

# **TAI REINSURANCE SYSTEM**

## **ELECTRONIC REPORTING**

**Version 3.00**

TAI LIFE REINSURANCE SYSTEMS

10727 W. Winterset Drive

Orland Park, Illinois 60467

(708) 403-7775 Fax (708) 403-7801

# ELECTRONIC REPORTING

## INTRODUCTION

The TAI Reinsurance System is an automated system for self-administering and reporting ceded reinsurance. It meets the administrative needs of ceding companies by creating, renewing, adjusting and terminating reinsurance cessions automatically using interfaces to the ceding company's administrative systems. The reporting needs of both the ceding and assuming companies are met with complete, accurate and timely reports.

To satisfy the self-reporting requirements of the reinsurers and provide ceding companies with an avenue to report reinsurance information to other departments within the corporation, TAI creates Electronic Reporting files. The files created are a Cession Extract and a Reinsurance Transaction Extract. The files for both parties are in the same format (fixed length) to simplify the programming required to access them. The Inforce and Transaction extracts are created in the monthly and quarterly TAI cycles. The Inforce and Transaction extracts use the same record layout, with some fields used differently depending on the type of extract.

Effective with release 2.40, TAI also provide inforce and transaction data utilizing the ACORD XML standard for transmitting data between ceding companies and reinsurers. While this format has yet to be widely accepted or utilize, it enables our customers to utilize an industry standard vs. the TAI fixed length format. Additional information on mapping of the current electronic reporting file to the ACORD standard can be found on our website at [taire.com](http://taire.com) under the "For Reinsurers" section.

Most reinsurers are prepared to process reinsurance transactions electronically. The Reinsurance Transaction Extract reports all reinsurance transactions (addition of new cessions, renewals, terminations, etc.) for the reporting period (monthly or quarterly). This file can be used with the monthly billing statement, or in place of the printed bill. The Transaction Extract contains the same data as the monthly billing statement. The Transaction Extract contains policy and cession information as well as the transaction details, so the file may be used to maintain a cession file.

For reinsurance companies which do not choose to maintain their own cession file using the transaction file, the Cession Extract will provide them with a current cession file periodically which can be loaded on a reinsurer's database, or be used to maintain existing records on the database. This file can then be used for internal studies and reporting. The Cession Extract is created monthly, and can be sent to a reinsurer on a monthly or quarterly basis. The extract can be created with only inforce cessions, or with inforce and terminations for the reporting period.

In addition to reporting cession and transaction information, the files can also be used by the reinsurers to analyze the business of their self reporting clients. That is, the files have been designed to provide much more information than is typically required by reinsurers for inforce and billing purposes. This information can be extracted to do persistency and mortality reports as well as other studies such as average policy size, issue age, etc. The scope of these studies is limited only by the amount of information available on the direct administration system which can be passed to the files and the level of automation at the reinsurance company to reformat the data for the desired reports.

# **ELECTRONIC REPORTING**

## **INTRODUCTION**

Some TAI Reinsurance System processing varies from installation to installation, depending on the needs of the client, and the information available on the administration systems. Data usually included on the Electronic Reporting record may not be available to TAI at all installations. Fields added for a client are added at the end of the record. Client fields are often added to support internal reporting requirements; these fields will appear on the reinsurers' extracts, but are not used by the reinsurers.

Once the files are created, they can be transferred from ceding company to reinsurer by any means of electronic media agreed upon. The files are compatible with FTP transfer, CD, or tape. Effective with Release 3.0, the fixed record length is 1400 characters. Two record formats are available. The COBOL layout has implied decimal points, and the positive / negative signs are trailing separate characters. The 'database' layout has decimal points, and leading negative signs.

TAI is committed to serving its clients, and the reinsurers they report to. To assist reinsurers in using the files produced by the TAI system, TAI has developed the enclosed electronic reporting documentation. The documentation includes an explanation and overview of the files, record layouts, and data field explanations. If, after reviewing the descriptions of the files and the records they contain, you have any questions, comments or suggestions, please contact TAI.

NOTE: 'Policy' in this document refers to a policy coverage. Each coverage (basic coverage, term riders, spouse riders, underwritten increases on UL/VUL policies) on a policy is treated as a separate entity on TAI, and is referred to as a policy.

# **ELECTRONIC REPORTING**

## **TRANSACTION EXTRACT**

The Cession Extract provides a snapshot of the TAI cession file at the end of the processing month. The file contains data from the ceding company's policy master file, support files, and the reinsurance system's cession file to create complete policy/cession records. During the monthly TAI cycle, a complete Cession File is built, containing all inforce cessions, and cessions which have terminated during the year. The complete file contains records for all reinsurers and all ceding companies.

For the mainframe system, once the complete file is created, subsets of the file may be built using a selection program. The selection program is run once for each reinsurer to build an extract containing only that reinsurer's cessions. The selection program has an option to include only inforce cessions, or to include both inforce and terminated cessions. The selection option may vary from reinsurer to reinsurer. If the program option is to include terminated cessions, the selection program checks the electronic reporting option for each reinsurer to determine if the reinsurer wants terminated cessions included. The reinsurer's option is entered on the online reinsuring company screen. Extracts for reinsurers may be created monthly or quarterly, depending on the preference of the reinsurer.

NOTE: The .Net system will automatically split out and “package” the files for each reinsurer in the monthly and quarterly cycles.

If the cession extract contains inforce cessions only, the FROM and TO dates in the header record will contain the processing date when the extract was created. If terminations are included, the FROM and TO date represent the period used to select terminations.

Since this is a point-in-time snapshot of the cession file, the complete file must be created during the monthly cycle. Subsets of the complete extract, including extracts for a particular reinsurer, may be created at any time.

The Reinsurance Transaction Extract is produced monthly and quarterly by the ceding company. The monthly transaction extract contains the same transactions as the monthly billing statement. The file may be sent to the reinsurers along with the billing statement, or it may replace the billing statement. Administrative system data, billing transaction data, and reinsurance cession data are used to create the transaction record. The transaction records are written to a sequential file in ceding company policy number order.

Complete extracts are created during the TAI monthly and quarterly cycles. The selection program is run once for each reinsurer to build an extract containing only that reinsurer's transactions.

# ELECTRONIC REPORTING

## TRANSACTION EXTRACT

There may be multiple transaction records created for a cession during the month. For example, if a policy terminates and reinstates during the same month, the transaction file will contain two records for the cession. The first record will indicate the reinsurance cession terminated during the month. The second record will indicate the reinsurance cession reinstated during the month. Transaction records appear in reverse order, with the last record created appearing first on the extract. The field EDIX-TRANS-SEQ identifies the order of transaction records. The first record for a cession is seq 0001, the second is 0002, etc.

The transaction extract allows the reinsurer to maintain a cession file, and to verify premium and allowance calculations. If a reinsurer is receiving the transaction extract, and does not require the entire paper billing statement, an option can be set on the reinsuring company screen to print the statement with totals only for that reinsurer.

Most transactions produce only one premium billing record. Some transactions, such as a premium change in mid-year, produce two premium records. When two premium billing records are created, the first record recovers the unearned portion of the old premium and the second record pays the pro-rated new premium. The net premium adjustment can be calculated by adding the premium amounts on the two records. When the premium adjustment is due to a change in ceded amount, the first billing record will contain the old ceded amount, and the second record will contain the new ceded amount.

Field EDIX-TRANS-IMAGE can be used to identify pairs of records created by the same transaction. Most records are not produced in pairs, and they will have an image type of '1'. If a transaction creates two billing records, the 'after' record will have an image of '2' on the transaction extract. Records with an image type of '2' should be followed by a 'before' record with an image type of '1'.

The two fields that are used to identify the type of transaction are the TRANS TYPE and TRANS-CNT fields. The transaction type is a three character code, such as 'REN' (renewal) or 'LAP' (lapse). The transaction count can be used to identify transactions which are adding a cession ('+'), terminating a cession ('-'), or changing an inforce cession (' ').

### New Cessions

A single premium record is created for a new cession. The premiums on the record are for the period between the paid from and the paid to date.

### Renewal

A single premium record is created to pay renewal premiums for each billing period. The premiums on the record cover the period between the paid from and the paid to date.

# ELECTRONIC REPORTING

## TRANSACTION EXTRACT

### Change

Premium records which are produced by a cession change will usually be produced in pairs. For some changes, such as the correction of the issue date, which do not affect premium, only one record will be created to notify the reinsurer of the change. If two records are created, the first record will recover the unearned portion of the previous premium, and the second record will pay the prorated portion of the new premium. In some cases, a pair of premium records with premium and allowance amounts of zeroes will be produced to notify the reinsurer of a change to the cession. This may occur if the change is effective as of the paid to date. To determine what change took place, compare the fields of the first premium record with those of the second record. The paid from date indicates when the change occurred. Messages may be attached to the billing records to explain the change being processed.

Examples of changes which may be done to enforce cessions include partial recaptures, change in rating, change in risk class, recalculation due to NAR change etc.

For some changes which do not affect premium (correction of issue date, name change, plan code change due to change in administration system) a single billing record is created to notify the assuming company of the change. These records have zeroes in the premium fields.

### Termination

Terminations produce at least one premium record. If the termination occurred prior to the current period, there will also be premium records for the prior billing periods. Only the final record will contain a negative transaction count. The paid from date of the first billing record will contain the date of termination.

If the termination date equals the paid to date, no premiums will be recovered, but a premium record with zeroes in the premium and allowance fields will be written to notify the reinsurer of the termination.

### Reinstatement

Reinstatements produce a premium record which is the opposite of the one produced by the termination. The date of the reinstatement will be in the paid from date.

# **ELECTRONIC REPORTING**

## **EXTRACT RECORD LAYOUT**

The Cession and Transaction extracts use the same record layout. Individual fields are explained in the enclosed Data Dictionary. This section contains an explanation of the differences between the Inforce and the Transaction files. The record layout, TAIXEDIX, is included in this section.

Both files contain an initial and a final record in addition to the detail records. The initial record identifies the ceding and assuming companies, the file date, and other control information. The final record gives a record count, and, for the transaction extract, a net amount. The record layout and data field explanations of the initial and final records are included below.

The base TAI system contains information for up to 2 insureds (EDIX-INSURED-DATA). If a client reinsures products with more than two lives per cession, this area may be changed to occur up to 10 times.

The EDI Extract record layout contains some areas which vary by line of business. There are different fields for Life, DI and Long Term Care products. A single extract file will only contain records for one line of business.

The basic values, including face, retention and ceded amounts, occur three times. For Life records, these occurrences represent the life coverage, ADB, and waiver of premium. DI records have the DI benefit in the first occurrence. The second and third occurrences are not usually used for DI. Long term care policies have the daily benefit in the first occurrence. The second and third occurrences are defined for each installation.

The record also contains three occurrences of 'extra' premiums. These fields may hold flat extras, policy split option premium, guaranteed insurability rider premiums, and other premiums defined by installation. A one character code identifies the type of premium.

The benefit field may contain the waiver of premium benefit for a life policy. For a DI record, this field may contain the monthly benefit. (DI benefits are not processed on TAI at this time.)

# **ELECTRONIC REPORTING**

## **INITIAL / FINAL RECORD DATA FIELDS**

The initial record in the extract can be identified by the '####H' in the first three characters of the record. The final record has a '####T' in the first three characters of the record. The record layout, TAIWCNTL, is included in this section.

The initial and final file records use the same record format. The data in the initial record is repeated in the final record, with the addition of the number of extract records on the file.

The record contains two effective dates. On a cession extract containing only inforce cessions, these dates will be the same and identify the effective date the file was created. This will normally be the last day of a month. For the transaction extracts, and inforce extracts containing terminated cessions, these dates identify the period covered by the file. The format of these dates, is CCYYMMDD.

The record contains the name and NAIC code of the ceding company. If the file contains records for multiple ceding companies, the company name will identify the corporate entity, and the NAIC code the main ceding company. The record contains the name and NAIC code of the assuming company. The names and NAIC codes are maintained using the online Processing Company screen.

The final record contains a record count, and a net amount for the transaction extract. The net amount will contain zeroes on the cession extract. The record count and net fields will contain zeroes on the initial record.



# **ELECTRONIC REPORTING**

## **MAINTENANCE LOG**

Modifications made to the base electronic reporting format are identified in this section. The date is when the enhancement was made to the base system. Systems installed before this date will not normally have the enhancement.

Jan 2011: New 3.00 format introduced.

EXTRACT RECORD LAYOUTS

MODULE: TAIXEDIX - Electronic Reporting Record Layout

Record Length: 1400 Characters

This record is used in the CESSION and TRANSACTION extracts.

01	EDI-EXTRACT-REC.				
05	EDIX-CO	PIC	X(05).	1	5
05	EDIX-POL	PIC	X(15).	6	20
05	EDIX-COV	PIC	X(04).	21	24
05	EDIX-CESS-SEQ	PIC	9(02).	25	26
05	EDIX-TRANS-SEQ	PIC	9(04).	27	30
05	EDIX-LOB	PIC	X(01).	31	31
05	EDIX-REINS-CO	PIC	X(04).	32	35
05	EDIX-REPORTING-CO	PIC	X(04).	36	39
05	EDIX-TRANS-TYPE	PIC	X(03).	40	42
05	FILLER REDEFINES EDIX-TRANS-TYPE.				
10	EDIX-STATUS	PIC	X(03).	40	42
05	EDIX-TRANS-CNT	PIC	X(01).	43	43
05	EDIX-IMAGE-SW	PIC	X(01).	44	44
05	EDIX-FROM-DATE	PIC	9(08).	45	52
05	EDIX-TO-DATE	PIC	9(08).	53	60
05	EDIX-DATE-REPORTED	PIC	9(06).	61	66
05	EDIX-MODE	PIC	X(02).	67	68
05	EDIX-COMMENT	PIC	X(02).	69	70
05	EDIX-POL-DURATION	PIC	9(03).	71	73
05	EDIX-REINS-DURATION	PIC	9(03).	74	76
05	EDIX-CESSION-ID	PIC	X(15).	77	91
05	EDIX-POL-DATE	PIC	9(08).	92	99
05	FILLER REDEFINES EDIX-POL-DATE.				
10	EDIX-POL-DATE-CC	PIC	9(02).	92	93
10	EDIX-POL-DATE-YY	PIC	9(02).	94	95
10	EDIX-POL-DATE-MM	PIC	9(02).	96	97
10	EDIX-POL-DATE-DD	PIC	9(02).	98	99
05	EDIX-REINS-DATE	PIC	9(08).	100	107
05	FILLER REDEFINES EDIX-REINS-DATE.				
10	EDIX-ISSUE-DATE	PIC	9(08).	100	107
05	EDIX-POL-STATUS	PIC	X(03).	108	110
05	EDIX-LOCATION-CD	PIC	X(10).	111	120
05	EDIX-STATE-ISS	PIC	X(02).	121	122
05	EDIX-STATE-RES	PIC	X(02).	123	124
05	EDIX-JOINT-TYPE	PIC	X(01).	125	125
05	EDIX-CESS-JOINT-AGE	PIC	9(03).	126	128
05	EDIX-PMEX-JOINT-AGE	PIC	9(03).	129	131

EXTRACT RECORD LAYOUTS

MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

05	EDIX-CESS-AUTOFAC-SW	PIC X(01).	132	132
05	EDIX-PMEX-AUTOFAC-SW	PIC X(01).	133	133
05	EDIX-DB-OPTION	PIC X(01).	134	134
05	EDIX-PAR	PIC X(01).	135	135
05	EDIX-CESS-ISSUE-TYPE	PIC X(01).	136	136
05	EDIX-PMEX-ISSUE-TYPE	PIC X(01).	137	137
05	EDIX-CESS-UW-METHOD	PIC X(01).	138	138
05	EDIX-PMEX-UW-METHOD	PIC X(01).	139	139
05	EDIX-TREATY-NO	PIC X(12).	140	151
05	EDIX-TRTY-REF-NO	PIC X(15).	152	166
05	EDIX-TRTY-GROUP	PIC X(12).	167	178
05	EDIX-TRTY-JOINT-METHOD	PIC X(02).	179	180
05	EDIX-REINS-TYPE	PIC X(01).	181	181
05	EDIX-PLAN	PIC X(15).	182	196
05	EDIX-SEARCH-PLAN	PIC X(15).	197	211
05	EDIX-PRODUCT-CD	PIC X(01).	212	212
05	EDIX-PRODUCT-CD-1	PIC X(01).	213	213
05	EDIX-PRODUCT-CD-2	PIC X(01).	214	214
05	EDIX-CURRENCY-CD	PIC X(03).	215	217
05	EDIX-CONTINUATION-FIELDS.			
10	EDIX-CONT-CO	PIC X(05).	218	222
10	EDIX-CONT-POL	PIC X(15).	223	237
10	EDIX-CONT-COV	PIC X(04).	238	241
05	EDIX-MSG	PIC X(80).	242	321
05	EDIX-NO-OF-INS	PIC 9(02).	322	323
05	EDIX-BASIC-FILLER	PIC X(11).	324	334
05	EDIX-INSURED-DATA.			
10	EDIX-INSURED-INFO OCCURS 2 TIMES.			
15	EDIX-LAST-NAME	PIC X(25).	335	359
15	EDIX-FIRST-NAME	PIC X(20).	360	379
15	EDIX-MID-NAME.			
20	EDIX-MID-INIT	PIC X(01).	380	380
20	FILLER	PIC X(09).	381	389
15	EDIX-CLIENT-ID	PIC X(25).	390	414
15	EDIX-INS-STATUS	PIC X(01).	415	415
15	EDIX-DOB	PIC 9(08).	416	423
15	EDIX-CESS-GENDER	PIC X(01).	424	424
15	EDIX-PMEX-GENDER	PIC X(01).	425	425
15	EDIX-PMEX-PRICING-GENDER	PIC X(01).	426	426
15	EDIX-CESS-AGE	PIC 9(03).	427	429
15	EDIX-PMEX-AGE	PIC 9(03).	430	432
15	EDIX-CESS-CLASS	PIC X(03).	433	435
15	EDIX-PMEX-CLASS	PIC X(03).	436	438

EXTRACT RECORD LAYOUTS

MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

	15	EDIX-CESS-MORT	PIC 9(01)V999.	439	442	
	15	FILLER REDEFINES EDIX-CESS-MORT.				
	20	EDIX-CESS-MORT-DISP	PIC 9(03)V9.	439	442	
	15	EDIX-CESS-MORT-DUR	PIC 9(03).	443	445	
	15	EDIX-PMEX-MORT	PIC 9(01)V999.	446	449	
	15	FILLER REDEFINES EDIX-PMEX-MORT.				
	20	EDIX-PMEX-MORT-DISP	PIC 9(03)V9.	446	449	
	15	EDIX-PMEX-MORT-DUR	PIC 9(03).	450	452	
	15	EDIX-CESS-TEMP-FLX	PIC 9(03)V99.	453	457	
	15	EDIX-CESS-TEMP-DUR	PIC 9(03).	458	460	
	15	EDIX-CESS-PERM-FLX	PIC 9(03)V99.	461	465	
	15	EDIX-CESS-PERM-DUR	PIC 9(03).	466	468	
	15	EDIX-PMEX-TEMP-FLX	PIC 9(03)V99.	469	473	
	15	EDIX-PMEX-TEMP-DUR	PIC 9(03).	474	476	
	15	EDIX-PMEX-PERM-FLX	PIC 9(03)V99.	477	481	
	15	EDIX-PMEX-PERM-DUR	PIC 9(03).	482	484	
	15	EDIX-INSURED-FILLER	PIC X(10).	485	494	
05		EDIX-VALUES.				
	10	EDIX-PMEX-REINS-VALUES OCCURS 3 TIMES.				
	15	EDIX-FACE	PIC 9(09)V99.	655	665	
	15	EDIX-RETN	PIC 9(09)V99.	666	676	
	15	EDIX-CEDED	PIC 9(09)V99.	677	687	
	15	EDIX-NAR	PIC 9(09)V99.	688	698	
	15	EDIX-PMEX-PREM	PIC 9(09)V99.	699	709	
	15	EDIX-BEN-MORT	PIC 9(01)V999.	710	713	
	15	FILLER REDEFINES EDIX-BEN-MORT.				
	20	EDIX-BEN-MORT-DISP	PIC 9(03)V9.	710	713	
	10	EDIX-PREMIUMS.				
	15	FILLER OCCURS 6 TIMES.				
	20	EDIX-PREM	PIC S9(09)V99	832	843	
		SIGN IS TRAILING SEPARATE CHARACTER.				
	20	EDIX-ALLOW	PIC S9(09)V99	844	855	
		SIGN IS TRAILING SEPARATE CHARACTER.				
	10	FILLER REDEFINES EDIX-PREMIUMS.				
	15	FILLER	PIC X(72).	832	903	
	15	EDIX-EXTRA-PREMIUMS OCCURS 3 TIMES.				
	20	EDIX-EXTRA-PREM	PIC S9(09)V99	904	915	
		SIGN IS TRAILING SEPARATE CHARACTER.				
	20	EDIX-EXTRA-ALLOW	PIC S9(09)V99	916	927	
		SIGN IS TRAILING SEPARATE CHARACTER.				
	10	EDIX-EXTRA-TYPE OCCURS 3 TIMES			PIC X(01).	976 976
	10	EDIX-PMEX-SPEC-PREM	PIC 9(09)V99.	979	989	
	10	EDIX-PREM-TO-BE-WAIVED	PIC 9(09)V99.	990	1000	

EXTRACT RECORD LAYOUTS

MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

10	EDIX-PREM-TAX	PIC S9(09)V99	1001	1012
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDIX-CASH-VALUE	PIC S9(09)V99	1013	1024
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDIX-PMEX-CASH-VALUE	PIC 9(09)V99.	1025	1035
10	EDIX-PMEX-NEXT-CASH-VALUE	PIC 9(09)V99.	1036	1046
10	EDIX-WAIVER-BENEFIT	PIC S9(09)V99	1047	1058
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDIX-DIVIDEND	PIC S9(09)V99	1059	1070
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDIX-PMEX-DIVIDEND	PIC 9(09)V99.	1071	1081
10	EDIX-POL-FEE	PIC S9(05)V99	1082	1089
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDIX-PMEX-POL-FEE	PIC 9(05)V99.	1090	1096
10	EDIX-POL-FEE-ALLOW	PIC S9(05)V99	1097	1104
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDIX-CLAIM.			
15	EDIX-CLAIM-LIFE-AMT	PIC S9(09)V99	1105	1116
	SIGN IS TRAILING SEPARATE CHARACTER.			
15	EDIX-CLAIM-ADB-AMT	PIC S9(09)V99	1117	1128
	SIGN IS TRAILING SEPARATE CHARACTER.			
15	EDIX-CLAIM-INTEREST	PIC S9(07)V99	1129	1138
	SIGN IS TRAILING SEPARATE CHARACTER.			
15	EDIX-CLAIM-LEGAL-EXP	PIC S9(07)V99	1139	1148
	SIGN IS TRAILING SEPARATE CHARACTER.			
15	EDIX-CLAIM-OTHER-EXP	PIC S9(07)V99	1149	1158
	SIGN IS TRAILING SEPARATE CHARACTER.			
15	EDIX-CLAIM-ID	PIC X(15).	1159	1173
10	EDIX-PMEX-BENEFIT	PIC 9(09)V99.	1174	1184
10	EDIX-ULT-FACE	PIC 9(09)V99.	1185	1195
10	EDIX-ULT-CEDED	PIC 9(09)V99.	1196	1206
05	EDIX-LIFE-FILLER	PIC X(15).	1207	1221

EXTRACT RECORD LAYOUTS

MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

05	EDIX-DI-DATA.			
10	EDIX-DI-OCC-CLASS	PIC	X(02).	1222 1223
10	EDIX-DI-COLA-PCT	PIC	9V99.	1224 1226
10	EDIX-DI-ACC-BENEFIT-MODE	PIC	X(01).	1227 1227
10	EDIX-DI-ACC-BENEFIT-PERIOD	PIC	9(03).	1228 1230
10	EDIX-DI-ACC-ELIM-PERIOD	PIC	9(03).	1231 1233
10	EDIX-DI-SICK-BENEFIT-MODE	PIC	X(01).	1234 1234
10	EDIX-DI-SICK-BENEFIT-PERIOD	PIC	9(03).	1235 1237
10	EDIX-DI-SICK-ELIM-PERIOD	PIC	9(03).	1238 1240
10	EDIX-DI-BENEFITS.			
15	EDIX-DI-BENEFIT OCCURS 8 TIMES	PIC	X(02).	1241 1242
10	EDIX-DI-FILLER	PIC	X(30).	1257 1286
05	EDIX-LTC-DATA.			
10	EDIX-LTC-BEG-DATE	PIC	9(03).	1287 1289
10	EDIX-LTC-BEN-ACCNT	PIC	9(09).	1290 1298
10	EDIX-LTC-INC-OPT	PIC	X(01).	1299 1299
10	EDIX-LTC-INC-PCT	PIC	9(03).	1300 1302
10	EDIX-LTC-BEN-PER-MODE	PIC	X(01).	1303 1303
10	EDIX-LTC-BEN-PER	PIC	9(03).	1304 1306
10	EDIX-LTC-FILLER	PIC	X(30).	1307 1336
05	EDIX-CLIENT-FIELDS.			
10	EDIX-CLIENT-FILLER	PIC	X(64).	1337 1400

EXTRACT RECORD LAYOUTS

This page intentionally left blank

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

Several of the fields on the extract record occur three times, representing different benefits. For life products, these fields represent life, ADB, and waiver benefits. Monthly income is in the first occurrence for disability products, and the daily benefit is in the first occurrence for long term care products. The second and third occurrences are defined by installation for DI and LTC products.

Also, several fields have values from the direct policy administration system (PMEX prefix) and fields utilized by the reinsurance cession premium calculation (CESS prefix).

On the Transaction extract, values like the premiums and allowances are pro-rated for the period between the From and To dates. On the Cession extract, these fields contain the reinsurance modal values (annual, monthly, etc.).

The insured fields (age, sex, name, etc.) occur twice. The second occurrence is only populated for joint policies; for single life policies it will contain spaces and zeroes.

### **AGE**

This field contains the insured's issue age. Attained age may be calculated when computing reinsurance premiums, but the age which appears on the TAI system screens and reports, is always the issue age. For continuations, this is the issue age of the original policy.

### **ALLOWANCE**

This field contains the reinsurance allowance. The Cession extract contains the mode allowance. On the Transaction extract, the allowance may be pro-rated for the period covered.

### **AUTOMATIC / FACULTATIVE CODE**

Valid values:

- A = Automatic
- F = Facultative
- O = Facultative Obligatory
- R = Reinsured Retention



# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **BENEFIT**

This field contains the benefit payable for the coverage as of the values date.

For life policies this is the death benefit.

For disability policies this is the monthly benefit.

For long term care policies this is the daily benefit.

The benefit amount may include automatic increases, such as COLA adjustments or paid up additions

### **BENEFIT MORTALITY**

This field, which occurs three times, contains the mortality rating for the life, ADB and waiver benefits. The standard mortality rating is 100.0.

The ADB and Waiver fields are not used at most installations.

### **CASH VALUE**

This field is used to recover coinsured cash values from the reinsuring company. On the cession extract it contains zeroes.

This field is not used for DI and LTC. For life policies, it contains the reinsurer's portion of the surrender cash value.

### **CEDED AMOUNT**

This field contains the benefit amount ceded. The ceded amount is always based on the face amount of the benefit and is calculated when the cession record is created. Normally, it does not change over the life of the policy. The ceded amount for supplemental benefits like ADB or WP may be different than the base benefit ceded amount.

### **CESSION EFFECTIVE DATES**

These fields contain the cession effective dates. If the cession is terminated, both fields contain the date of termination, but only one date is displayed.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **CESSION FLAT EXTRA, DURATION**

These fields contain the Flat Extra Rate per 1000 that is utilized for the reinsurance premium calculation, along with the duration. These fields may be needed to verify Frasier premium calculations on last to die coverages.

### **CESSION ID**

This field contains the number assigned to this cession by the assuming company. Cession numbers may be used for facultative and older cessions.

### **CESSION INSURED DATA**

The cession insured data displays the insured's gender, pricing gender, issue age, rating class, and mortality rating

### **CESSION SEQ**

This field contains the reinsurance cession sequence number. The cession number, which may be between 1 and 60, is used to identify a specific cession record.

### **CLAIM**

This section contains the claim amounts netted from the billing statement. It includes the life claim, ADB claim, claim interest and the claim's legal and other expense amounts.

### **CLASS CODE**

This field contains the class code, which is used to lookup premiums and allowances. The field occurs twice, with the second occurrence used for joint policies.

Common valid values:

- AG = Aggregate
- PN = Preferred Non-smoker / Non-tobacco
- PS = Preferred Smoker / Tobacco
- SN = Standard Non-smoker / Non-tobacco

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

SS = Standard Smoker / Tobacco

Additional classes may be added to the system by the client as needed.

### **CLIENT FIELDS**

These fields are client-specific fields that are defined during installation.

### **CLIENT ID**

This field contains the unique client id for an insured. Client IDs are assigned when a policy is added to the TAI system. IDs may be passed from the administrative system or may be built by the TAI system. The client ID is used to connect insureds when calculating retention on a life.

### **COMMENT CODE**

The 2 character Comment Code is used to mark reinsurance cessions that require maintenance or review. Some common comment codes are listed below. Other codes are added as needed at client installations. In many cases, records marked with a comment also have a temporary message attached explaining why the record was marked.

Most comment codes are set by the Interface cycle. Comments may also be set by the Billing Renewal program, and during system conversion. Online maintenance may set the 'Recalc Needed' and 'Changes on Reinstatement' codes.

Most comments prevent automatic processing. The renewal program attempts to process records with comments beginning with 'B' or 'C'.

- OK = Reinsurance ok, no comment
- CE = Conversion error, do not process automatically until reinsurance is maintained.
- CV = Conversion marked, retry in renewal program
- VE = Conversion error, do not process automatically until reinsurance is maintained.

The previous three comments are set when converting records from a client's reinsurance system to the TAI System. System conversion errors (CV) that cause reinsurance to be marked include premiums and allowances not found. The renewal program will attempt to process these cessions. Errors that require user maintenance are marked with CE or VE. Common errors include policy master not found and ceded amount greater than face. Records will have a message attached explaining the exact error.

# ELECTRONIC REPORTING

## DATA DICTIONARY

PT = Pending Termination. This code is used to identify records that need to be terminated in the future, based on the type of termination, or a future termination date. It is removed if a policy reinstates. These terminations are processed by the renewal program.

Comments beginning with B are set by the renewal billing program. The renewal program will attempt to process records with these comments.

BI = Billing Error. This code is set in the Billing cycle if there is an error attempting to renew reinsurance. A message will identify the error.

BX = Manual extras require maintenance.

BF = Policy face amounts do not equal the Retention + Ceded amounts on the reinsurance records. This situation may be caused by a transaction that was missed in the Interface cycle. To correct, process the face change on the Reinsurance Maintenance screen.

BP = Set when the policy master is not in force when the program attempts to renew reinsurance.

BT = Termination Error. This is set when an error occurs attempting to process a pending termination.

Comment codes that begin with A are add errors. These codes are set during the Interface cycle.

AA = Automatic Add Error. This code indicates that an error occurred attempting to add automatic reinsurance. A message identifies the specific error. The renewal program attempts to add reinsurance for this comment.

AF = Facultative Add Error. This comment indicates that facultative reinsurance is required.

AC = Continuation Add Error. This comment is used if an error occurred while adding continuation reinsurance, or if cycle parms indicate that continuation reinsurance must be added online.

Other comment codes are as follows:

ER = Calculation Error. This comment is used if there is an error calculating ceded and retained amounts.

# ELECTRONIC REPORTING

## DATA DICTIONARY

### COMMENT CODE (cont.)

- ET = Extended Term Error. An error occurred while going either to or from extended term status.
- FC = Face Change Error. An error occurred while processing a face change.
- FD = First Death Error. An error occurred while trying to report a first death on a last to die policy.
- GC = Gap in Coverage Error. An error occurred while performing an UNDO process on the billing records. Billing records and reinsurance dates should be reviewed to check for any reinsurance implications.
- IC = Multiple Changes Flag. Multiple policy changes have occurred. Some, or all, may have reinsurance implications.
- IM = Maintenance Error. An error occurred during the Interface cycle while performing maintenance on the reinsurance.
- IR = Reinstatement Error. An error occurred while attempting to reinstate reinsurance.
- IT = Termination Error. An error occurred while attempting to terminate reinsurance.
- MT = Marked Termination. Termination marked for online processing.
- PU = Paid Up. Policy went from premium paying status to paid up status; cession marked for online processing.
- RC = Recalculation Required. This comment is used to mark reinsurance which must be recalculated to pick up a change made to the cession.
- RP = Reduce Paid Up Error. An error occurred while going either to or from reduced paid up status.
- RS = Reinstatement With a Change. Reinsurance was reinstated, but the policy has changed. The reinsurance must be maintained to reflect the policy change.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **COMPANY**

This field identifies the ceding company.

### **CONTINUATION KEY FIELDS**

When reinsurance is added for policies which are continuations of other policies, these fields identify the prior processing company, policy, and coverage number.

For these fields to be filled in, reinsurance must be created using the Add Continuation function. For cessions that have been converted from an earlier version of the TAI system, this data is usually contained in a message.

### **COVERAGE NUMBER**

This field contains the coverage number, which is part of the policy key. This number is used to identify a specific policy coverage. A coverage may be the base, other insured rider, a term rider on the primary life, or an underwritten increase on a universal life policy. Coverage numbering varies by installation. The base coverage is usually 01.

### **CURRENCY CODE**

This field identifies the currency. Common valid values:

CND = Canadian Dollars

USD = US Dollars

BPD = British Pounds

Currency codes are defined by processing company, and are maintained on the Processing Company screen.

### **DATE OF BIRTH**

This field contains the insured's date of birth.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **DATE REPORTED**

On the Cession extract, this is the last time the cession appeared on a Billing statement or Transaction extract. On the Transaction extract, this is the month the transaction was reported.

The format of the date is CCYYMM.

### **DEATH BENEFIT OPTION**

This field contains the UL / VUL Death Benefit Option code. Valid values:

- L = Level (DB = specified amount)
- I = Increasing (DB = specified amt + fund value)
- P = Return of Premium
- ' ' = Not applicable

### **DI ACCIDENT BENEFIT MODE / PERIOD**

These fields describe the benefit period for a disability due to an accident. The first field contains the benefit period, the second defines the period in months, years, or an age.

Valid values:

- 60 M = Sixty-month benefit period
- 3 Y = Three-year benefit period
- 65 A = Benefit period to age 65
- 99 A = Lifetime benefit period

### **DI ACCIDENT ELIMINATION PERIOD**

This field displays the accident elimination period. It is the period of time that must elapse before benefits for a disability due to an accident are paid.

The elimination period is expressed in terms of days.

### **DI BENEFITS**

These fields contain a two-digit abbreviation of DI coverage riders. A maximum of eight

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

coverages for a policy may be stored.

These coverages typically carry an extra premium that is added to the basic premium. The two-digit abbreviation of the benefit indicates the existence of the benefit on the policy. Such benefits may include occupation extension, residual with or without return to work, etc.

### **DI COLA PERCENTAGE**

This field contains the annual cost of living percentage adjustment to the DI benefits while the insured is receiving disability claim payments.

### **DI OCCUPATION CLASS**

This field contains the occupation class of the insured. Classifications are installation specific and can be any two-character alpha/numeric combination.

### **DI SICKNESS BENEFIT MODE / PERIOD**

These fields describe the benefit period for a disability due to sickness. The first field contains the benefit period, the second defines the period in months, years, or an age.

The following are examples of benefit periods:

60 M = Sixty-month benefit period

3 Y = Three-year benefit period

65 A = Benefit period to age 65

99 A = Lifetime benefit period

### **DI SICKNESS ELIMINATION PERIOD**

This field displays the sickness elimination period. It is the period of time that must elapse before benefits for a disability due to sickness are paid.

The elimination period is expressed in number of days.

### **DIVIDEND**

This field contains the reinsurer's share of the direct dividend. If dividends are not reinsured this



# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

field will contain a zero.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **EXTRA TYPE, PREMIUM, ALLOWANCE**

These fields occur three times and are used to report additional benefits. Base valid values:

- T = Temporary flat extra
- P = Permanent flat extra
- S = Policy split option
- G = Guaranteed insurability option

Additional types may be added for an installation.

### **FACE**

The policy face amount for the benefit, which occurs three times. Life and DI face amounts are expressed in dollars, long term care face amounts use dollars and cents.

### **FROM DATE**

This field contains the beginning date of the period covered by this record. The premiums on the Transaction record cover the period beginning with the From Date through the To Date.

On the Cession extract, terminated cessions have the termination date in both the From and To dates.

### **IMAGE SWITCH**

This field is on the Transaction extract, is used to identify the before and after records created by certain transactions. Most records on the extract will not be produced in pairs, and will contain a 1.

This field is not used on the cession extract.

- 1 = First record created by a transaction, or only record created by a transaction.
- 2 = Second (after) record created by a transaction.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **INSURED'S STATUS**

This field indicates the insured's coverage status. Valid values:

- A = Alive
- D = Deceased
- U = Uninsurable

This field is used for survivor (last to die) policies. The insured status is not always available on the policy administration system.

### **ISSUE DATE**

This field contains the issue date of the reinsurance. For most cessions, it is the same as the policy date. For continuations, it contains the issue date of the original coverage.

### **ISSUE TYPE**

This code identifies how a cession was issued. Valid values:

- N = New business
- C = Continuation
- R = Reentry

### **JOINT AGE**

This field is used for joint coverages using a joint equivalent age for rate searches. If joint equal age is not used, this field will be zero.

### **JOINT CALCULATION METHOD**

This two-character code determines how reinsurance is calculated for joint policies. The code identifies the method and version to be used.

Base valid values:

- F1 = Frasierized premium calculation, version 1
- J1 = Joint Equivalent Age calculation, version 1
- N = No joint processing

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

For F1 and J1, a retention check is done on each life, and the lesser of the possible retentions is used.

Additional codes and the underlying calculations are added as needed for each installation.

### **JOINT TYPE**

Valid values:

- F = First to die
- L = Last to die
- N = Not a joint life coverage
- U = Last to die, one life uninsurable

### **LINE OF BUSINESS CODE**

Valid values:

- C = Long Term Care
- D = Disability Income
- L = Life Insurance

### **LOCATION**

This field contains the concentration of risk location. It may be a zip code, building code, or some other identifier.

### **LTC BEGINNING DATE**

This field contains the day on which long term care benefits begin.

### **LTC BENEFIT ACCOUNT**

This field contains the long term care benefit account value, which is equal to the daily limit times the number of days in the benefit period. For a lifetime benefit period, the benefit account value is zero (unlimited).

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **LTC BENEFIT PERIOD / MODE**

This field contains the long term care benefit period.

### **LTC INCREASE OPTION AND PERCENTAGE**

This field identifies the type of automatic increase option, and the increase percentage.

### **MESSAGE**

This field contains messages that explain the cession or transaction being reported. These messages may be entered by the user or created by the system in batch cycles.

### **MODE**

This two-character code on the Treaty record identifies the mode of reinsurance premium payment. Base valid values:

AN = Annual

MN = Monthly

VN = Variable NAR. Premiums are paid annually in advance. Policy NAR is checked monthly and reinsurance recalculated if NAR varies more than the limit. NAR variance limit is defined on the Monthly Cycle Options screen.

Q1 = Quarterly (five payments / year). Premiums are paid quarterly with two payments made during the anniversary quarter, reflecting the old and new age and duration.

Additional modes may be added as needed.

### **MORTALITY RATING, DURATION**

This field occurs twice, and contains the insured's mortality rating and the duration of the rating. A standard rating is 1.000.

### **NAME**

These fields contain the insured's full name (last name, first name, middle name).

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **NET AMOUNT AT RISK**

The reinsured net amount at risk (NAR).

### **NEXT CASH VALUE**

This field contains the cash value for the next policy duration.

### **NUMBER OF INSUREDS**

This field contains the number of persons who are insured by the coverage. The number of insureds can only be entered by using the Add or Model function. If the number of insureds is greater than two, the Client Coverage screen must be used to process the data for the other insureds.

### **PARTICIPATING CODE**

This field indicates the participating status or the interest sensitive product type for life products. Additional codes may be added for specialty products. This code identifies the policy par type / product type, and is used primarily for ceding company reporting.

Valid values:

N = Non-participating  
P = Participating

U = Universal life  
V = Variable universal life

### **PERMANENT FLAT EXTRA, DURATION**

These fields contain the Flat Extra Rate per 1000 that the insured is being charged, along with the duration. If reinsured, the reinsured flat extra may be found in the Extra Premium field. These fields may be needed to verify Frasier premium calculations on last to die coverages.

### **PLAN**

This field contains the coverage plan code which comes from the policy master record.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **POLICY CASH VALUE**

This field contains the cash value or the fund value of the coverage. It is subtracted from the Death Benefit to calculate the net amount at risk for YRT reinsurance.

For coinsured traditional policies, the cash value fields are used to recover cash values when a policy is surrendered or pay cash values if the policy is reinstated.

### **POLICY DATE**

This field contains the issue date of the policy. This is the field the TAI system uses to select automatic reinsurance arrangements and process renewals.

### **POLICY DIVIDEND**

This field is the direct policy dividend amount.

### **POLICY DURATION**

The duration at issue is 01. The reinsurance duration is used for most reinsurance calculations. The policy duration may be used for special reinsurance agreements such as reinsurance of an inforce block of business.

### **POLICY FEE**

These fields contain the direct and reinsurance policy fee.

### **POLICY FEE ALLOWANCE**

This field contains the reinsurance policy fee allowance.

### **POLICY NUMBER**

This field contains the policy number which is part of the coverage key.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **POLICY STATUS**

This field contains the status of the policy master record. See STATUS for a list of possible status codes.

### **PREMIUM**

These fields contain the direct and reinsurance premium. On the Cession extract, this contains the reinsurance mode premium, on the Transaction extract, the reinsurance premium may be pro-rated for the period covered.

### **PREMIUM TAX**

If premium tax is reimbursed, this field contains the tax amount.

### **PREMIUM WAIVED**

This field is used to calculate the premium to be recovered from the reinsurer if the coverage status is waiver of premium and the benefit is reinsured.

This field is not used and need not be populated, if waiver benefits are not collected on the TAI System.

### **PRICING SEX**

This field contains the gender used to compute premiums and allowances. Valid values:

U = Unisex  
M = Male  
F = Female



# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **PRODUCT TYPE CODE**

There are three product type codes. The first field defines the product type of the coverage.

Valid values:

E = Excess interest whole life	V = Variable universal life
T = Term	D = Disability income
U = Universal life	C = Long term care
W = Whole life	I = Critical Illness

Additional product type codes may be defined as needed.

The second and third fields are used by the TAI system to identify coverages needing special processing. Values for these fields are defined as needed at each installation.

### **REINSURANCE COMPANY**

This field contains the two-character reinsurance company Id code that identifies the assuming company.

### **REINSURANCE DATE**

This field contains the issue date of the reinsurance. For most cessions it is the same as the policy date. For continuations, it contains the issue date of the original coverage. When reinsurance is added for an inforce block, this field may contain the effective date of the inforce deal.

A system installation option determines how off-anniversary continuations are processed. Reinsurance may continue using the anniversary date of the original policy, or the date may be the nearest anniversary date of the new policy.

### **REINSURANCE DURATION**

This field contains the reinsurance duration. It may differ from the policy duration if the cession is a continuation or the policy is a re-entry.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **REINSURANCE TYPE**

This field is a one-byte code that identifies the type of reinsurance. Valid values:

- C = Coinsurance
- M = Modified coinsurance (MODCO)
- Y = Yearly Renewable Term (YRT)

### **REPORTING COMPANY**

This field identifies the company, used for reporting purposes. It will normally be the same as the reinsuring company. If one reinsuring company buys another, and would like reporting to be combined, the reporting company can be changed to that of the purchasing company. The reporting company may be changed using an online screen.

### **RETENTION AMOUNT**

This field, which occurs three times, contains the amount of the benefit retained by the ceding company. This is the amount retained on this policy coverage, not on the life.

### **SEARCH PLAN CODE**

The search plan code points the reinsurance system to the appropriate reinsurance treaty through the Automatic Reinsurance screen.

Use of this field is defined for each installation. The search plan may be a partial plan code, or a product identifier.

### **SEX**

This code is used to identify the gender of the insured. Valid values:

- F = Female
- M = Male

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **SPECIAL PREMIUM**

This field contains the direct premium for benefits other than base, ADB, and waiver of premium.

An example of such a coverage is the premium for a rider that provides a paid up life policy upon the death of the first insured.

The following special premium type codes are included with the base system:

- G = Guaranteed insurability rider
- S = Policy split option

Additional special premium usage is defined by installation.

### **STATE OF ISSUE**

This field contains a two-letter abbreviation of the state or province of issue.

### **STATE OF RESIDENCE**

This field contains a two-letter abbreviation of the state or province of residence. This field is used to compute premium tax reimbursement.

### **STATUS**

This field on the Cession extract, identifies the status of the cession. Valid values:

Inforce Statuses:

- |  |   |
|--|---|
| PMP = Premium paying                             | ETI = Extended term                             |
| WOP = Waiver of premium                          | PDU = Paid up                                   |
| RPU = Reduced paid up                            | PDT = Suspended due to pending death processing |
| CLM = Policy in claim pay out (DI or LTC policy) |   |

Terminated Statuses:

- |                                    |                             |
|------------------------------------|-----------------------------|
| CER = Ceded in error               | RCP = Recaptured            |
| CNT = Terminated as a continuation | RCV = Recovered             |
| DTH = Death                        | RNT = Reinsurance not taken |
| EXH = Benefits Exhausted           | SUR = Surrender             |

# ELECTRONIC REPORTING

## DATA DICTIONARY

### STATUS (cont.)

EXP = Expiry

LAP = Lapse

MAT = Maturity

NTO = Not taken

TRM = Terminated, unknown reason

TRP = Terminated due to RPU

TRV = Drop below trivial amount

On the Transaction extract, use Transaction Type, which redefines Status.

### TEMPORARY FLAT EXTRA, DURATION

These fields contain the Flat Extra Rate per 1000 that the insured is being charged, along with the duration. If reinsured, the reinsured flat extra may be found in the Extra Premium field. These fields may be needed to verify Frasier premium calculations on last to die coverages.

### TO DATE

This field contains the end date of the period covered by a record.

On the Cession extract, terminated cessions have the termination date in both the From and To dates.

### TRANSACTION COUNT

This field is used on the Transaction extract to identify the addition or termination of a cession. Valid values:

+ = Addition of a cession

- = Termination of a cession

‘ ‘ = Change to an existing cession

This field will always contain blanks on the Cession extract.

### TRANSACTION SEQUENCE

There may be multiple transaction records created for a cession during the month.

For example, if a policy terminates and reinstates during the same month, the transaction file will

# ELECTRONIC REPORTING

## DATA DICTIONARY

contain two records for the cession. The first record will indicate the reinsurance cession terminated during the month. The second record will indicate the reinsurance cession reinstated during the month. Transaction records appear in reverse order, with the last record created appearing first on the extract. The field EDIX-TRANS-SEQ identifies the order of transaction records. The first record for a cession is Seq 0001, the second is 0002, etc.

### TRANSACTION TYPE

This field identifies the type of transaction being reported on the Transaction extract. Valid values:

CHG = Change	NEW = New business
DEC = Decrease	REI = Reinstatement
FDT = First death	REN = Renewal
FIX = Fix date	REV = Reversal
INC = Increase	ETI = Extended term
PMP = Reinstatement to prem paying	RPU = Reduced paid up
WOP = Waiver of premium	NTO = Not taken
CNT = Continuation	TRM = Terminated, unknown reason
CER = Ceded in error	RCP = Recaptured
DTH = Death	RCV = Recovered
EXH = Benefits Exhausted	SUR = Surrender
EXP = Expiry	TRV = Drop below trivial amount
LAP = Lapse	RNC = Renewal, claims (DI, LTC only)
MAT = Maturity	RNW = Renewal on waiver status
TRP = Terminated due to RPU	RNE = Renewal on ETI status
PRI = Change in prior insurance	RNU = Renewal on RPU status
NAR = NAR adjustment	RNP = Renewal on PAID UP status

Many transaction types can be used for both changes and terminations. CNT is used for both terminations and additions of continuations, and decreases due to a partial continuation. The Transaction Count can be used to identify terminations and additions.

On the Cession extract, use Status, which redefines Transaction Type.

### TREATY

This field contains the TAI system treaty number.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **TREATY GROUP**

This field contains the treaty reporting group use for reporting purposes.

### **TREATY REFERENCE NUMBER**

This field may be used for clients to enter a reference number. The reference number may identify a paper treaty, a contract number, or an accounting number.

### **ULTIMATE CEDED AMOUNT**

This field contains the highest attainable ceded amount for those policies with increasing face amounts. This field is not used at most installations.

### **UNDERWRITING METHOD**

This field identifies the type of underwriting used to issue the coverage. Valid values:

- ' ' = UW Method not used / All UW methods
- A = Aviation
- F = Fully underwritten
- G = Guaranteed issue
- S = Simplified issue

Additional values are added as needed.

### **WAIVER BENEFIT**

This field is used to recover benefits from the reinsuring company. On the cession extract, it contains zeroes.

The contents of this field vary by line of business. For life policies, it is the waiver of premium benefit. If DI or LTC benefits are processed on the TAI system, it contains the current monthly benefit amount for DI, and the current daily benefit for long term care policies.