

# CLAIMS CASH FLOW EXTRACT LAYOUT

Record Length - 550 Characters

This record is used to transmit payment data from the reinsurer to the ceding company.

Both Life and Living Benefits claims are supported.

01 CASH-FLOW-EXTRACT-REC.

05	CSHX-KEY-DATA.					
	10	CSHX-CO	PIC	X(05).	1	5
	10	CSHX-POL	PIC	X(15).	6	20
	10	CSHX-COV	PIC	X(04).	21	24
	10	CSHX-EVENT-NUMBER	PIC	9(02).	25	26
	10	CSHX-OCCUR	PIC	9(04).	27	30
	10	CSHX-CESS-SEQ	PIC	9(02).	31	32
	10	CSHX-REINS-CO	PIC	X(04).	33	36
	10	CSHX-REPORTING-CO	PIC	X(04).	37	40
05	CSH	X-SUMMARY-DATA.				
	10	CSHX-LOB	PIC	X(01).	41	41
	10	CSHX-CLAIM-ID	PIC	X(15).	42	56
	10	CSHX-CLAIM-EFF-DATE	PIC	9(08).	57	64
	10	CSHX-EOB-BEGIN-DATE	PIC	9(08).	65	72
	10	CSHX-EOB-END-DATE	PIC	9(08).	73	80
	10	CSHX-PAYMENT-CLASS	PIC	X(03).	81	83
	10	CSHX-LIFE-AMT-REIM	PIC	9(09)V99.	84	94
	10	CSHX-ADB-AMT-REIM	PIC	9(09)V99.	95	105
	10	CSHX-INTEREST-REIM	PIC	9(07)V99.	106	114
	10	CSHX-LEGAL-EXP-REIM	PIC	9(07)V99.	115	123
	10	CSHX-OTHER-EXP-REIM	PIC	9(07)V99.	124	132
	10	CSHX-TOTAL-CLAIM-REIM	PIC	9(09)V99.	133	143
	10	CSHX-SUMMARY-FILLLER	PIC	X(20).	144	163

05 CSHX-INSURED-DATA. 10 CSHX-LAST-NAME PIC X(25). 164 188 TALDOCUMENTATION Cash Flow

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### CLAIMS CASH FLOW DATA DICTIONARY

	10	CSHX-FIRST-NAME	PIC	X(20).	189	208
	10	CSHX-MID-NAME	PIC	X(10).	209	218
	10	CSHX-CLIENT-ID	PIC	X(25).	219	243
	10	CSHX-INSURED-FILLLER	PIC	X(20).	244	263
05	CSH	X-PAYMENT-DATA.				
	10	CSHX-PAYMENT-TYPE	PIC	X(01).	264	264
	10	CSHX-TRANSFER-DATE	PIC	9(08).	265	272
	10	CSHX-ACH-TRANSFER-NO	PIC	X(04).	273	276
	10	CSHX-ACNT-NO-LAST-4	PIC	X(04).	277	280
	10	CSHX-SIGNATURE	PIC	X(40).	281	320
	10	CSHX-CONF-CODE	PIC	X(40).	321	360
	10	CSHX-TRANSFER-TOTAL	PIC	9(11)V99.	361	373
	10	CSHX-CURRENCY-CD	PIC	X(03).	374	376
	10	CSHX-PAYMENT-REF-NO	PIC	X(15).	377	391
	10	CSHX-NOTE	PIC	X(80).	392	471
	10	CSHX-PAYMENT-FILLLER	PIC	X(20).	472	491
05 CSHX-CLIENT-FIELDS.						
	10	CSHX-CLIENT-FILLER	PIC	X(59).	492	550

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# Data Dictionary

## KEY DATA SECTION

### COMPANY

This field identifies the processing (ceding) company.

#### POLICY NUMBER

This field contains the direct policy administration policy number.

#### **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 0001.

#### **EVENT NUMBER**

Used to increment claims events for an insured, such as multiple disability claims.

#### CLAIM OCCURRENCE

The value of this field is usually 0001 for a life claim.

If the Split Payment function is used on a claim, this field will increment each time a benefit is paid to a beneficiary.

The occurrence field may also be used for other types of products, such as Living Benefits, which may have recurring payments.

Also, additional expenses after a claim has already been processed can be assigned a new occurrence.

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#### **CESSION SEQUENCE**

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.

#### **REINSURANCE COMPANY**

This field contains the 2-4 character reinsurance company ID code.

### **REINSURANCE REPORTING COMPANY**

This field identifies the reinsurance company code that is used for reporting purposes. It will normally be the same as the Reinsurance Company. If one reinsuring company merges with another, and would like reporting to be combined, the reporting company can be changed to a single company code.

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### **SUMMARY DATA SECTION**

#### LINE OF BUSINESS CODE

The line of business for the policy.

Valid values:

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

#### **CLAIM ID NUMBER**

This field contains the claim Id number assigned to the claim by the processing company. The number appears on the claim notice sent to the reinsurer.

### **CLAIM EFFECTIVE DATE**

For life claims, this is the date of death. For living benefit claims, this is the event start date.

### EOB BEGIN DATE

The beginning date of the benefit period relating to this payment.

#### EOB END DATE

The ending date of the benefit period relating to this payment.

### PAYMENT CLASSIFICATION

The type of payment being made.

Valid values:

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CLM = Claim Reimbursement (total) BAS = Base claim reimbursement ADB = ADB claim reimbursement INT = Interest reimbursement LEG = legal expenses reimbursement EXP = Other Expenses reimbursement REF = Refund ADJ = Adjustment

### LIFE CLAIM AMOUNT REIMBURSED

The amount reimbursed to the ceding company for the base coverage.

### ADB AMOUNT REIMBURSED

The amount reimbursed to the ceding company for the ADB coverage.

### INTEREST AMOUNT REIMBURSED

The total interest amount reimbursed to the ceding company pertaining to this claim.

### LEGAL EXPENSE AMOUNT REIMBURSED

The total legal expenses reimbursed to the ceding company pertaining to this claim.

#### OTHER EXPENSE AMOUNT REIMBURSED

The total other, non-legal expenses reimbursed to the ceding company pertaining to this claim.



# TOTAL AMOUNT REIMBURSED

The sum of all amounts reimbursed to the ceding company pertaining to this claim.



### **INSURED DATA SECTION**

The following data elements occur 2 times, once for each insured:

#### NAME (INSURED'S)

These fields contain the insured's last, first, and middle name.

#### **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.



# PAYMENT DATA SECTION

### PAYMENT TYPE

The means of payment collection by the ceding company.

Valid values:

- C = Check
- W = Wire transfer
- D = Direct Deposit

### TRANSFER DATE

The date the payment was made.

### ACH TRANSFER NUMBER

The transaction code of the ACH transfer.

### BANK ACCOUNT NUMBER (LAST 4)

The last 4 digits of the ceding company's bank account information.

### SIGNATURE

Contact name or authorization pertaining to the transaction.

### **CONFIRMATION CODE**

Confirmation code pertaining to the transaction.

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# TRANSFER TOTAL

The total amount of the reimbursement, for all claims on this financial transaction.

### **CURRENCY CODE**

This field identifies the currency. Common valid values:

CND = Canadian Dollars USD = US Dollars BPD = British Pounds

### PAYMENT REFERENCE NUMBER

This field is a fifteen-character code used to identify the claim payment. When multiple claims are paid in a single transaction, this code is used to identify the cessions paid.

## CLAIM NOTE

This field contains a free-form text messages that explains additional detail regarding the claim or transaction.

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