

# **TAI REINSURANCE SYSTEM**

## **ELECTRONIC REPORTING**

**2.00**

TAI LIFE REINSURANCE SYSTEMS

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# 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.

While developing the TAI System, TAI studied the self-reporting requirements of several reinsurers, the ANSI X-12 guidelines and the guidelines of the Society of Actuaries to make sure that the reporting needs of the reinsurers were met. TAI also met with several reinsurers to discuss the System and how it could help reinsurers. This dialog with reinsurers is an ongoing effort to make TAI useful not only to our clients, but to the reinsurers that they report to.

During TAI's discussions with reinsurers, several concerns were frequently expressed: How could the reinsurers maintain control of their business if the cession information needed to analyze the business was maintained by the ceding company? How was the reinsurer going to process the large volume of information produced by self-administration without hand checking and duplicate data entry? Would the self-administration system provide ALL the information the reinsurers required for their internal reporting and studies?

In addition to the concerns expressed by reinsurers, ceding companies needed the ability to pass reinsurance data in an easy to use format to other departments within the corporation.

TAI's response to these concerns was the creation of Electronic Reporting files. The files created are a Cession Extract and a Reinsurance Transaction Extract. These files were developed to meet the needs of different reinsurers as well as the internal reporting needs of the ceding companies. The files are in the same format to simplify the programming required to access them. The Inforce and Transaction extracts are created in the monthly and quarterly TAI cycles.

Some 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.

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## INTRODUCTION

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.

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.

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 modem, email, tape, or diskette, as well as with X-12 standards when processed through a translator. The record length is 800 bytes. 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**

## **CESSION EXTRACT**

The Cession Extract provides a snapshot of the TAI cession file at the end of the 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.

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.

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.

# ELECTRONIC REPORTING

## TRANSACTION EXTRACT

The Reinsurance Transaction Extract is produced monthly and quarterly by the ceding company. The 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.

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.

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.

The two fields which are used to identify the type of transaction are the TRANS TYPE and TRANS-CNT fields. The transaction type is a three byte 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.

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.

### 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 (EDI-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 byte 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 bytes of the record. The final record has a '##T' in the first three bytes 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 file, 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 file, these dates identify the period covered by the file. The format of these dates, is CCYYMM.

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

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# **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 DI products, and the daily benefit in the first occurrence for long term care products. The second and third occurrences are defined by installation for DI and LTC products.

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 modal values (annual, monthly, etc.)

The insured fields (age, sex, name, etc.) occur two times. The second occurrence will contain spaces and zeroes for single life policies.

### **AGE**

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

### **ALLOWANCE**

This field contains the reinsurance allowance for the period between the FROM and TO dates.

### **AUTOMATIC / FACULTATIVE CODE**

The valid codes are as follows:

- 'A' = Automatic
- 'F' = Facultative
- 'N' = Not reinsured
- 'O' = Facultative Obligatory

### **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, and default to 100.0. A system option, set at the time of installation, determines whether or not the field is used.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **BENEFIT**

The contents of this field varies by line of business. For life policies, it is the death benefit. It contains the current monthly benefit amount for DI, and the current daily benefit for long term care policies.

At some installations, it is not possible to get the death benefit and cash value separately for interest sensitive products. On those system, the benefit field contains the policy net amount at risk, and the cash value is zero.

### **CASH VALUE**

This field contains the cash value or the fund value of the coverage. It is used with the BENEFIT to calculate the policy net amount at risk.

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.

### **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. The ceded amount for supplemental benefits like ADB or WP may be different than the base benefit ceded amount.

### **CESSION SEQ**

This field contains the reinsurance cession sequence number. The cession number, which may be between 1 and 20, is used to identify a specific cession record.

### **CESSION NUMBER**

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

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **CLASS CODE**

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

Common classes include the following:

- 'AG' = aggregate
- 'PN' = preferred non-smoker / non-tobacco
- 'PS' = preferred smoker / tobacco
- 'SN' = standard non-smoker / non-tobacco
- 'SS' = standard smoker / tobacco

Additional classes may be added as needed at an installation. The System Options Report lists the class codes which are used at an installation.

### **CLIENT ID**

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

### **COMPANY**

This field identifies the ceding company.

### **CONTINUATION KEY**

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

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **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, an other insured rider, a term rider on the primary life, or an underwritten increase on a universal life policy. Coverage numbering may vary by installation. The base coverage is usually 01.

### **CURRENCY CODE**

This field identifies the currency.

Commonly used codes are as follows:

'CND' = Canadian Dollars.

'USD' = US Dollars.

### **DATE REPORTED**

On the Cession extract, this is the last time this cession appeared on a billing statement or Transaction extract. On the Transaction, 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 codes are as follows:

'L' = Level (DB = specified amount).

'I' = Increasing (DB = specified amt + fund value).

'P' = Premium.

' ' = Not applicable.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **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 as months, years, or to 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 ACCIDENT ELIMINATION PERIOD**

This field displays the accident elimination period. It is the period of time that must elapse during a disability 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 coverages for a policy may be stored.

These coverages typically carry an extra premium that is added, on TAI, 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 three character alpha/numeric combination.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **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 as months, years, or to 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 during a disability 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 field will contain zero.

### **DATE OF BIRTH**

This field contains the insured's date of birth.

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

These fields occur three times, and are used to report additional benefits. The base codes for extra type are:

T = Temporary flat extra

P = Permanent flat extra

S = Policy split option

Additional types may be added for an installation.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **FACE**

The policy face amount for the benefit. This field 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.

### **INSURED'S STATUS**

This field indicates the insured's coverage status. Valid status codes are as follows:

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

This field is used for survivor (last to die) policies.

### **ISSUE TYPE**

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

- '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 JEA is not used, this field will be zero.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **JOINT TYPE**

This field identifies if the coverage is a joint type. The valid codes are as follows:

- '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**

This code identifies the line of business. Valid codes are as follows:

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

### **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 that 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).

### **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.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **MESSAGE**

This field contains user entered messages which explain the cession or the transaction being reported.

### **MODE**

This 2 character code on the treaty record identifies the mode of reinsurance premium payment. The base system modes are as follows:

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

'C1' = Calendar (1 payment/year; interim payment first year).

Additional modes may be added as needed for a client.

### **MORTALITY RATING, DURATION**

This field, which occurs two times, 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.

### **NET AMOUNT AT RISK**

The reinsured net amount at risk (NAR).

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **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. Valid codes are as follows:

'N' = Non-participating

'V' = Variable universal life

'P' = Participating

'C' = Long term care

'U' = Universal life

'D' = Disability income

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

These fields contain the flat extra rate / 1000 the insured is being charged, along with the duration. If reinsured, the reinsured flat extra may be found in the 'Extra Premium' field. These field 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.

### **POLICY DATE**

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

### **POLICY DURATION**

This field contains the policy duration. The duration at issue is 01.

### **POLICY FEE**

This field contains the reinsurance policy fee.

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **POLICY NUMBER**

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

### **PREMIUM**

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

### **PREMIUM TAX**

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

### **PRICING SEX**

This field contains the sex used to compute premiums and allowances. It may be 'U'nisex, in addition to 'M'ale or 'F'emale.

### **PRODUCT TYPE CODE**

There are three product type codes. The first field defines the product type of the coverage. Codes defining the product type are as follows:

- 'E' = Excess interest whole life
- 'T' = Term
- 'U' = Universal life
- 'V' = Variable universal life
- 'W' = Whole life

Additional product type codes may be defined as needed.

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

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **REINSURANCE COMPANY**

This field contains the 2-character reinsurance company ID code which identifies the assuming company.

### **REINS 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.

### **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.

### **REINSURANCE TYPE**

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

'C' = Coinsurance.

'M' = Modified coinsurance (MODCO).

'Y' = Yearly Renewable Term (YRT).

### **REPORTING COMPANY**

This field identifies the company to be used for reporting purposes. It will normally be the same as the reinsuring company. If one reinsuring company buys another company, 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 TAI screen.

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## **DATA DICTIONARY**

### **RETENTION AMOUNT**

This field, which occurs three times, contains the amount of the benefit retained by the ceding company.

### **SEX**

This code is used to identify the sex of the insured. Valid values are as follows:

'F' = Female

'M' = Male

### **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.

### **TEMPORARY FLAT EXTRA, DURATION**

These fields contain the flat extra rate / 1000 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 ending date of the period covered by this record.

### **TRANSACTION COUNT**

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

'+' = Addition of a cession

'-' = Termination of a cession

' ' = Change to an existing cession

This field will always contain spaces on the Cession extract.

# ELECTRONIC REPORTING

## DATA DICTIONARY

### TRANSACTION TYPE

This field identifies the type of transaction being reported. On the Cession extract, it contains the status of the cession. Valid values are:

#### 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 |

#### Terminated Statuses:

|                                    |                                  |
|------------------------------------|----------------------------------|
| CNT = Terminated as a continuation | NTO = Not taken                  |
| CER = Ceded in error               | TRM = Terminated, unknown reason |
| DTH = Death                        | RCP = Recaptured                 |
| EXH = Benefits Exhausted           | RCV = Recovered                  |
| EXP = Expiry                       | SUR = Surrender                  |
| LAP = Lapse                        | TRV = Drop below trivial amount  |
| MAT = Maturity                     |                                  |

TRANSACTION codes, in addition to the STATUS codes which can also be used as transaction codes, are:

|                   |                      |
|-------------------|----------------------|
| CHG = Change      | NAR = NAR adjustment |
| DEC = Decrease    | NEW = New business   |
| FDT = First death | REI = Reinstate      |
| FIX = Fix date    | REN = Renewal        |
| INC = Increase    | REV = Reversal       |

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

### **TREATY**

This field contains the TAI treaty 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 are as follows:

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

# **ELECTRONIC REPORTING**

## **DATA DICTIONARY**

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