34	EMPLOYER'S PREMISES INDICATOR							
	35	NATURE OF INJURY CODE	M	M	M*	M	M	M*	
	36	PART OF BODY INJURED CODE	M	M	M	M	M	M	
	37	CAUSE OF INJURY CODE	M	M	M	M	M	M	
	38	ACCIDENT DESCRIPTION/CAUSE	M	C	C	M	M	C	
	39	INITIAL TREATMENT							
	40	DATE REPORTED TO EMPLOYER	M	M	M	M	M	M	
41	DATE REPORTED TO CLAIMS ADMINISTRATOR	M	M	M	M	M	M		
CLAIMANT	42	SOCIAL SECURITY NUMBER	M	M	M*	M	M	M*	
	43	EMPLOYEE LAST NAME	M	C	C	M	M	C	
	44	EMPLOYEE FIRST NAME	M	C	C	M	M	C	
	45	EMPLOYEE MIDDLE INITIAL	O	C	C	O	O	C	
	46	EMPLOYEE ADDRESS LINE 1	M	C	C	M	M	C	
	47	EMPLOYEE ADDRESS LINE 2	C	C	C	C	C	C	
	48	EMPLOYEE CITY	M	C	C	M	M	C	
	49	EMPLOYEE STATE	M	C	C	M	M	C	
	50	EMPLOYEE POSTAL CODE	M	C	C	M	M	C	
	51	EMPLOYEE PHONE	C	C	C	C	C	C	
	52	EMPLOYEE DATE OF BIRTH	M	C	C	M	M	C	
	53	GENDER CODE	M	C	C	M	M	C	
	54	MARITAL STATUS CODE	O	C	C	O	O	C	
	55	NUMBER OF DEPENDENTS	O	C	C	O	O	C	
	56#	DATE DISABILITY BEGAN (Nature Codes 60-80) OD	C	C	C	C	C	C	
56#	DATE DISABILITY BEGAN (All other Nature Codes ) I	M	C	C	M	M	C		
57	EMPLOYEE DATE OF DEATH	C	C	C	C	C	C		
EMPLOYMENT	58	EMPLOYMENT STATUS CODE							
	59	CLASS CODE							
	60	OCCUPATION DESCRIPTION	M	C	C	M	M	C	
	61	DATE OF HIRE							
	62	WAGE	O	C	C	O	O	C	
	63	WAGE PERIOD	C	C	C	C	C	C	
	64	NUMBER OF DAYS WORKED	O	C	C	O	O	C	
	65	DATE LAST DAY WORKED	M	C	C	M	M	C	
	66	FULL WAGES PAID FOR DATE OF INJURY							
	67	SALARY CONTINUED INDICATOR	O	C	C	O	O	C	
	68	DATE OF RETURN TO WORK	C	C	C	C	C	C	