	<u> </u>
Error Code Identifier	Error Code Description
CSRATI001	Form A - Mandatory Benefit Year value is missing
CSRATI002	Form A - Invalid Benefit Year value
CSRATI003	Form A - Mandatory HIOS Issuer ID value is missing
CSRATI004	Form A - Mandatory Name of Person Completing the Form value is missing
CSRATI005	Form A - Mandatory Title value is missing
CSRATI006	Form A - Mandatory Organization value is missing
CSRATI007	Form A - Mandatory Telephone Number value is missing
CSRATI008	Form A - Mandatory Email Address value is missing
CSRATI009	Form A - Mandatory Signature value is missing
CSRATI010	Form A - Mandatory Date Signed value is missing
CSRATI011	Form B - Mandatory Benefit Year value is missing
CSRATI012	Form B - Invalid Benefit Year value
CSRATI013	Form B - Mandatory HIOS Issuer ID value is missing
CSRATI014	Form B - Mandatory QHP Plan ID value is missing
CSRATI015	Form B - Mandatory Name of Person Completing the Form value is missing
CSRATI016	Form B - Mandatory Title value is missing
CSRATI017	Form B - Mandatory Organization value is missing
CSRATI018	Form B - Mandatory Telephone Number value is missing
CSRATI019	Form B - Mandatory Email Address value is missing
CSRATI020	Form B - Mandatory Signature value is missing
CSRATI021	Form B - Mandatory Date Signed value is missing
CSRATI106	Issuer does not exist in the CMS reference data.
CSRATI107	Issuer Methodology does not exist in the CMS reference data.

## Notes:

<sup>1.</sup> The attestation file will be rejected if any of the errors above are triggered.