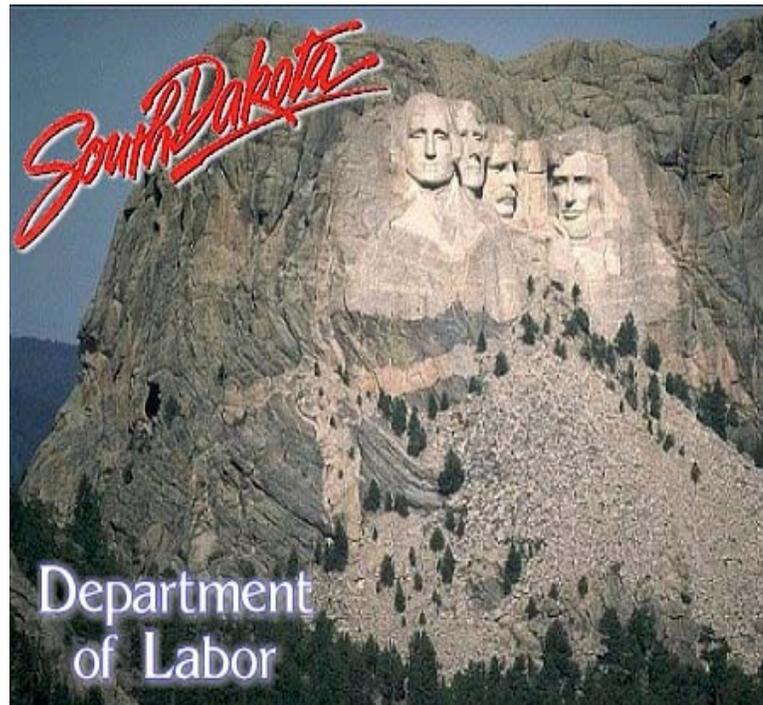


*Welcome
Claim Administrators*



*to South Dakota Department of Labor's
Workers' Compensation Web Application
for Electronic Filing
(LD66FROI)*

This document outlines the functionality, fields and requirements for the First Report of Injury Management System.

Statutes (62-6-2 and 62-6-3) governing the reporting of Workers' Compensation injuries follow:

- 62-6-2. Employer's report of injury -- Failure to report as misdemeanor. An employer covered by the provisions of this title who has knowledge of an injury that requires medical treatment other than minor first aid or that incapacitates the employee for seven or more calendar days shall file a written report with:
 - (1) The Department of Labor when the employer is self-insured under § 62-5-5; or
 - (2) The employer's insurer when the employer has insured the liability under § 62-5-2 or 62-5-3.

The report shall be filed within seven calendar days, not counting Sundays and legal holidays, after the employer has knowledge of the injury, unless the employer had good cause for failing to file the written report within the seven-day period. The report shall be made on a form approved by the Department of Labor. Any employer who fails to file a report as required by this section is guilty of a Class 2 misdemeanor and is subject to an administrative fine of one hundred dollars payable to the Department of Labor.

- 62-6-3. Insurer to file copy of injury report with department -- Notice of denial of coverage by insurer or employer -- Suspension, revocation, or refusal of authority for noncompliance. The insurer shall file a copy of the report required by § 62-6-2 with the Department of Labor within ten days after receipt thereof.

The insurer or, if the employer is self-insured, the employer, shall make an investigation of the claim and shall notify the injured employee and the department, in writing, within twenty days from its receipt of the report, if it denies coverage in whole or in part. This period may be extended not to exceed a total of thirty additional days by the department upon a proper showing that there is insufficient time to investigate the conditions surrounding the happening of the accident or the circumstances of coverage. If the insurer or self-insurer denies coverage in whole or in part, it shall state the reasons therefor and notify the claimant of the right to a hearing under § 62-7-12. The director of the Division of Insurance, or the Secretary of Labor if the employer is self-insured, may suspend, revoke, or refuse to renew the certificate of authority, or may suspend or revoke all certificates of authority granted under Title 58 to any company or employer which fails, refuses, or neglects to comply with the provisions of this section. A company or employer which fails, refuses, or neglects to comply with the provisions of this section is also subject to an administrative fine of one hundred dollars payable to the Department of Labor for each act of noncompliance, unless the company or employer had good cause for noncompliance.

Electronic Internet filing via the web application has been identified as the form approved by the Department of Labor for **"initial"** submissions of employment injuries (First Reports of Injury) and related payments (Monthly Payment Reports).

It is our long-term goal to eliminate the filing of paper First Reports of Injury (Form 101), Monthly Payment Reports (Form 107), extension requests (Form 106) and disability/rehabilitation determinations (Forms 110, 111 and 113).

Registration

Prior to accessing the LD66FROI Workers' Compensation web application, the Division of Labor and Management must be contacted at (605) 773-3681 for verification of information on file. The following information will be requested and/or verified:

Carrier Code (NAIC)

- Insurance Providers will use the carrier code (NAIC) assigned them
- Third Party Administrators will use a shortened version of the TPA number assigned by the South Dakota Division of Insurance upon registration with the Division.
- Self-Insured Employers and Claim Handling Offices will be assigned a unique (pseudo) number by the Division of Labor and Management that will be considered their carrier code for all future correspondence with the Division.

Federal Employer Identification Number

- 9 - digit assigned FEIN

Doing Business As (DBA) Name

- Name under which you do business

Business Name

- May or may not be the same as DBA name.

Address Line 1

- Mailing address1

Address Line 2

- Mailing address2

City

- City where located

State

- State abbreviation for location

Zip Code

- Zip+4 if available for mailing address

Phone Number

- Primary telephone number to be used to contact the claim administrator regarding questions on workers' compensation

Contact Person

- Individual(s) that will be primary workers' compensation contact(s) for the Division of Labor and Management

Email address

- E-mail address for contact person(s).

Once the above information is provided/verified, a UserID and password will be assigned.

Currently, access to our application is assigned to a Claim Administrator's physical location, not an individual. Two requirements apply with regard to UserID/password assignments:

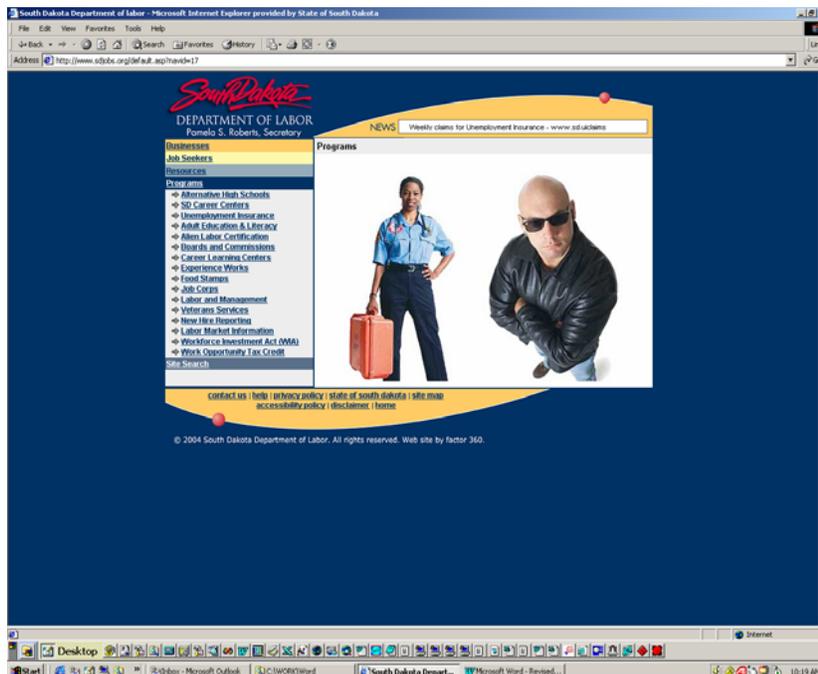
- 1) If a Claim Administrator has multiple physical locations submitting claim information, each location **MUST** be registered and be assigned a unique UserID/password.
 - Multiple individuals residing at the same physical location will use the same UserID/password.
- 2) Each entity having a unique carrier code must also have a unique UserID/password.

Accessing the Website

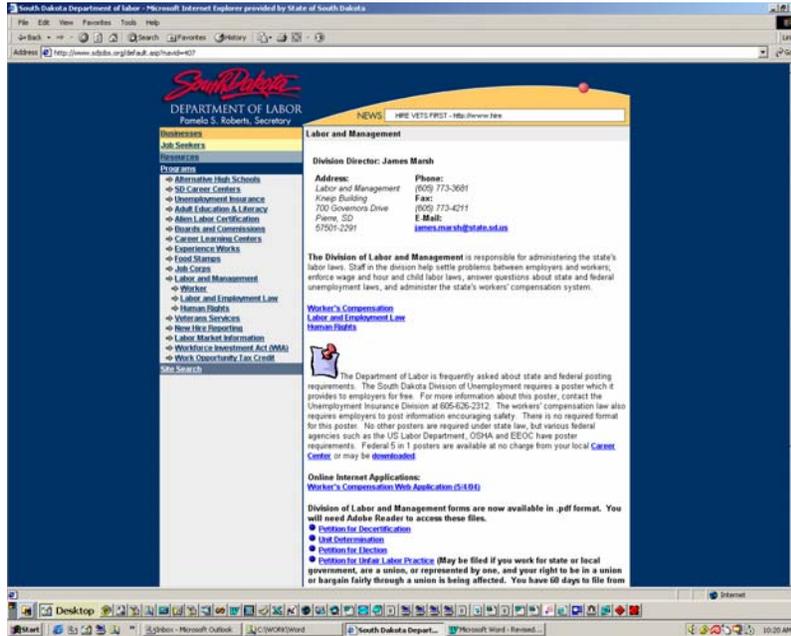
The South Dakota Department of Labor First Report of Injury Management System (includes First Reports of Injury and Monthly Payment Reports) website can be found by using the URL: <http://www.sdjobs.org>. The following screen will appear:



Locate and click on the tab labeled "Programs". You will be provided with a list of available program links.



Locate the "Labor and Management" link and click. You will be routed to the Labor & Management home page, which follows:



Locate the link entitled **Online Internet Applications: [Workers' Compensation Web Application \(5/4/04\)](#)**. By clicking on the [Workers' Compensation Web Application \(5/4/04\)](#) link, you will be routed to the First Report of Injury Management System Welcome Page, reflected below:



The First Report of Injury Management System Welcome Screen provides general information with regard to the web application. In addition to outlining various methods in place for submission of "initial" First Reports of Injury (Form 101) and Monthly Payment Reports (Form 107), the welcome page contains the entry points (links) to the actual Workers' Compensation Web Application and the electronic version of this document.

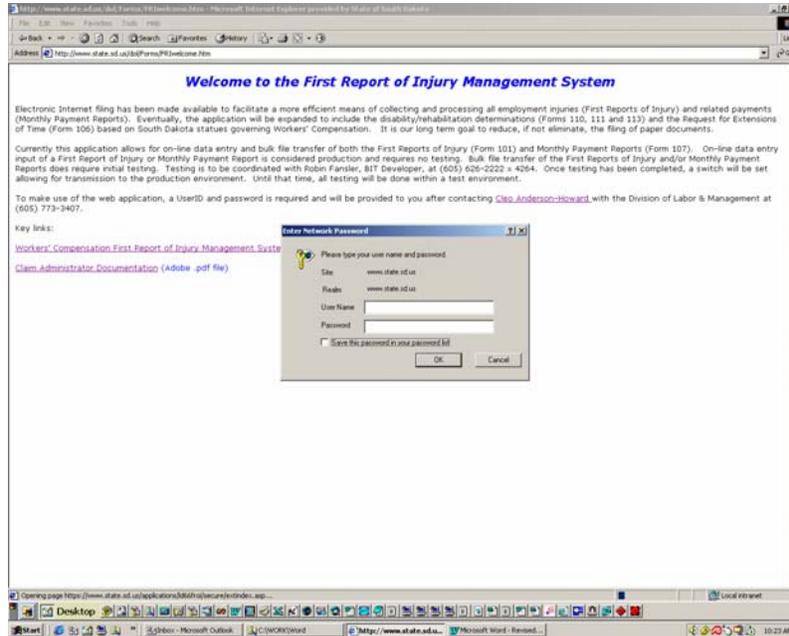
As stated on the welcome page, Claim Administrators wishing to perform bulk file upload transmissions will be required to perform transmission tests. Often adequate testing has been achieved after 1 or 2 transmissions. The testing is strictly to determine if the data is in the appropriate format and, if errors exist, to walk through the error messages generated with the Claim Administrator.

For bulk file upload transmission, initial Claim Administrator profiles reflect "test". It is important to note that during the testing, information being submitted is NOT updating the production environment. Once testing has been completed, the profiles will be modified to "production" and transmissions can be made that update our production environment. Please make note of the fact that it is quite possible for a Claim Administrator to be "production" for transmission of Monthly Payment Reports and "test" for First Report of Injury transmission or vice-versa.

When ready to test the electronic filing (bulk file transfers) functionality within the web application, you are asked to contact Robin Fansler, Bureau of Information and Telecommunications Development, at (605) 626-2222 x4264.

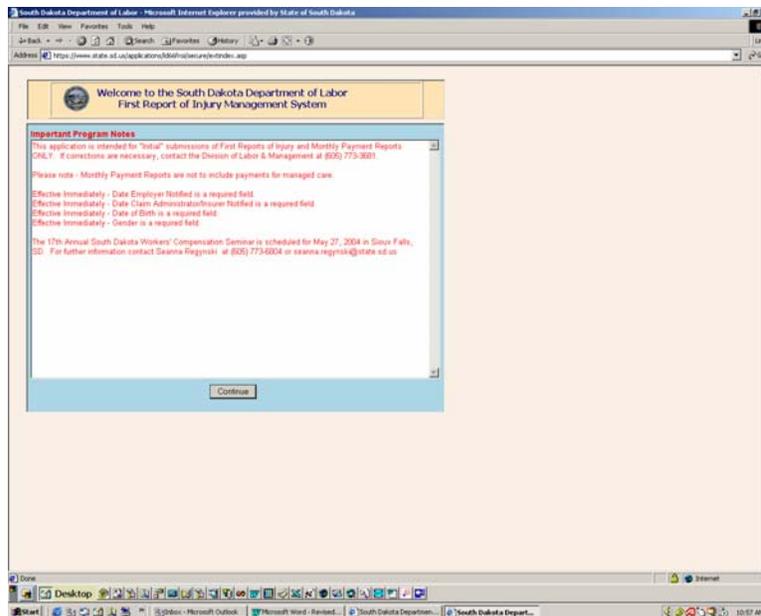
NOTE: This application is compatible with Internet Explorer v5.0 and above.

To enter the First Report of Injury Management System, click on the link provided on the First Report of Injury Management System Welcome Screen and you will be prompted for the UserID/password that has been assigned to your location. The screen requesting the UserID/password is reflected below:



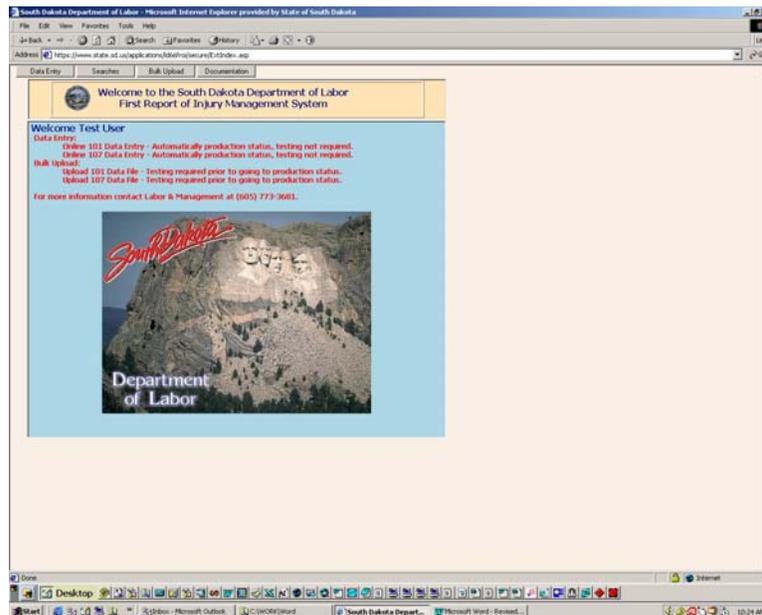
The assigned UserID is not case sensitive, however, the password must be entered in the case provided.

After entering the UserID/password assigned, the Welcome to the South Dakota Department of Labor First Report of Injury Management System Important Program Notes informational splash page will appear. The informational splash page is reflected below:



The important program notice splash page will reflect any notifications or modifications the Division of Labor and Management needs to convey. Information may consist of additional required fields or posting of information regarding upcoming events, i.e. seminar dates/places.

After reviewing the "Important Program Notes" and selecting "continue", you will be routed to the actual Workers' Compensation application Welcome Page, reflected below:



Options available to the Claim Administrator are Data Entry, Bulk Upload and Documentation.

Data Entry includes:

- Online 101 Data Entry - (Automatically updates production, testing not required)
- Online 107 Data Entry - (Automatically updates production, testing not required)

Searches includes:

- Claim Office Claims Search - (By Date or Confirmation Number)

Bulk File Upload includes:

- Upload Data File - (Testing required prior to production status for both the First Reports of Injury and the Monthly Payment Reports)

Documentation includes:

- Body Part Injured Codes
- Cause of Injury Codes
- Country ID Values
- County ID Values
- NAICS Sectors (Industry) Codes
- Nature of Injury Codes
- State ID Values

Each option (Data Entry, Searches, Bulk Upload & Documentation) will be outlined within this document.

The welcome page identifies the capabilities currently assigned to the individual Claim Administrator logging into the application. The Claim Administrator's profile will reflect "test" or "production" status with regard to bulk file upload of First Reports of Injury (Form 101) and/or Monthly Payment Reports (Form 107) . On-line data entry of First Reports of Injury (Form 101) and Monthly Payment Reports (Form 107) are automatically production and do not require testing.

Data Entry

Online 101 Data Entry - (First Report of Injury)

To access the Online 101 Data Entry screen, click on the Data Entry button and select the Online 101 Data Entry option. An example of the 101 Data Entry screen appears below:

The screenshot shows a web browser window displaying the "South Dakota Employer's First Report of Injury Data Entry Form". The form is titled "South Dakota Employer's First Report of Injury Data Entry Form" and includes a note "(Data in blue are required)". The form is divided into several sections:

- Employee Information:** Fields for SSN, Date of Birth, Gender, # Dependents, Education (Less than High School, GED or High School, Beyond High School), Last Name, First Name, Middle Init, Mailing Address, City, State, Zip, Telephone, and Country.
- Injury Treatment:** Fields for Date of Injury, Time of Injury, AM or PM, Fatality Date, County Where Injury Occurred, Was Safety Equipment Provided?, Time Work Day Began, Did Injury Occur on Employer Premises?, Date Returned to Work, Address or Location of Injury, Description of Injury, Date Employer Notified of Injury, Witness, and Cause of Injury. There is also a "Body Part Injured" section with a dropdown menu.
- Employer Employment Information:** Fields for Federal ID Number, Number of Employees, Employment Type (Regular, Temporary), Date Hired, Position Title, Mailing Address, City, State, Zip, Telephone, County Where Employer Located, Time in Current Position, Hours Per Week, and Current Wage.
- Claim Office Information:** Fields for Claim Office Name, Date Claim Office Notified, and Web ID of Employer Being Insured.
- Underlying Insurance Provider:** A section with a checkbox to check if the Claim Office is the same as the Underlying Insurance Provider. A note states: "If not, the items in blue are required and must be completed. The information below should reflect the insurance provider writing the policy."

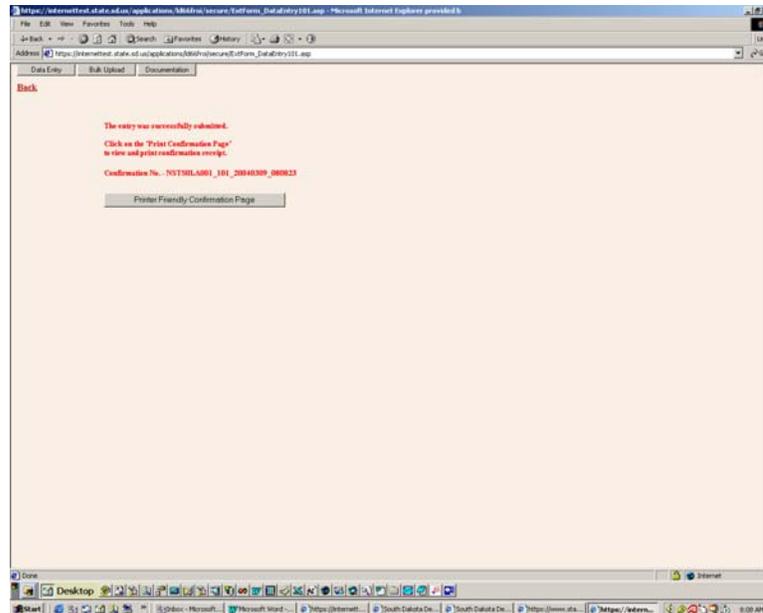
The online 101 data entry screen follows, basically, the same flow as the paper First Report of Injury form. Items in **RED** are required fields and the submission of the First Report will fail if any of the required fields are omitted. Additional required fields are being added frequently so if you have the information, please provide it. Notification of field requirement changes will be posted on the Important Notes splash page.

The online 101 data entry has slight differences, depending on the type of Claim Administrator logging into the application. If the Claim Administrator is a self-insured employer or an insurance provider, a check box option is available and, if checked, identifies themselves as the underlying insurance providers. If the check box is not utilized, the items in **BLUE** become required fields and need to be completed identifying the true underlying insurance provider. The Division is aware that multiple insurance companies may exist under the same company "umbrella", and due to internal business practices, one company may report for many "sister" companies. In this case, the underlying insurance company information section would reflect that "sister" company.

The check box option does not exist for Third Party Administrators or Claim Handling Offices. Third Party Administrators and Claim Handling Offices handle claims "on behalf" of other entities so they are required to complete the Underlying Insurance Provider section indicating the true writer of the insurance policy.

If, as a Third Party Administrator or Claim Handling Office, you are reporting on behalf of members of the Municipal League, Assigned Risk Pool, Associated School Board or a self-insured employer and you are unsure of the Division's assigned pseudo carrier code, please contact the Division at (605) 773-3681.

Once the online 101 data entry screen has been completed, the information can be sent to the Department of Labor, Labor and Management Division by clicking the "Submit" button. If all the required fields have been completed and there are no validation errors, the following confirmation notice screen will be generated:



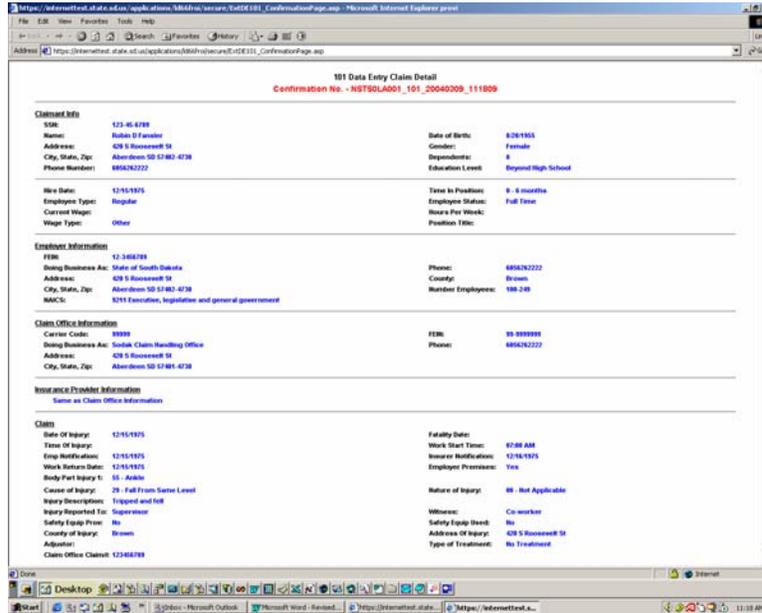
The confirmation notice screen generated contains a confirmation number that can be used for future reference, if needed, and provides the capability to produce a "printer friendly page" that displays the information input on the online 101 data entry screen. The format of the generated confirmation number is as follows:

For Monthly Payment Reports:	NSTS0LA001_107_20030522_104503.XML
For First Reports of Injury:	NSTS0LA001_101_20030522_104503.XML

it signifies the following:

- NSTS0LA001 represents the UserID assigned to the transmitting company
- 107 represents the file type processed (101 represents First Report of Injury)
- 20030522 represents the CCYYMMDD date stamp
- 104503 represents the HHMMSS time stamp
- .XML represents the final document type

The following is an example of the printer friendly page generated based on input into the 101 data entry screen:



Once you have printed the printer friendly page version, you can return to the original First Report of Injury input screen by closing the web browser instance containing the printer friendly page and clicking the [Back](#) button. When returned to the online First Report of Injury data entry page, since the submission was successful, the screen will have automatically reset itself allowing for entry of another First Report of Injury (101).

Field Descriptions by Section for the Online 101 Data Entry screen

Employee:

- **Social Security Number (SSN)**
This field is a 9 digit numeric field
Format is: 999999999
Required
- **Date of Birth (DOB)**
Format is: MM/DD/CCYY
Required
- **Gender**
Valid options are:
M = Male
F = Female
Required
- **#Dependents**
This is an optional field
- **Last Name**
This field allows for 50 characters.
Required
- **First Name**
This field allows for 50 characters.
Required
- **Middle Init**
This field allows for 1 character
This is an optional field
- **Mailing Address**
Employee's mailing address
This field allows for 80 characters
Required
- **City**
This field allows for 50 characters
Required
- **State**
This field requires the 2 character State abbreviation.
Select the appropriate abbreviation from the drop-down box.
Defaults to South Dakota "SD"
Required

- **Zip**
Allows for Zip + 4, however, last 4 digits are not required.
This is an optional field - specification depends on Country Code specified. If Country Code is USA, Zip needs to be provided. If other than USA country code, Non US Postal Code needs to be provided.
- **Telephone**
Phone number of the employee, if known.
Format is: (605) 111-2222. If entered as 6051112222, the phone number will reformat to (605) 111-2222
This is an optional field
- **Country**
Defaults to USA
If other than USA, select appropriate country from drop-down box.
- **Non US Postal Code**
This is an optional field - specification depends on Country Code specified. If Country Code is USA, Zip needs to be provided. If other than USA country code, Non US Postal Code needs to be provided.
- **Education**
Valid options are:
Less than High School
GED or High School
Beyond High School
This is an optional field

Injury/Treatment:

- **Date of Injury (DOI)**
Format is: MM/DD/CCYY
Required
- **Time of Injury (TOI)**
Format is: HH:MM
This is an optional field
 - **AM/PM**
Determines the time of day injury occurred.
This is an optional field
- **Fatality Date**
Format is: MM/DD/CCYY
This is an optional field
- **County Where Injury Occurred**
Select the appropriate South Dakota county where the injury occurred from the drop-down box.
Required

- **Was Safety Equipment Provided?**
Valid options are:
Yes
No
This is an optional field
- **Time Work Day Began**
Enter the time of day employee reported to work.
Format is: HH:MM
This is an optional field
 - **AM/PM**
Determines the time of day employee reported to work.
This is an optional field
- **Was Safety Equipment Used?**
Valid options are:
Yes
No
This is an optional field
- **Date Returned to Work**
Enter the date the employee returned to work after the injury.
Format is: MM/DD/CCYY
This is an optional field
- **Did Injury Occur on Employer Premises?**
Valid options are:
Yes
No
This is an optional field
- **Address or Location of Injury**
This field allows for 80 characters
This is an optional field
- **Description of Injury**
This field allows for 250 characters
This is an optional field
- **Date Employer Notified of Injury**
Enter the date the employer was informed of the injury
Format is: MM/DD/CCYY
Required
- **Injury Reported To**
Enter the name of the individual(s) the injury was reported to
This field allows for 50 characters.
This is an optional field

- **Witness**
Enter the name of any witness to the injury.
This field allows for 50 characters.
This is an optional field
- **Body Part Injured (BPI)**
Identify the body part injured.
Multiple selections are allowed by holding down the Ctrl key when making selections
Select from the options available.
Required
- **Nature of Injury (NOI)**
Identify the nature of the injury
Select from the options available in the drop-down box.
Required
- **Cause of Injury (COI)**
Identify the cause of injury
Select from the options available in the drop-down box.
Required
- **Type of Treatment**
Valid options are:
No Treatment
On-site Treatment
Clinic
Emergency Room
Hospitalization
This is an optional field
- **Doctor, Clinic or Hospital Name**
Specify the name of the facility, if any, where treatment was sought.
This field allows for 50 characters.
This is an optional field
- **Mailing Address (for treatment provider)**
Enter the mailing address of the facility where treatment was provided
This field allows for 80 characters.
This is an optional field
- **City (for treatment provider)**
Enter the city where the facility is located that provided treatment
This field allows for 50 characters.
This is an optional field
- **State (for treatment provider)**
Enter the 2 digit representation for the State where the facility providing treatment is located.
Refer to "State ID Values" located under the Documentation tab for valid State ID Values
This is an optional field

- **Zip (for treatment provider)**
Enter the zip code where the facility providing treatment is located.
This field allows for Zip+4.
This is an optional field
- **Telephone (for treatment provider)**
Enter the telephone number of the facility providing treatment.
Format is: (605) 111-2222. If entered as 6051112222, the phone number will reformat to (605) 111-2222.
This is an optional field

Employer/Employment Information:

- **Federal Employer ID Number (FEIN)**
Enter the Employer's Federal Identification Number/Taxpayer Identification Number.
This field is a 9 digit numeric field
Format is: 999999999
Required
- **Number of Employees**
Specify the range identifying the number of employees employed by the employer.
Valid options are:
0 - 9
10 - 19
20 - 49
50 - 99
100 - 249
250 - 499
500 +
Unknown
This is an optional field
- **Employer Name (DBA)**
Enter the "Doing Business As" name of the Employer.
This field allows for 50 characters.
Required
- **Mailing Address**
Enter the mailing address of the Employer.
This field allows for 80 characters.
Required
- **City**
Enter the city where the Employer is located.
This field allows for 50 characters.
Required

- **State**
Select the appropriate abbreviation from the drop-down box.
Defaults to South Dakota "SD"
Required
- **Zip**
Allows for Zip + 4, however, last 4 digits are not required.
First 5 Required
- **Telephone**
Enter the phone number of the Employer.
Format is: (605) 111-2222. If entered as 6051112222, the phone number will reformat to (605) 111-2222
Required
- **County Where Employer Located**
Select the appropriate South Dakota county where the employer is located from the drop-down box.
Required
- **Employment Type**
Identify the employee's type of employment
Valid options are:
Regular
Temporary
This is an optional field
- **Employment Status**
Identify the employee's employment status
Valid options are:
FT (Full time)
PT (Part time)
Seasonal
Volunteer
This is an optional field
- **Date Hired**
Enter the date the employee was hired by the employer
Format is: MM/DD/CCYY
This is an optional field
- **Position Title**
Enter the position held by the employee at the time of the injury
This field allows for 50 characters
This is an optional field

- **Time in Current Position**
Specify the range identifying the amount of time the employee has worked in the position held when the injury occurred.
Valid options are:
0 - 6 months
6 months - 1 year
1 year - 5 years
5 years - 10 years
10 + years
This is an optional field

- **Hours Per Week**
Specify the number of hours the employee "normally" works.
This is an optional field.

- **Current Wage**
Specify the wage of the employee
This is an optional field
 - **Per**
Specify the range identifying the payment frequency with regard to the current wage specified above.
Valid options are:
Hourly
Daily
Weekly
Bi-weekly
Monthly
Annual
Other
This is an optional field

Claim Office Information (For all types of Claim Administrators):

- **Claim Office Claim #**
Enter the claim number assigned to this claim.
This field allows for 50 characters.
Required

- **Date Claim Office Notified**
Enter the date the claim office was notified of the injury by the employer
Format is: MM/DD/CCYY
Required

- **NAICS of Employer Being Insured**
Identify the type of business the employer is engaged in.
Select the appropriate NAICS code and category from the drop-down box.
Required

- **Adjustor/Contact Person**

Enter the individual assigned to this claim or that is to be contacted when questions arise.

This field allows for 50 characters

Required

Underlying Insurance Provider:

(This option is visible for self-insured employers and insurance providers only.)

- **Check if the Claim Office is the same as the Underlying Insurance Provider. If not, the items in blue are required and must be completed.**

The information below should reflect the insurance provider writing the policy.

- **Carrier Code (NAIC)**

Specify the underlying insurance provider's assigned carrier code (NAIC)

NOTE: If the underlying insurance provider is a self-insured employer, the pseudo carrier code provided by the Department of Labor, Division of Labor and Management must be used.

Required if Checkbox not checked

- **Insurance Provider FEIN**

Enter the Underlying Insurance Provider's Federal Identification Number/Taxpayer Identification Number.

This field is a 9 digit numeric field

Format is: 999999999

Required if Checkbox not checked

- **Represented Entity Name**

Enter the "Doing Business As" name of the underlying insurance provider

This field allows for 50 characters.

Required if Checkbox not checked

- **Address**

Enter the mailing address of the underlying insurance provider.

This field allows for 80 characters.

Required if Checkbox not checked

- **City**

Enter the city where the underlying insurance provider is located.

This field allows for 50 characters.

Required if Checkbox not checked

- **State**

Enter the state where the underlying insurance provider is located.

Refer to "State ID Values" located under the Documentation tab for valid State ID Values

This field defaults to South Dakota "SD"

Required if Checkbox not checked

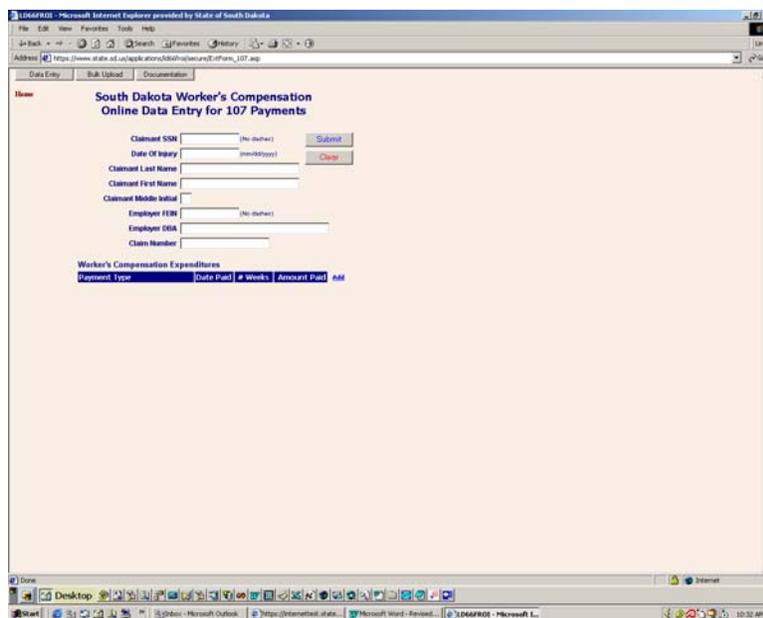
- **Zip**
Allows for Zip + 4, however, last 4 digits are not required.
First 5 Required if Checkbox not checked
- **Telephone**
Enter the telephone number of the underlying insurance provider.
Format is: (605) 111-2222. If entered as 6051112222, the phone number will reformat to (605) 111-2222
Required if Checkbox not checked

Please be advised that the Policy Number, Begin and End Dates will soon become required for the First Report of Injury. Notification will be posted on the Important Notes splash page when the fields have been added and are required.

The above outlines the field requirements for the online First Report of Injury (Form 101) data entry. The online Monthly Payment Report (Form 107) follows.

Online 107 Data Entry - (Monthly Payment Reports)

To access the Online 107 Data Entry screen, click on the Data Entry button and select the Online 107 Data Entry option. The following 107 Data Entry screen will appear:



The following information is used to "tie" the payment information being provided to the original First Report of Injury submitted.

- Claimant SSN
- Date of Injury
- Claimant Last Name
- Claimant First Name
- Claimant Middle Initial
- Employer FEIN
- Employer DBA
- Claim Number

Each field is described below:

Field Descriptions for the Online 107 Data Entry screen

- **Claimant SSN (Social Security Number)**
This field is a 9 digit numeric field
Format is: 999999999
Required

- **Date of Injury (DOI)**
Format is: MM/DD/CCYY
Required

- **Claimant Last Name**
This field allows for 50 characters.
Required

- **Claimant First Name**
This field allows for 50 characters.
Required

- **Claimant Middle Initial**
This field allows for 1 character.
This field is an optional field.

- **Employer FEIN**
Enter the Employer's Federal Identification Number/Taxpayer Identification Number.
This field is a 9 digit numeric field
Format is: 999999999
Required

- **Employer DBA**
Enter the "Doing Business As" name of the Employer.
This field allows for 50 characters.
Required

- **Claim Number**
Enter the claim number assigned to this claim.
This field allows for 50 characters.
Required

Once the above information has been entered, click the "Add" button located under the section entitled "Workers' Compensation Expenditures." By clicking the "Add" button, the payment information section is enabled allowing for entry of payment type, date paid, number of weeks and amount paid. To enter multiple payment records, selecting "Add" will enable additional input areas.

Worker's Compensation Expenditures section - After clicking the "Add" button, the input fields are enabled for entry. Once enabled, specify the following:

- **Payment Type**
Select the payment type from the drop-down box.
Required

- **Date Paid**
Enter the month/year the payment was made.
Format is: MM/CCYY
NOTE: If the date paid field is entered as MM/DD/CCYY, it will be reformatted to reflect MM/CCYY
Required

- **#Weeks**
Enter the #Weeks the payment(s) are covering.
Format is: 99
This field pertains specifically to disability/fatality payments being made.
This is an optional field, however, you may be contacted for the number of weeks a payment covers if reporting a disability and/or fatality payment. Note: If payment covers partial week(s), round up or down, whichever is closest. If less than 1 week, round up to 1 week.

- **Amount Paid**
Enter the dollar amount of the payment being made for the time period covered. Do not include the dollar sign (\$). For a payment of \$25.00, the amount should reflect 25.00. To submit a negative payment amount, the amount should reflect -25.00.
Required

Considerations:

- 1) When multiple payments for the same claim are being reported and are for the same "Payment Type" and time period, roll the amounts up into one payment entry. For example, if a claim has had 3 payments for payment type 101 during the month (\$10.00, \$15.00, \$25.00), combine the amounts and enter the payment as 50.00 (without a dollar sign), not as individual payment amounts.

- 2) If you have entered a payment in error but have NOT submitted the payment report, you can remove the payment entered in error by clicking on the "Delete" key located to the right of the payment you wish to delete. The "Delete" key does not delete previously submitted payment information. The delete key is used specifically to delete a payment that was erroneously entered but that hasn't been submitted to the Division.

- 3) Since the web application is intended for "initial" submissions only, when corrections are necessary, a number of options exist:
Option #1: Within the enabled payment area: enter the payment type, the MM/CCYY (this should reflect the MM/CCYY of the original monthly payment period that you wish to correct), the number of weeks, if applicable, and a negative payment amount.
...for example: a payment for Payment Type 101 was made in the amount of \$95.00 for June 2003. When reconciling, you realize the payment should have been in the amount of \$59.00. To update the

information, back off the original payment and submit the correct payment.

	Payment Type	Date Paid	#Weeks	Amount Paid
(original)	101 - Hospital	06/2003		95.00
(back off original)	101 - Hospital	06/2003		-95.00
(report corrected)	101 - Hospital	06/2003		59.00

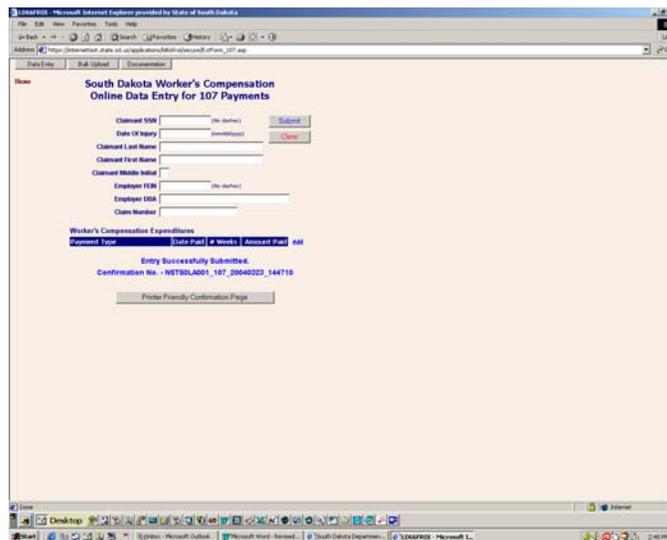
Option #2: Within the enabled payment area enter the payment type, the MM/CCYY, the number of weeks, if applicable, and the "difference", positive or negative, as follows:

	Payment Type	Date Paid	#Weeks	Amount Paid
(original)	101 - Hospital	06/2003		95.00
(corrected)	101 - Hospital	06/2003		-36.00 (Net \$59.00)

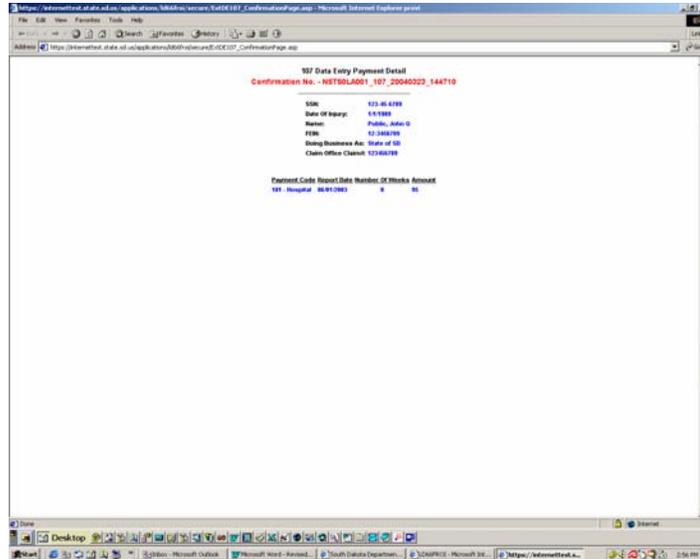
Option # 3: If a bulk upload transmission has been made and a correction is necessary, utilize the on-line 107 data entry screen to make the necessary adjustment.

Option #4: Send an e-mail to the Division (cleo.andersonhoward@state.sd.us) outlining the corrections needed.

Once the information has been entered into the payment area, click on the Submit button to submit the payment directly to the Division. If the submission was successful, a confirmation number will be generated and the following confirmation message screen will appear:



Also available, after a successful submission, is the capability to generate a "printer friendly page" reflecting the payment(s) entered and submitted. The "printer friendly page" also contains the generated confirmation number. An example of the "printer friendly page" follows:



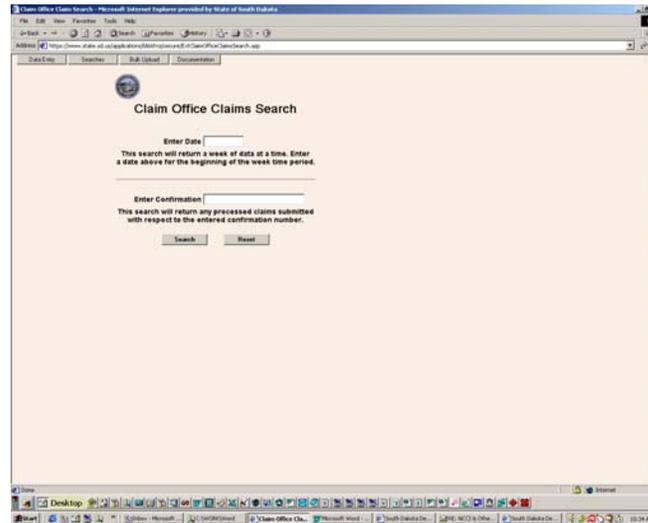
If the submission was successful, the screen automatically clears the input boxes and is once again enabled for entry of another claim payment record. (The confirmation message may still exist on the screen but does not prohibit entry of a new claim payment).

Please note the information keyed into this screen, if successful in passing the existing field validation and edits, will automatically update the production environment and will be viewable by the Division staff.

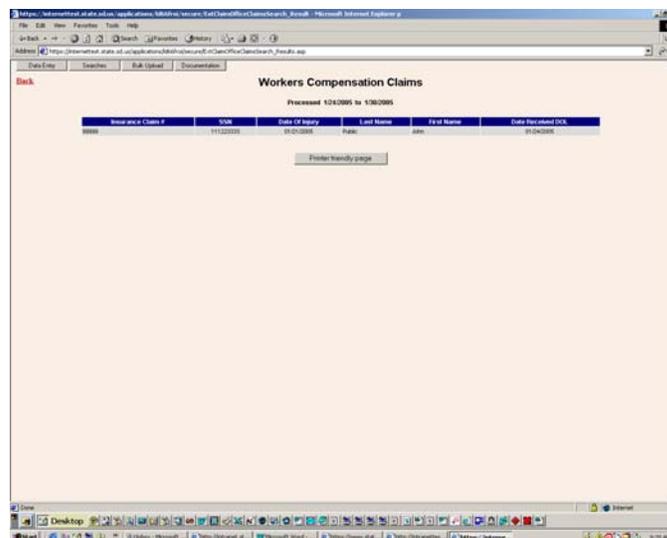
Searches

Claim Office Claims Search

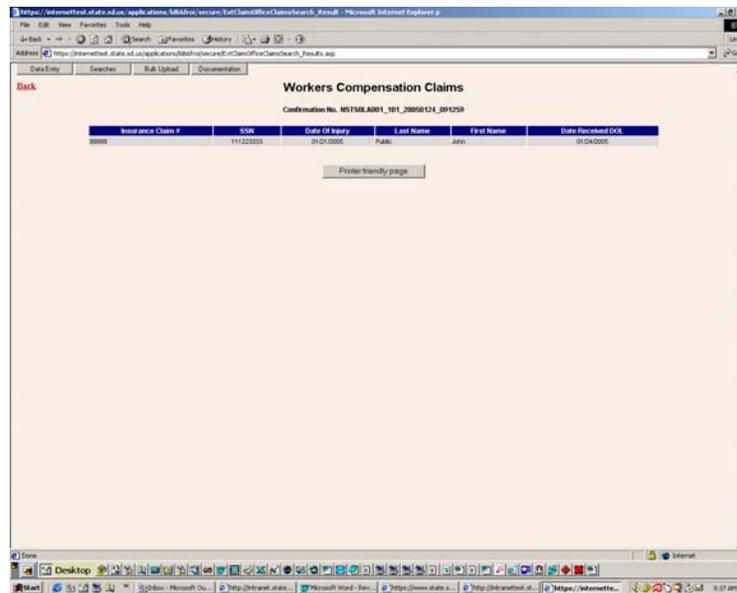
Verification of claims submitted to Labor & Management can be achieved by performing a Claim Office Claims Search. The capability exists to search by Date and/or Confirmation number generated when the actual submission was performed.



Enter Date: Identification of First Reports submitted to Labor & Management within a given timeframe can be obtained by entering a date (MM/DD/CCYY). This search will return a week of data at a time. The date entered will be the beginning of the week time period specified. If, for example, Sodak Insurance Company submitted a claim on 1/24/2005 and Labor & Management has processed that claim, by entering the date 1/24/2005 in the "Enter Date" field, the following information will be returned for review:



Enter Confirmation: Identification of First Reports submitted to Labor & Management covered by the Confirmation number generated upon successful transmission. By entering the confirmation number provided upon successful transmission of a claim for John Public (NSTSOLA001_101_20050124_091259), the following information will be returned for review:



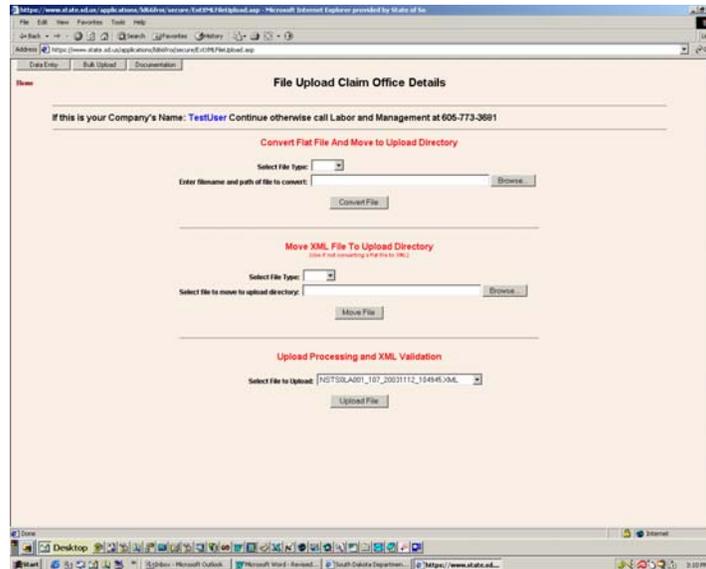
Whether searching by date or confirmation number, the capability to generate a "printer friendly page" exists and can be printed off and retained for your records.

Bulk Upload

Upload Data File - (First Reports of Injury - 101 and Monthly Payment Reports - 107)

To submit a First Report of Injury or Monthly Payment Report bulk file, click on Upload Data File located under the tab labeled Bulk Upload.

The resulting page, entitled "File Upload Claim Office Details" verifies your identify and requests, if not the appropriate company, that you contact Department of Labor, Labor and Management at (605) 773-3681.



Our application is capable of handling XML file transmissions only, however, we have provided the capability to convert a flat file to XML. The required flat file record layouts for the First Report of Injury and the Monthly Payment Report will follow. Additionally, for Monthly Payment Reports, EXCEL spreadsheet manipulation to a flat file format is possible providing field layouts, formats and field lengths are followed. Contact the Division for information on EXCEL spreadsheet manipulation at (605) 773-3681.

Additional functionality of this page includes:

- 1) The capability to convert flat file records (101s and 107s) to the required XML format resulting in the placement of the XML formatted file to a specific working (upload) directory defined within our application;
- 2) The capability to copy XML formatted files to a specific working (upload) directory defined within our application; and
- 3) The capability to validate the file being transmitted to the South Dakota Department of Labor, Labor and Management Division.

Please note, if performing the Convert Flat File And Move to Upload Directory, DO NOT perform the Move XML File To Upload Directory. Whether you perform the Convert File or Move XML is solely dependent on the originating file format. The Upload Processing and XML Validation step **must** be performed regardless of which step you performed, the convert or the move.

Convert Flat File to XML and Move to Upload Directory

If you are unable to generate XML formatted records, you will need to convert a flat file by performing the Convert Flat File and Move to Upload Directory process.

To perform the convert, identify the file type being converted by selecting the appropriate file type from the drop-down box. File types are:

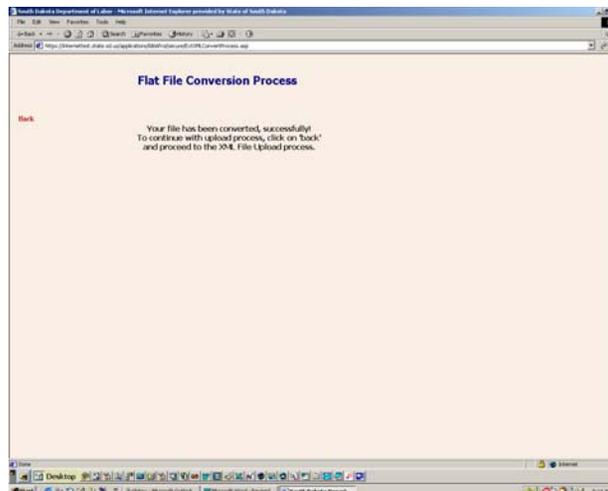
- 101 (First Reports of Injury)
- 107 (Monthly Payment Reports)

Once the file type has been selected, you must indicate the location and name of the file to convert by either of the following methods.

- Enter the full path and filename of the flat file; or
- Click the browse button and locate the directory and file to convert.

The location of the file can be on your hard drive, a floppy drive or even a network drive. Although any of the locations listed will work, for performance reasons, we recommend moving the file to your hard drive. Please note that we do not process files spanning multiple floppy disks.

Once the file has been identified, click on the "Convert File" button. The following screen will indicate notification of a successful conversion:



Once notified the convert was successful, click on the **Back** button to return to the File Upload Claim Office Details page to continue the transmission process by proceeding to the Upload Processing and XML Validation section.

If the convert was unsuccessful, errors generated should assist in troubleshooting the problem. Errors generated during the convert deal mainly with field type mismatches, for example, a numeric field containing alpha characters. Another known error is the "I" record containing "ID" as the first two characters. For example, if Dakota Insurance Company were the insurer, the "I" record would generally reflect "IDakota Insurance Company". ID "appears" to be reserved. The solution for this problem is to reflect a lower case "d" so that the "I" record reads "Idakota Insurance Company."

If you are still unable to determine the cause of the error, contact the Division at (605) 773-3681.

The convert process reformats the flat file into the required XML file needed for processing. Validation of information is not performed until the Upload Processing and XML Validation step.

Move XML File To Upload Directory

If the file you are attempting to process is already in XML format, you must first perform a "move" of the file to an upload directory. The upload directory is predefined within our application and can not be modified.

To perform the move, identify the file type being moved. File types are:

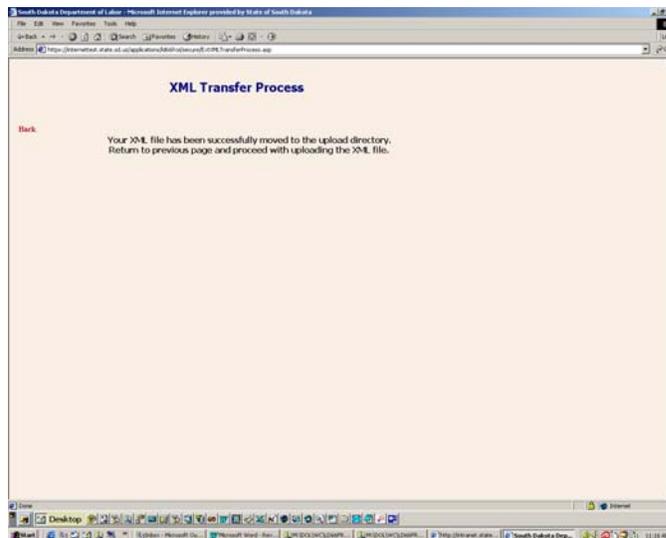
- 101 (First Reports of Injury)
- 107 (Monthly Payment Reports)

Once the file type has been selected, you must indicate the location and name of the file to move by either of the following methods.

- Enter the full path and filename of the XML file; or
- Click the browse button and locate the directory and XML file to move.

Once again, the location of the file can be on your hard drive, a floppy drive or even a network drive. Although any of the options listed will work, for performance reasons, we recommend moving the file to your hard drive. Please note that we do not process files spanning multiple floppy disks.

If the move was successful, the following screen will appear:



When the above screen is received, click on the **Back** button to return to the File Upload Claim Office Details page to continue the transmission process by proceeding to the Upload Processing and XML Validation section.

Upload Processing and XML Validation

The Upload Processing and XML Validation drop-down box may reflect a generated list of files that have been converted or uploaded by your company during either of the preceding steps (*Convert Flat File And Move to Upload Directory* or *Move XML File To Upload Directory*). For example, if the list contains a file name reflecting the following:

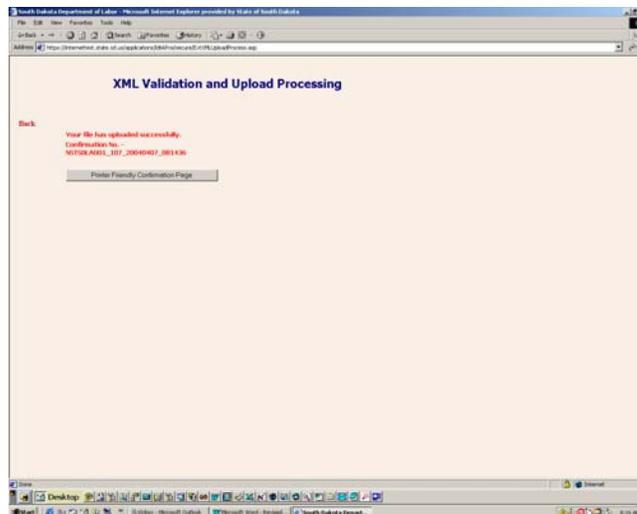
NSTS0LA001_107_20030522_104503.XML

it signifies the following:

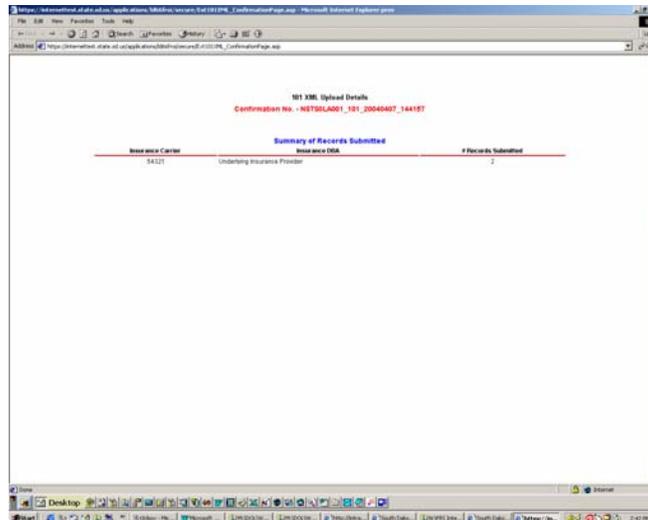
NSTS0LA001 represents the UserID assigned to the transmitting company
107 represents the file type processed
20030522 represents the CCYYMMDD date stamp
104503 represents the HHMMSS time stamp
.XML represents the final document type

Select the appropriate file name and click on the "Upload File"

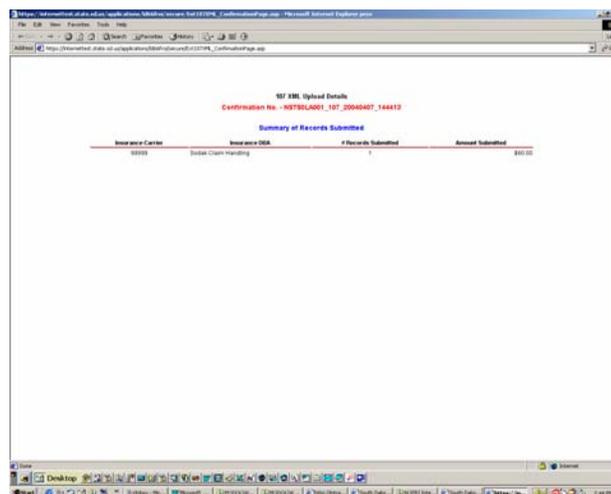
If the XML processing and validation step was successful, the following screen will appear:



Also available, after a successful submission, is the capability to generate a "printer friendly page" reflecting the claim information entered and submitted. For a First Report of Injury, an example of the "printer friendly page" follows.

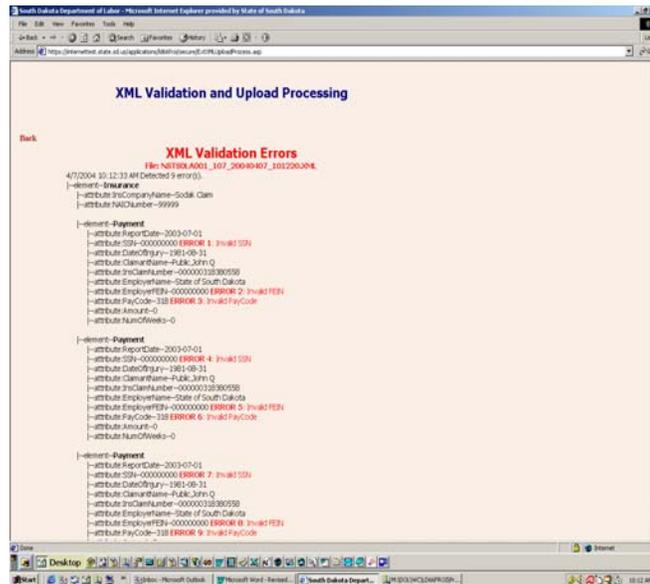


An example of a "printer friendly page" for a Monthly Payment Report (107) follows:



To return to the input screen, close out of the "printer friendly page" browser instance.

If validation errors are encountered during the Upload Processing and XML Validation step, the following screen will be generated:



NOTE: If, during the Upload Processing and XML Validation step errors are found, the entire file will be rejected. Once the errors are corrected the file can be either re-converted (if flat file), moved (if XML file) and the Upload Processing and XML Validation step run again.

The XML Validation Errors report (above) will list each error found within the XML file attempted. In the above case, the heading reflects XML Validation Errors and designates the file name that contained the validation errors, in this case, **NSTSOLA001_107_20040407_101220.XML**

- | -- attribute:SSN-- **ERROR 1: Invalid SSN**
- | -- attribute:EmployerFEIN-- **ERROR 2: Invalid FEIN**
- | -- attribute:PayCode-- **ERROR 3: Invalid PayCode**

Please refer to the flat file layouts and XML schema documents that outline the required fields when submitting electronically.

Flat File Layout for First Reports of Injury (Form 101)

NOTE: **Bold Black:** Represents a Required field.
 Bold Green Italic: Represents an Optional but desired field.
 Bold Fuchsia: Represents an Optional field.

All fields must be included in the flat file even if the field is optional. If no information is available for the optional fields, fill with blanks.

Claim Administrator Record Layout

(One record Type "A" Record per Claim Office)

Record Type Code	A(1)	Always "A"
Claim Administrator NAIC #	A(5)	
Claim Administrator FEIN #	N(9)	
Claim Administrator Doing Business As Name	A(50)	

Underlying Insurance Provider Record Layout

Record Type Code	A(1)	Always "I"
Insurance Provider NAIC #	A(5)	
Insurance Provider FEIN#	N(9)	
Insurance Company Doing Business As Name	A(50)	
Mailing Address Line 1	A(80)	
Mailing Address Line 2	A(80)	
City	A(50)	
State ID Value	N(2)	Refer to State ID Table for valid values
Zip5 Code	A(5)	
Zip4 Code	A(4)	
Telephone Number	A(50)	

Claim/Claimant (FRI) Record Layout

Claimant Information Section

Record Type Code	A(1)	Always "C"
Social Security Number	N(9)	
Last Name	A(50)	
First Name	A(50)	
Middle Initial	A(1)	
Mailing Address Line1	A(80)	
Mailing Address Line2	A(80)	
City	A(50)	
State	N(2)	Refer to State ID Table for valid values
Zip5 Code	A(5)	
Zip4 Code	A(4)	
Country	N(3)	Refer to Country ID table for valid values
Telephone Number	A(50)	
Non-US Postal Code	A(20)	
Birth Date	A(8)	CCYYMMDD
Gender	N(1)	1 = Male 2 = Female 0 = Unspecified
Number of Dependents	N(2)	
Education	N(1)	1 = Less Than High School 2 = GED or High School 3 = Beyond High School 0 = Not Available

Injury Information Section

Date of Injury	N(8)	CCYYMMDD
Time of Injury	A(5)	HH:MM
AM/PM	N(1)	1 = AM 2 = PM
Fatality Date	A(8)	CCYYMMDD

BPICode1	N(2)	Refer to Body Part Injured Codes
BPICode2	N(2)	Refer to Body Part Injured Codes
BPICode3	N(2)	Refer to Body Part Injured Codes
BPICode4	N(2)	Refer to Body Part Injured Codes
Cause of Injury Code	N(2)	Refer to Cause of Injury Codes
Nature of Injury Code	N(2)	Refer to Nature of Injury Codes
County Where Injury Occurred	N(2)	Refer to County ID table for valid values
Time Work Day Began	A(5)	HH:MM
AM/PM	N(1)	1 = AM
		2 = PM
Date Returned to Work	A(8)	CCYYMMDD
Date Employer Notified	A(8)	CCYYMMDD
Address/Location of Injury	A(80)	
Safety Equipment Provided	N(1)	0 = No
		1 = Yes
Safety Equipment Used	N(1)	0 = No
		1 = Yes
On Employer Premises?	N(1)	0 = No
		1 = Yes
Injury Report to	A(50)	
Witnessed by	A(50)	
Description of Injury	A(250)	
Claim Office Claim #	A(50)	
Date Claim Office Notified	A(8)	CCYYMMDD
Type of Treatment Received	N(1)	1 = No Treatment
		2 = On-site treatment
		3 = Clinic
		4 = Emergency Room
		5 = Hospitalization
		0 = Not Available

Treatment Information Section (If Type of Treatment ID Value = 3, 4 or 5, please provide the following information)

Doctor, Clinic or Hospital Name	A(50)	
Street Address Line1	A(80)	
Street Address Line2	A(80)	
City	A(50)	
State ID Value	N(2)	Refer to State ID Table for valid values
Zip5 Code	A(5)	
Zip4 Code	A(4)	
Telephone Number	A(50)	

Employer Information Section

Employer FEIN or Taxpayer ID (SSN)	N(9)	
Business Doing Business As Name	A(50)	
Mailing Address Line1	A(80)	
Mailing Address Line2	A(80)	
City	A(50)	
State ID Value	N(2)	Refer to State ID Table for valid values
Zip5 Code	A(5)	
Zip4 Code	A(4)	
Telephone Number	A(50)	
County ID Value	N(2)	Refer to County ID Table for valid values
NAICS Code of Employer Being Insured	N(4)	Refer to NAICS (Industry) Sector Table
Number of Employees ID Value	N(1)	1 = 0 - 9
		2 = 10 - 19
		3 = 20 - 49
		4 = 50 - 99
		5 = 100 - 249
		6 = 250 - 499
		7 = 500+
		0 = Unknown

Employment Information Section

Date Hired	A(8)	CCYYMMDD
Time in Current Position ID Value	N(1)	1 = 0-6 Months; 2 = 6 Months – 1 Year; 3 = 1 Year – 5 Years; 4 = 5 Years – 10 Years; 5 = 10+ Years
Employment Status ID Value	N(1)	1 = Full Time 2 = Part Time 3 = Seasonal 4 = Volunteer
Employment Type ID Value	N(1)	1 = Regular 2 = Temporary
Current Wage	N(11)	The amount field is a signed numeric field and should contain dollars and cents, no decimals.
Current Wage Type ID Value	N(1)	1 = Hourly 2 = Daily 3 = Weekly 4 = Bi-weekly 5 = Monthly 6 = Annually 0 = Other
Hours Per Week	N(4)	
Adjustor/Contact Person for Claim	A(50)	

Flat File Layout for Monthly Payment Reports (Form 107)

Underlying Insurance Company Record Layout (One record per Insurance Company)

Record Type Code	A(1)	Always "I"
Insurance Company Name	A(35)	
NAIC Insurance Company Number	A(5)	
Blank	A(159)	

Claim Payment Record Layout (One record for each type of payment)

Record Type Code	A(1)	Always "C"
Year Month of Report	N(6)	CCYYMM
Claimant Social Security Number	N(9)	
Date of Injury	N(8)	CCYYMMDD
Employee/Claimant Name	A(31)	
Insurance Claim Number	A(20)	
Employer Name	A(35)	
Employer FEIN	N(9)	
Pay Code	N(3)	
Amount	N(11)	The amount field is required; a signed numeric field and should contain dollars and cents, no decimals.
Number of Weeks	N(2)	The number of weeks field is required for pay codes: 210 (TPD), 220 (TTD), 230 (PPD), 240 (PTD), 250 (Rehabilitation), 260 (Fatality Payments)
Blank	A(65)	

- The Pay Code field is a numeric field. Valid entries are:
 - For Disability
 - 210 - Temporary Partial
 - 220 - Temporary Total
 - 230 - Permanent Partial
 - 240 - Permanent Total
 - 250 - Rehabilitation
 - 260 - Settlement/Lump Sum
 - For Fatality
 - 312 - Fatality payments
 - 311 - Settlement/Lump Sum
 - For Medical Expenses
 - 102 - Chiropractor
 - 113 - Counseling Services
 - 103 - Dentist
 - 104 - Doctor
 - 105 - Equipment
 - 115 - Home Health Care
 - 101 - Hospital
 - 106 - Pharmacy
 - 110 - Physical Therapy Fees
 - 109 - Radiology
 - 107 - Transportation
 - 108 - Other Medical expenses
 - For Miscellaneous Expenses
 - 402 - Interest to Claimant
 - 112 - Investigative Fees
 - 111 - Legal Fees
 - 403 - Penalty Charged Employer
 - 114 - Rehabilitation Consultant
 - 401 - Subrogation
 - 116 - Miscellaneous Expenses
 - 404 - Deductible Reimbursement

XML File Layout for First Reports of Injury (Form 101)

<xs:schema xmlns:xs="http://www.w3.org/2001/XMLSchema" elementFormDefault="qualified" attributeFormDefault="unqualified">

```

<xs:element name="root">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="ClaimAdminCompany" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="InsuranceCompany" maxOccurs="unbounded">
              <xs:complexType>
                <xs:sequence>
                  <xs:element name="Claims" maxOccurs="unbounded">
                    <xs:complexType>
                      <xs:attribute name="ClaimantSSN" use="required">
                        <xs:annotation>
                          <xs:documentation>
                            Format Example - 888779999
                          </xs:documentation>
                        </xs:annotation>
                        <xs:simpleType>
                          <xs:restriction base="xs:long">
                            <xs:totalDigits value="9"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantLastName" use="required">
                        <xs:simpleType>
                          <xs:restriction base="xs:string">
                            <xs:maxLength value="50"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantFirstName" use="required">
                        <xs:simpleType>
                          <xs:restriction base="xs:string">
                            <xs:maxLength value="50"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantMI" use="optional">
                        <xs:simpleType>
                          <xs:restriction base="xs:string">
                            <xs:maxLength value="1"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantAddress1" use="required">
                        <xs:simpleType>
                          <xs:restriction base="xs:string">
                            <xs:maxLength value="80"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantAddress2" use="optional">
                        <xs:simpleType>
                          <xs:restriction base="xs:string">
                            <xs:maxLength value="80"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantCity" use="required">
                        <xs:simpleType>
                          <xs:restriction base="xs:string">
                            <xs:maxLength value="50"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                      <xs:attribute name="ClaimantStateID" use="required">
                        <xs:simpleType>
                          <xs:restriction base="xs:int">
                            <xs:totalDigits value="2"/>
                          </xs:restriction>
                        </xs:simpleType>
                      </xs:attribute>
                    </xs:complexType>
                  </xs:element>
                </xs:sequence>
              </xs:complexType>
            </xs:element>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>

```

```

<xs:attribute name="ClaimantZip5" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:int">
      <xs:totalDigits value="5"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="ClaimantZip4" type="xs:string" use="optional"/>
<xs:attribute name="ClaimantCountryID" use="required">
  <xs:simpleType>
    <xs:restriction base="xs:int">
      <xs:totalDigits value="3"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="ClaimantPhone" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:long">
      <xs:totalDigits value="20"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="ClaimantNonUSPostalCode" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="20"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="ClaimantDOB" type="xs:date" use="required">
  <xs:annotation>
    <xs:documentation>
      Format Example - mm/dd/ccyy
    </xs:documentation>
  </xs:annotation>
</xs:attribute>
<xs:attribute name="ClaimantGenderID" use="required">
  <xs:simpleType>
    <xs:restriction base="xs:int">
      <xs:totalDigits value="1"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
  <xs:attribute name="ClaimantNumberOfDependants" type="xs:int"
    use="optional"/>
<xs:attribute name="ClaimantEducationID" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:int">
      <xs:totalDigits value="1"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="EmployerFEIN" use="required">
  <xs:annotation>
    <xs:documentation>
      Format Example - 460999999
    </xs:documentation>
  </xs:annotation>
  <xs:simpleType>
    <xs:restriction base="xs:long">
      <xs:totalDigits value="9"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="EmployerDBA" use="required">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="50"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="EmployerAddress1" use="required">

```

```

    <xs:simpleType>
      <xs:restriction base="xs:string">
        <xs:maxLength value="80"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerAddress2" use="optional">
    <xs:simpleType>
      <xs:restriction base="xs:string">
        <xs:maxLength value="80"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerCity" use="required">
    <xs:simpleType>
      <xs:restriction base="xs:string">
        <xs:maxLength value="50"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerStateID" use="required">
    <xs:simpleType>
      <xs:restriction base="xs:int">
        <xs:totalDigits value="2"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerCountyID" use="required">
    <xs:simpleType>
      <xs:restriction base="xs:int">
        <xs:totalDigits value="2"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerZip5" use="required">
    <xs:simpleType>
      <xs:restriction base="xs:int">
        <xs:totalDigits value="5"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerZip4" use="optional">
    <xs:simpleType>
      <xs:restriction base="xs:int">
        <xs:totalDigits value="4"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerPhone" use="required">
    <xs:simpleType>
      <xs:restriction base="xs:long">
        <xs:totalDigits value="20"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerNAICS" use="required">
    <xs:simpleType>
      <xs:restriction base="xs:int">
        <xs:totalDigits value="4"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="EmployerNumEmployeesID" use="optional">
    <xs:simpleType>
      <xs:restriction base="xs:int">
        <xs:totalDigits value="1"/>
      </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
  <xs:attribute name="DateOfInjury" type="xs:date" use="required">
    <xs:annotation>
      <xs:documentation>

```

```

        Format Example - mm/dd/ccyy
    </xs:documentation>
</xs:annotation>
</xs:attribute>
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</xs:attribute>
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            <xs:maxLength value="2"/>
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            <xs:maxLength value="2"/>
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</xs:attribute>
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    </xs:simpleType>
</xs:attribute>
<xs:attribute name="TimeOfInjury" use="optional">
    <xs:annotation>
        <xs:documentation>
            Format Example - HH:MM
        </xs:documentation>
    </xs:annotation>
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="5"/>

```

```

        </xs:restriction>
    </xs:simpleType>
</xs:attribute>
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        <xs:documentation>
            Format Example - mm/dd/ccyy
        </xs:documentation>
    </xs:annotation>
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        <xs:restriction base="xs:int">
            <xs:totalDigits value="2"/>
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        <xs:documentation>
            Format Example - HH:MM
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    <xs:annotation>
        <xs:documentation>
            Format Example - mm/dd/ccyy
        </xs:documentation>
    </xs:annotation>
</xs:attribute>
<xs:attribute name="EmployerNotificationDate" type="xs:date"
    use="required">
    <xs:annotation>
        <xs:documentation>
            Format Example - mm/dd/ccyy
        </xs:documentation>
    </xs:annotation>
</xs:attribute>
<xs:attribute name="InjuryDesc" use="optional">
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        <xs:restriction base="xs:string">
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    </xs:simpleType>
</xs:attribute>
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        <xs:restriction base="xs:int">
            <xs:totalDigits value="1"/>
        </xs:restriction>
    </xs:simpleType>
</xs:attribute>

```

```

<xs:attribute name="SafetyEquipUsed" use="optional">
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  </xs:simpleType>
</xs:attribute>
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  </xs:simpleType>
</xs:attribute>
<xs:attribute name="Witness" use="optional">
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  </xs:simpleType>
</xs:attribute>
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  <xs:annotation>
    <xs:documentation>
      Format Example - mm/dd/ccyy
    </xs:documentation>
  </xs:annotation>
</xs:attribute>
<xs:attribute name="TimeInCurrentPositionID" use="optional">
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  </xs:simpleType>
</xs:attribute>
<xs:attribute name="AdminNotificationDate" type="xs:date" use="required">
  <xs:annotation>
    <xs:documentation>
      Format Example - mm/dd/ccyy
    </xs:documentation>
  </xs:annotation>
</xs:attribute>

```

```

<xs:attribute name="InjAddrLoc" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="80"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InjProvClinicName" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="50"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InjProvAddress1" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="80"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InjProvAddress2" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="80"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InjProvCity" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:maxLength value="50"/>
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  </xs:simpleType>
</xs:attribute>
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  </xs:simpleType>
</xs:attribute>
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  <xs:simpleType>
    <xs:restriction base="xs:int">
      <xs:totalDigits value="5"/>
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  </xs:simpleType>
</xs:attribute>
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  <xs:simpleType>
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  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InjProvPhone" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:long">
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    </xs:restriction>
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</xs:attribute>
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  </xs:simpleType>
</xs:attribute>
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</xs:element>

```

```

</xs:sequence>
<xs:attribute name="InsCompanyFEIN" use="required">
  <xs:annotation>
    <xs:documentation>
      Format Example - 460999999
    </xs:documentation>
  </xs:annotation>
  <xs:simpleType>
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      <xs:totalDigits value="9"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InsCompanyCarrierCode" use="required">
  <xs:simpleType>
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      <xs:maxLength value="5"/>
    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
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    <xs:restriction base="xs:string">
      <xs:maxLength value="50"/>
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    <xs:restriction base="xs:string">
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    </xs:restriction>
  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InsCompanyAddress2" use="optional">
  <xs:simpleType>
    <xs:restriction base="xs:string">
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    </xs:restriction>
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  </xs:simpleType>
</xs:attribute>
<xs:attribute name="InsCompanyPhone" use="required">
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```

```

        <xs:restriction base="xs:long">
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            Format Example - 460999999
        </xs:documentation>
    </xs:annotation>
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<xs:attribute name="AdminCompanyDBA" use="required">
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        <xs:restriction base="xs:string">
            <xs:maxLength value="50"/>
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</xs:complexType>
</xs:element>
</xs:schema>

```

XML File Layout for Monthly Payment Reports (Form 107)

```
<xs:schema xmlns:xs="http://www.w3.org/2001/XMLSchema" elementFormDefault="qualified"
attributeFormDefault="unqualified">
  <xs:element name="root">
    <xs:complexType>
      <xs:sequence>
        <xs:element name="Insurance" maxOccurs="unbounded">
          <xs:complexType>
            <xs:sequence>
              <xs:element name="Payment" maxOccurs="unbounded">
                <xs:complexType>
                  <xs:attribute name="ReportDate" type="xs:date" use="required">
                    <xs:annotation>
                      <xs:documentation>Format Example: CCYY-MM-DD
                    </xs:documentation>
                    </xs:annotation>
                  </xs:attribute>
                  <xs:attribute name="SSN" type="xs:long" use="required">
                    <xs:annotation>
                      <xs:documentation>Format Example - 888779999</xs:documentation>
                    </xs:annotation>
                  </xs:attribute>
                  <xs:attribute name="DateOfInjury" type="xs:date" use="required">
                    <xs:annotation>
                      <xs:documentation>Format Example: CCYY-MM-DD
                    </xs:documentation>
                    </xs:annotation>
                  </xs:attribute>
                  <xs:attribute name="ClaimantName" type="xs:string" use="required"/>
                  <xs:attribute name="InsClaimNumber" type="xs:string" use="required"/>
                  <xs:attribute name="EmployerName" type="xs:string" use="required"/>
                  <xs:attribute name="EmployerFEIN" type="xs:long" use="required">
                    <xs:annotation>
                      <xs:documentation>Format Example - 460999999</xs:documentation>
                    </xs:annotation>
                  </xs:attribute>
                  <xs:attribute name="PayCode" type="xs:integer" use="required"/>
                  <xs:attribute name="Amount" type="xs:float" use="required"/>
                  <xs:attribute name="NumOfWeeks" type="xs:integer" use="optional"/>
                </xs:complexType>
              </xs:element>
            </xs:sequence>
          </xs:complexType>
        </xs:element>
      </xs:sequence>
      <xs:attribute name="InsCompanyName" type="xs:string" use="required"/>
      <xs:attribute name="NAICNumber" type="xs:string" use="required"/>
    </xs:complexType>
  </xs:element>
</xs:schema>
```

Codes and Values Necessary for Completing the First Report of Injury (Form 101)

Body Part Injured Codes to be used:

Body Part Injured Codes (BPI)	Body Part Descriptions
55	Ankle
03	Blindness both eyes
02	Blindness one eye
12	Brain
44	Chest, including ribs, sternum, & soft ribs
04	Deafness both ears
05	Deafness one ear
22	Disc
13	Ear(s)
32	Elbow
14	Eye(s)
19	Facial Bones
56	Foot
88	Great toe at distal joint
87	Great toe at proximal joint
86	Great toe metatarsal bone
61	Groin
35	Hand
49	Heart
51	Hip
73	Index finger at distal joint
70	Index finger at metacarpal bone
72	Index finger at middle joint
71	Index finger at proximal joint
48	Internal organs - other than heart & lungs
53	Knee
85	Little finger at distal joint
82	Little finger at metacarpal bone
84	Little finger at middle joint
83	Little finger at proximal joint
97	Little toe at distal bone
96	Little toe metatarsal bone
33	Lower Arm (Forearm)
42	Lower Back
54	Lower leg
60	Lungs
77	Middle finger at distal joint
74	Middle finger at metacarpal bone
76	Middle finger at middle joint
75	Middle finger at proximal joint
17	Mouth
10	Multiple head injury
20	Multiple neck injury
90	Multiple Injury
95	Other toe at distal joint

94	Other toe at middle joint
93	Other toe at proximal joint
92	Other toe metatarsal bone
81	Ring finger at distal joint
78	Ring finger at metacarpal bone
80	Ring finger at middle joint
79	Ring finger at proximal joint
38	Shoulder
11	Skull
37	Thumb
69	Thumb at distal joint
68	Thumb at proximal joint
67	Thumb metacarpal bone
58	Toe (Greater)
57	Toe (Other)
31	Upper Arm
41	Upper Back
52	Upper leg
21	Vertebrae
34	Wrist
24	Other

Cause Of Injury Codes to be used:

Cause of Injury Codes (COI)	Cause of Injury Descriptions
56	Bending/Lifting
01	Body Reaction/Over Reaction (Includes Chemicals)
13	Caught In/Under/Between
25	Fall From Elevation
29	Fall From Same Level
89	Hostile Attack
65	Machinery/Equipment
50	Motor Vehicle
99	Other
90	Other Than Physical Cause Of Injury
97	Repetitive Use - Carpal Tunnel
94	Repetitive Motion - Callous, Blister, Etc.
70	Striking Against or Stepping On
81	Struck By or Injured, Includes Knife/Sharp Object
78	Struck or Injure by Moving Parts
03	Temperature Extremes

Nature Of Injury Codes to be used:

Nature of Injury Codes (NOI)	Nature of Injury Descriptions
01	Allergy
02	Disfigurement
72	Hearing Loss
71	Occupational Disease
00	Not Applicable

State ID Values to be used:

StateID (Values)	State Long Name
1	Alabama
2	Alaska
3	American Samoa
4	Arizona
5	Arkansas
6	California
7	Colorado
8	Connecticut
9	Delaware
10	District of Columbia
11	Federated States of Micronesia
12	Florida
13	Georgia
14	Guam
15	Hawaii
16	Idaho
17	Illinois
18	Indiana
19	Iowa
20	Kansas
21	Kentucky
22	Louisiana
23	Maine
24	Marshall Islands
25	Maryland
26	Massachusetts
27	Michigan
28	Minnesota
29	Mississippi
30	Missouri
31	Montana
32	Nebraska
33	Nevada
34	New Hampshire
35	New Jersey
36	New Mexico
37	New York
38	North Carolina
39	North Dakota
40	Northern Mariana Islands
41	Ohio
42	Oklahoma
43	Oregon
44	Palau
45	Pennsylvania
46	Puerto Rico
47	Rhode Island
48	South Carolina

49	South Dakota
50	Tennessee
51	Texas
52	Utah
53	Vermont
54	Virgin Islands
55	Virginia
56	Washington
57	West Virginia
58	Wisconsin
59	Wyoming
60	Alberta
61	British Columbia
62	Manitoba
63	New Brunswick
64	Newfoundland
65	Northwest Territory
66	Nova Scotia
67	Nunavut
68	Ontario
69	Prince Edward Island
70	Quebec
71	Saskatchewan
72	Yukon Territory
0	Unknown

County ID Values to be used:

CountyID (Values)	Injury/Employer County Long Name
1	Aurora
2	Beadle
3	Bennett
4	Bon Homme
5	Brookings
6	Brown
7	Brule
8	Buffalo
9	Butte
10	Campbell
11	Charles Mix
12	Clark
13	Clay
14	Codington
15	Corson
16	Custer
17	Davison
18	Day
19	Deuel
20	Dewey
21	Douglas

22	Edmunds
23	Fall River
24	Faulk
25	Grant
26	Gregory
27	Haakon
28	Hamlin
29	Hand
30	Hanson
31	Harding
32	Hughes
33	Hutchinson
34	Hyde
35	Jackson
36	Jerauld
37	Jones
38	Kingsbury
39	Lake
40	Lawrence
41	Lincoln
42	Lyman
43	Mccook
44	Mcpherson
45	Marshall
46	Meade
47	Mellette
48	Miner
49	Minnehaha
50	Moody
51	Pennington
52	Perkins
53	Potter
54	Roberts
55	Sanborn
56	Shannon
57	Spink
58	Stanley
59	Sully
60	Todd
61	Tripp
62	Turner
63	Union
64	Walworth
65	Yankton
66	Ziebach
67	Unknown
68	Out-of-State
69	Multi-County
0	N/A

Country ID Values to be used:

Country ID (Values)	Country Long Name
3	Afghanistan
4	Albania
5	Algeria
6	Andorra
7	Angola
8	Antigua and Barbuda
9	Argentina
10	Armenia
11	Australia
12	Austria
13	Azerbaijan
14	Bahamas
15	Bahrain
16	Bangladesh
17	Barbados
18	Belarus
	Belgium
20	Belize
21	Benin
22	Bhutan
23	Bolivia
24	Bosnia And Herzegovina
25	Botswana
26	Brazil
27	Brunei
28	Bulgaria
29	Burkina Faso
30	Burundi
31	Cambodia
32	Cameroon
2	Canada
33	Cape Verde
34	Central African Republic
35	Chad
36	Chile
37	China
38	Colombia
39	Comoros
40	Congo
41	Congo (DRC)
42	Costa Rica
43	Cote d'Ivoire
44	Croatia
45	Cuba
46	Cyprus
47	Czech Republic
48	Denmark
49	Djibouti
50	Dominica

51	Dominican Republic
52	Ecuador
53	Egypt
54	El Salvador
55	Equatorial Guinea
56	Eritrea
57	Estonia
58	Ethiopia
59	Federal Republic of Yugo
60	Fiji Islands
61	Finland
62	Former Yugoslav Republic
63	France
64	Gabon
65	Gambia, The
66	Georgia
67	Germany
68	Ghana
69	Greece
70	Grenada
71	Guatemala
72	Guinea
73	Guinea-Bissau
74	Guyana
75	Haiti
76	Honduras
77	Hungary
78	Iceland
79	India
80	Indonesia
81	Iran
82	Iraq
83	Ireland
84	Israel
85	Italy
86	Jamaica
87	Japan
88	Jordan
89	Kazakhstan
90	Kenya
91	Kiribati
92	Korea
93	Korea, Democratic People
94	Kuwait
95	Kyrgyzstan
96	Laos
97	Latvia
98	Lebanon
99	Lesotho
100	Liberia
101	Libya
102	Liechtenstein
103	Lithuania

104	Luxembourg
105	Madagascar
106	Malawi
107	Malaysia
108	Maldives
109	Mali
110	Malta
111	Marshall Islands
112	Mauritania
113	Mauritius
114	Mexico
115	Micronesia, Federated St
116	Moldova
117	Monaco
118	Mongolia
119	Morocco
120	Mozambique
121	Myanmar
122	Namibia
123	Nauru
124	Nepal
125	Netherlands, The
126	New Zealand
127	Nicaragua
128	Niger
129	Nigeria
130	North Korea
131	Norway
132	Oman
133	Pakistan
134	Palau
135	Panama
136	Papua New Guinea
137	Paraguay
138	Peru
139	Phillippines
140	Poland
141	Portugal
142	Qatar
143	Romania
144	Russia
145	Rwanda
146	Samoa
147	San Marino
148	Sao Tome And Principe
149	Saudi Arabia
150	Senegal
151	Seychelles
152	Sierra Leone
153	Singapore
154	Slovakia
155	Slovenia
156	Solomon Islands

157	Somalia
158	South Africa
159	Spain
160	Sri Lanka
161	St. Kitts And Nevis
162	St. Lucia
163	St. Vincent And the Gren
164	Sudan
165	Suriname
166	Swaziland
167	Sweden
168	Switzerland
169	Syria
170	Tajikistan
171	Tanzania
172	Thailand
173	Togo
174	Tonga
175	Trinidad and Tobago
176	Tunisia
177	Turkey
178	Turkmenistan
179	Tuvalu
180	Uganda
181	Ukraine
182	United Arab Emirates
183	United Kingdom
184	Uruguay
1	USA
185	Uzbekistan
186	Vanuatu
187	Vatican City
188	Venezuela
189	Vietnam
190	Yemen
191	Zambia
192	Zimbabwe

NAICS Sector (Industry) Codes to be used:

NAICS Sector (Industry) Codes	NAICS Sector (Industry) Descriptions
	NATURAL RESOURCES AND MINING Agriculture, Forestry, Fishing and Hunting
1111	Oilseed and grain farming
1112	Vegetable and melon farming
1113	Fruit and tree nut farming
1114	Greenhouse and nursery production
1119	Other crop farming
1121	Cattle ranching and farming
1122	Hog and pig farming
1123	Poultry and egg production
1124	Sheep and goat farming
1125	Animal aquaculture
1129	Other animal production
1131	Timber tract operations
1132	Forest nursery and gathering forest products
1133	Logging
1141	Fishing
1142	Hunting and trapping
1151	Support activities for crop production
1152	Support activities for animal production
1153	Support activities for forestry
	Mining
2111	Oil and gas extraction
2121	Coal mining
2122	Metal ore mining
2123	Nonmetallic mineral mining and quarrying
2131	Support activities for mining
	PART OF TRADE, TRANSPORTATION AND UTILITIES Utilities
2211	Power generation and supply
2212	Natural gas distribution
2213	Water, sewage and other systems
	CONSTRUCTION Construction
2361	Residential building construction
2362	Nonresidential building construction
2371	Utility system construction
2372	Land subdivision
2373	Highway, street, and bridge construction
2379	Other heavy construction
2381	Building foundation and exterior contractors
2382	Building equipment contractors
2383	Building finishing contractors
2389	Other specialty trade contractors
	MANUFACTURING Manufacturing
3111	Animal food manufacturing
3112	Grain and oilseed milling
3113	Sugar and confectionery product manufacturing

3114	Fruit and vegetable preserving and specialty
3115	Dairy product manufacturing
3116	Animal slaughtering and processing
3117	Seafood product preparation and packaging
3118	Bakeries and tortilla manufacturing
3119	Other food manufacturing
3121	Beverage manufacturing
3122	Tobacco manufacturing
3131	Fiber, yarn, and thread mills
3132	Fabric mills
3133	Textile and fabric finishing mills
3141	Textile furnishings mills
3149	Other textile product mills
3151	Apparel knitting mills
3152	Cut and sew apparel manufacturing
3159	Accessories and other apparel manufacturing
3161	Leather and hide tanning and finishing
3162	Footwear manufacturing
3169	Other leather product manufacturing
3211	Sawmills and wood preservation
3212	Plywood and engineered wood product mfg.
3219	Other wood product manufacturing
3221	Pulp, paper, and paperboard mills
3222	Converted paper product manufacturing
3231	Printing and related support activities
3241	Petroleum and coal products manufacturing
3251	Basic chemical manufacturing
3252	Resin, rubber, and artificial fibers mfg.
3253	Agricultural chemical manufacturing
3254	Pharmaceutical and medicine manufacturing
3255	Paint, coating, and adhesive manufacturing
3256	Soap, cleaning compound, and toiletry mfg.
3259	Other chemical product and preparation mfg.
3261	Plastics product manufacturing
3262	Rubber product manufacturing
3271	Clay product and refractory manufacturing
3272	Glass and glass product manufacturing
3273	Cement and concrete product manufacturing
3274	Lime and gypsum product manufacturing
3279	Other nonmetallic mineral products
3311	Iron and steel mills and ferroalloy mfg.
3312	Steel product mfg. from purchased steel
3313	Alumina and aluminum production
3314	Other nonferrous metal production
3315	Foundries
3321	Forging and stamping
3322	Cutlery and handtool manufacturing
3323	Architectural and structural metals mfg.
3324	Boiler, tank, and shipping container mfg.
3325	Hardware manufacturing
3326	Spring and wire product manufacturing

3327	Machine shops and threaded product mfg.
3328	Coating, engraving, and heat treating metals
3329	Other fabricated metal product manufacturing
3331	Ag., construction, and mining machinery mfg.
3332	Industrial machinery manufacturing
3333	Commercial and service industry machinery
3334	HVAC and commercial refrigeration equipment
3335	Metalworking machinery manufacturing
3336	Turbine and power transmission equipment mfg.
3339	Other general purpose machinery manufacturing
3341	Computer and peripheral equipment mfg.
3342	Communications equipment manufacturing
3343	Audio and video equipment manufacturing
3344	Semiconductor and electronic component mfg.
3345	Electronic instrument manufacturing
3346	Magnetic media manufacturing and reproducing
3351	Electric lighting equipment manufacturing
3352	Household appliance manufacturing
3353	Electrical equipment manufacturing
3359	Other electrical equipment and component mfg.
3361	Motor vehicle manufacturing
3362	Motor vehicle body and trailer manufacturing
3363	Motor vehicle parts manufacturing
3364	Aerospace product and parts manufacturing
3365	Railroad rolling stock manufacturing
3366	Ship and boat building
3369	Other transportation equipment manufacturing
3371	Household and institutional furniture mfg.
3372	Office furniture and fixtures manufacturing
3379	Other furniture related product manufacturing
3391	Medical equipment and supplies manufacturing
3399	Other miscellaneous manufacturing
	TRADE, TRANSPORTATION AND UTILITIES
	Wholesale Trade
4231	Motor vehicle and parts merchant wholesalers
4232	Furniture and furnishing merchant wholesalers
4233	Lumber and const. supply merchant wholesalers
4234	Commercial equip. merchant wholesalers
4235	Metal and mineral merchant wholesalers
4236	Electric goods merchant wholesalers
4237	Hardware and plumbing merchant wholesalers
4238	Machinery and supply merchant wholesalers
4239	Misc. durable goods merchant wholesalers
4241	Paper and paper product merchant wholesalers
4242	Druggists' goods merchant wholesalers
4243	Apparel and piece goods merchant wholesalers
4244	Grocery and Related Product Wholesalers
4245	Farm product raw material merch. whls.
4246	Chemical merchant wholesalers
4247	Petroleum merchant wholesalers
4248	Alcoholic beverage merchant wholesalers
4249	Misc. nondurable goods merchant wholesalers

4251	Electronic markets and agents and brokers
	RETAIL TRADE
4411	Automobile dealers
4412	Other motor vehicle dealers
4413	Auto parts, accessories, and tire stores
4421	Furniture stores
4422	Home furnishings stores
4431	Electronics and appliance stores
4441	Building material and supplies dealers
4442	Lawn and garden equipment and supplies stores
4451	Grocery stores
4452	Specialty food stores
4453	Beer, wine, and liquor stores
4461	Health and personal care stores
4471	Gasoline stations
	Transportation and Warehousing
4481	Clothing stores
4482	Shoe stores
4483	Jewelry, luggage, and leather goods stores
4511	Sporting goods and musical instrument stores
4512	Book, periodical, and music stores
4521	Department stores
4529	Other general merchandise stores
4531	Florists
4532	Office supplies, stationery, and gift stores
4533	Used merchandise stores
4539	Other miscellaneous store retailers
4541	Electronic shopping and mail-order houses
4542	Vending machine operators
4543	Direct selling establishments
4811	Scheduled air transportation
4812	Nonscheduled air transportation
4821	Rail transportation
4831	Sea, coastal, and Great Lakes transportation
4832	Inland water transportation
4841	General freight trucking
4842	Specialized freight trucking
4851	Urban transit systems
4852	Interurban and rural bus transportation
4853	Taxi and limousine service
4854	School and employee bus transportation
4855	Charter bus industry
4859	Other ground passenger transportation
4861	Pipeline transportation of crude oil
4862	Pipeline transportation of natural gas
4869	Other pipeline transportation
4871	Scenic and sightseeing transportation, land
4872	Scenic and sightseeing transportation, water
4879	Scenic and sightseeing transportation, other
4881	Support activities for air transportation
4882	Support activities for rail transportation

4883	Support activities for water transportation
4884	Support activities for road transportation
4885	Freight transportation arrangement
4889	Other support activities for transportation
4911	Postal service
4921	Couriers
4922	Local messengers and local delivery
4931	Warehousing and storage
	INFORMATION Information
5111	Newspaper, book, and directory publishers
5112	Software publishers
5121	Motion picture and video industries
5122	Sound recording industries
5151	Radio and television broadcasting
5152	Cable and other subscription programming
5161	Internet publishing and broadcasting
5171	Wired telecommunications carriers
5172	Wireless telecommunications carriers
5173	Telecommunications resellers
5174	Satellite telecommunications
5175	Cable and other program distribution
5179	Other telecommunications
5181	ISPs and web search portals
5182	Data processing and related services
5191	Other information services
	FINANCIAL ACTIVITIES Finance and Insurance
5211	Monetary authorities - central bank
5221	Depository credit intermediation
5222	Nondepository credit intermediation
5223	Activities related to credit intermediation
5231	Securities and commodity contracts brokerage
5232	Securities and commodity exchanges
5239	Other financial investment activities
5241	Insurance carriers
5242	Insurance agencies, brokerages, and related
5251	Insurance and employee benefit funds
5259	Other investment pools and funds
	Real Estate and Rental and Leasing
5311	Lessors of real estate
5312	Offices of real estate agents and brokers
5313	Activities related to real estate
5321	Automotive equipment rental and leasing
5322	Consumer goods rental
5323	General rental centers
5324	Machinery and equipment rental and leasing
5331	Lessors of non-financial intangible assets
	PROFESSIONAL AND BUSINESS SERVICES Professional, Scientific and Technical Services
5411	Legal services
5412	Accounting and bookkeeping services

5413	Architectural and engineering services
5414	Specialized design services
5415	Computer systems design and related services
5416	Management and technical consulting services
5417	Scientific research and development services
5418	Advertising and related services
5419	Other professional and technical services
	Management of Companies and Enterprises
5511	Management of companies and enterprises
	Administrative and Support and Waste Management And Remediation Services
5611	Office administrative services
5612	Facilities support services
5613	Employment services
5614	Business support services
5615	Travel arrangement and reservation services
5616	Investigation and security services
5617	Services to buildings and dwellings
5619	Other support services
5621	Waste collection
5622	Waste treatment and disposal
5629	Remediation and other waste services
	EDUCATION AND HEALTH SERVICES
	Educational Services
6111	Elementary and secondary schools
6112	Junior colleges
6113	Colleges and universities
6114	Business, computer and management training
6115	Technical and trade schools
6116	Other schools and instruction
6117	Educational support services
	Health Care and Social Assistance
6211	Offices of physicians
6212	Offices of dentists
6213	Offices of other health practitioners
6214	Outpatient care centers
6215	Medical and diagnostic laboratories
6216	Home health care services
6219	Other ambulatory health care services
6221	General medical and surgical hospitals
6222	Psychiatric and substance abuse hospitals
6223	Other hospitals
6231	Nursing care facilities
6232	Residential mental health facilities
6233	Community care facilities for the elderly
6239	Other residential care facilities
6241	Individual and family services
6242	Emergency and other relief services
6243	Vocational rehabilitation services
6244	Child day care services
	LEISURE AND HOSPITALITY SERVICES
	Arts, Entertainment and Recreation

7111	Performing arts companies
7112	Spectator sports
7113	Promoters of performing arts and sports
7114	Agents and managers for public figures
7115	Independent artists, writers, and performers
7121	Museums, historical sites, zoos, and parks
7131	Amusement parks and arcades
7132	Gambling industries
7139	Other amusement and recreation industries
	Accommodation and Food Services
7211	Traveler accommodation
7212	RV parks and recreational camps
7213	Rooming and boarding houses
7221	Full-service restaurants
7222	Limited-service eating places
7223	Special food services
7224	Drinking places, alcoholic beverages
	OTHER SERVICES Other Services (except Public Administration)
8111	Automotive repair and maintenance
8112	Electronic equipment repair and maintenance
8113	Commercial machinery repair and maintenance
8114	Household goods repair and maintenance
8121	Personal care services
8122	Death care services
8123	Drycleaning and laundry services
8129	Other personal services
8131	Religious organizations
8132	Grantmaking and giving services
8133	Social advocacy organizations
8134	Civic and social organizations
8139	Professional and similar organizations
8141	Private households
	PUBLIC ADMINISTRATION Public Administration
9211	Executive, legislative and general government
9221	Justice, public order, and safety activities
9231	Administration of human resource programs
9241	Administration of environmental programs
9251	Community and housing program administration
9261	Administration of economic programs
9271	Space research and technology
9281	National security and international affairs
	UNCLASSIFIED
9999	Unclassified establishments