

ELECTRONIC CLAIMS EDI EXTRACT LAYOUT

Record Length - 1200 Characters

This layout is used in the CLAIMS and CLAIMS TRANSACTION extracts.

Both Life and Living Benefits claims are supported.

01	EDC-EXTRACT-REC.					
05	EDCX-KEY-DATA.					
10	EDCX-CO	PIC	X(05).	1	5	
10	EDCX-POL	PIC	X(15).	6	20	
10	EDCX-COV	PIC	X(04).	21	24	
10	EDCX-EVENT-NUMBER	PIC	9(02).	25	26	
10	EDCX-OCCUR	PIC	9(04).	27	30	
10	EDCX-CESS-SEQ	PIC	9(02).	31	32	
10	EDCX-REINS-CO	PIC	X(04).	33	36	
10	EDCX-REPORTING-CO	PIC	X(04).	37	40	
05	EDCX-SUMMARY-DATA.					
10	EDCX-LOB	PIC	X(01).	41	41	
10	EDCX-CLAIM-STATUS	PIC	X(06).	42	47	
10	EDCX-NOTIFIED-SW	PIC	X(01).	48	48	
10	EDCX-LIFE-AMT-PAID	PIC	9(09)V99.	49	59	
10	EDCX-ADB-AMT-PAID	PIC	9(09)V99.	60	70	
10	EDCX-INTEREST-PAID	PIC	9(07)V99.	71	79	
10	EDCX-LEGAL-EXP-PAID	PIC	9(07)V99.	80	88	
10	EDCX-OTHER-EXP-PAID	PIC	9(07)V99.	89	97	
10	EDCX-CLAIM-PAID-DATE	PIC	9(08).	98	105	
10	FILLER OCCURS 2 TIMES.					
15	EDCX-FACE	PIC	9(09).	106	114	
15	EDCX-RETN	PIC	9(09).	115	123	
10	EDCX-POL-DATE	PIC	9(08).	142	149	
10	EDCX-PMEX-ISSUE-TYPE	PIC	X(01).	150	150	
10	EDCX-JOINT-TYPE	PIC	X(01).	151	151	
10	EDCX-STATE-ISS	PIC	X(02).	152	153	
10	EDCX-STATE-RES	PIC	X(02).	154	155	

10	EDCX-PLAN	PIC	X(15).	156	170
10	FILLER OCCURS 3 TIMES.				
15	EDCX-INTEREST-RATE	PIC	9(03)V9(4).	171	177
10	EDCX-CLAIM-ID	PIC	X(15).	192	206
10	EDCX-SPLIT-PAYMENT-SW	PIC	X(01).	207	207
10	EDCX-FREEZE-SW	PIC	X(01).	208	208
10	EDCX-TYPE-SW	PIC	X(01).	209	209
10	EDCX-CONTESTABLE-SW	PIC	X(01).	210	210
10	EDCX-CURRENCY-CD	PIC	X(03).	211	213
10	EDCX-OPEN-CLOSE-SW	PIC	X(01).	214	214
10	EDCX-CLOSE-REASON	PIC	X(03).	215	217
10	EDCX-CLAIMS-DECISION	PIC	X(03).	218	220
10	EDCX-RESCINDED-SW	PIC	X(01).	221	221
10	EDCX-INITIAL-FACE	PIC	9(09).	222	230
10	EDCX-INITIAL-REINS	PIC	9(09).	231	239
10	EDCX-INITIAL-POL-RETN	PIC	9(09).	240	248
10	EDCX-INITIAL-INS-RETN	PIC	9(09).	249	257
10	EDCX-INS-RETN	PIC	9(09).	258	266
10	EDCX-QUOTA-SHARE-PCT	PIC	9V9(04).	267	271
10	EDCX-SUMMARY-FILLER	PIC	X(25).	272	296
05	EDCX-DETAIL-DATA.				
10	EDCX-DATE-PENDING	PIC	9(08).	297	304
10	EDCX-DATE-NOTIFIED	PIC	9(08).	305	312
10	EDCX-DATE-BILLED	PIC	9(08).	313	320
10	EDCX-DATE-COLLECTED	PIC	9(08).	321	328
10	EDCX-DATE-CANCELLED	PIC	9(08).	329	336
10	EDCX-TREATY-NO	PIC	X(12).	337	348
10	EDCX-TRTY-GROUP	PIC	X(12).	349	360
10	EDCX-REINS-TYPE	PIC	X(01).	361	361
10	EDCX-PMEX-AUTOFAC-SW	PIC	X(01).	362	362
10	EDCX-CESS-AUTOFAC-SW	PIC	X(01).	363	363
10	EDCX-POL-DURATION	PIC	9(03).	364	366
10	EDCX-REINS-DURATION	PIC	9(03).	367	369
10	EDCX-CESSION-ID	PIC	X(15).	370	384
10	EDCX-CESS-ISSUE-TYPE	PIC	X(01).	385	385
10	EDCX-CONTINUATION-FIELDS.				
15	EDCX-CONT-CO	PIC	X(05).	386	390
15	EDCX-CONT-POL	PIC	X(15).	391	405

	15	EDCX-CONT-COV	PIC	X(04).	406	409
	15	EDCX-CONT-CESS	PIC	9(02).	410	411
	10	EDCX-REINS-DATE	PIC	9(08).	412	419
	10	FILLER OCCURS 2 TIMES.				
	15	EDCX-CEDED	PIC	9(09)V99.	420	430
	15	EDCX-NAR	PIC	9(09)V99.	431	441
	10	EDCX-LIFE-AMT-BILLED	PIC	9(09)V99.	464	474
	10	EDCX-ADB-AMT-BILLED	PIC	9(09)V99.	475	485
	10	EDCX-INTEREST-BILLED	PIC	9(07)V99.	486	494
	10	EDCX-LEGAL-EXP-BILLED	PIC	9(07)V99.	495	503
	10	EDCX-OTHER-EXP-BILLED	PIC	9(07)V99.	504	512
	10	EDCX-LIFE-AMT-COLLECTED	PIC	9(09)V99.	513	523
	10	EDCX-ADB-AMT-COLLECTED	PIC	9(09)V99.	524	534
	10	EDCX-INTEREST-COLLECTED	PIC	9(07)V99.	535	543
	10	EDCX-LEGAL-EXP-COLLECTED	PIC	9(07)V99.	544	552
	10	EDCX-OTHER-EXP-COLLECTED	PIC	9(07)V99.	553	561
	10	EDCX-INTEREST-SW	PIC	X(02).	562	563
	10	EDCX-EXPENSE-SW	PIC	X(02).	564	565
	10	EDCX-PAYMENT-TYPE	PIC	X(01).	566	566
	10	EDCX-PAYMENT-REF-NO	PIC	X(15).	567	581
	10	EDCX-ACNT-NO-LAST-4	PIC	X(04).	582	585
	10	EDCX-NET-SW	PIC	X(01).	586	586
	10	EDCX-WRITE-OFF-SW	PIC	X(01).	587	587
	10	EDCX-MSG	PIC	X(80).	588	667
	10	EDCX-DETAIL-FILLER	PIC	X(25).	668	692
05		EDCX-LIVING-BENEFITS-DATA.				
	10	EDCX-DIAG-PRIMARY	PIC	X(04).	693	696
	10	EDCX-DIAG-SECONDARY	PIC	X(04).	697	700
	10	EDCX-EVENT-SERVICE-DATE	PIC	9(08).	701	708
	10	EDCX-LTC-CLAIM-TYPE	PIC	X(02).	709	710
	10	EDCX-EOB-BEGIN-DATE	PIC	9(08).	711	718
	10	EDCX-EOB-END-DATE	PIC	9(08).	719	726
	10	EDCX-QUAL-EXP-DAYS	PIC	9(02).	727	728
	10	EDCX-BEN-REMAIN-AMT	PIC	9(07)V99.	729	737
	10	EDCX-DISABLE-BEGIN-DATE	PIC	9(08).	738	745
	10	EDCX-DISABLE-END-DATE	PIC	9(08).	746	753
	10	EDCX-CAUSE-OF-CLAIM	PIC	X(03).	754	756
	10	EDCX-ACC-ELIM-PERIOD	PIC	9(03).	757	759
	10	EDCX-ACC-BENEFIT-PERIOD	PIC	X(03).	760	762

10	EDCX-ACC-BENEFIT-MODE	PIC X(01).	763	763
10	EDCX-SICK-ELIM-PERIOD	PIC 9(03).	764	766
10	EDCX-SICK-BENEFIT-PERIOD	PIC X(03).	767	769
10	EDCX-SICK-BENEFIT-MODE	PIC X(01).	770	770
10	EDCX-LB-FILLER	PIC X(25).	771	795
05	EDCX-INSURED-DATA OCCURS 2 TIMES.			
10	EDCX-LAST-NAME	PIC X(25).	796	820
10	EDCX-FIRST-NAME	PIC X(20).	821	840
10	EDCX-MID-NAME	PIC X(10).	841	850
10	EDCX-CLIENT-ID	PIC X(25).	851	875
10	EDCX-INS-STATUS	PIC X(01).	876	876
10	EDCX-DOB	PIC 9(08).	877	884
10	EDCX-GENDER	PIC X(01).	885	885
10	EDCX-AGE	PIC 9(03).	886	888
10	EDCX-CLASS	PIC X(03).	889	891
10	EDCX-MORT	PIC 9(01)V999.	892	895
10	EDCX-OCC-CLASS	PIC X(04).	896	899
10	EDCX-CAUSE-OF-DEATH	PIC X(04).	900	903
10	EDCX-SECONDARY-CAUSE	PIC X(04).	904	907
10	EDCX-PLACE-OF-DEATH	PIC X(04).	908	911
10	EDCX-DATE-OF-DEATH	PIC 9(08).	912	919
05	EDCX-TRANSACTION-DATA.			
10	EDCX-TRANS-TYPE	PIC X(03).	1044	1046
10	EDCX-TRANS-DATE	PIC 9(08).	1047	1054
10	EDCX-TRANS-SEQ	PIC 9(07).	1055	1061
10	EDCX-REVERSED-SW	PIC X(01).	1062	1062
10	EDCX-DATE-REPORTED	PIC 9(06).	1063	1068
10	EDCX-LIFE-AMT-TRAN	PIC S9(09)V99	1069	1080
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDCX-ADB-AMT-TRAN	PIC S9(09)V99	1081	1092
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDCX-INTEREST-TRAN	PIC S9(07)V99	1093	1102
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDCX-LEGAL-EXP-TRAN	PIC S9(07)V99	1103	1112
	SIGN IS TRAILING SEPARATE CHARACTER.			
10	EDCX-OTHER-EXP-TRAN	PIC S9(07)V99	1113	1122
	SIGN IS TRAILING SEPARATE CHARACTER.			

10	EDCX-ACNT-DATE	PIC	9(08).	1123	1130
10	EDCX-TRANSACTION-FILLER	PIC	X(25).	1131	1155
05	EDCX-CLIENT-FIELDS.				
10	EDCX-CLIENT-FILLER	PIC	X(45).	1156	1200

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

(potential future expansion)

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.

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.

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 STATUS CODE

Valid values:

- PRELIM = Preliminary claim record created, but no reinsurance claim processing performed. Date of death not available.
- PEND = Claim record generated by death transaction, but no reinsurance claim processing performed. Date of death available.
- FINAL = Death claim paid to beneficiary; claim ready to be collected from the reinsurers.
- OUT = Partial payment received from reinsurer; balance to be collected.
- COLL = Payment received from reinsurer; reinsurance claim processing complete.
- CANCEL = Death claim is cancelled, no further processing is permitted.
- RECAPT = Death claim has been recaptured for this reinsurer.

NOTIFIED

Indicates whether or not the reinsurer has been notified of the claim in its current status.

Y = The reinsurer has been given notice. If the current status is FINAL, payment has been requested from the reinsurer for share of death claim.

LIFE CLAIM AMOUNT PAID

The actual amount paid to the beneficiary for the base coverage.

ADB AMOUNT PAID

The amount paid to the beneficiary for the ADB coverage.

INTEREST AMOUNT PAID

The total interest amount paid to the beneficiary.

LEGAL EXPENSE AMOUNT PAID

The processing company's legal expenses paid regarding the claim.

OTHER EXPENSE AMOUNT PAID

The processing company's other, non-legal expenses paid regarding the claim.

CLAIM PAID DATE

This is the date that the claim was paid to the beneficiary.

POLICY FACE AMOUNT

(Two occurrences: Base and ADB)

These fields contain the benefit face amounts. For the base coverage, it will have the base face amount; for ADB coverage, it will have the accidental death benefit face amount.

RETAINED AMOUNT

(Two occurrences: Base and ADB)

These fields display the amount of a benefit that is currently retained by the processing company.

POLICY DATE (ISSUE DATE)

This field contains the issue date of the policy/coverage.

POLICY ISSUE TYPE

This code identifies how the policy was issued.

Valid values:

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

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
- 1 = First life insurable, second life uninsurable
- 2 = Second life insurable, first life uninsurable

ISSUE STATE

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

RESIDENCE STATE

This field contains the two-character state code of the insured's state or province of residence.

PLAN CODE

At the coverage level, this field contains the plan code from the policy administration system.

INTEREST RATE

(occurs 3 times)

This field contains a list of pertinent interest rates used in computation of claim interest.

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.

SPLIT PAYMENT INDICATOR

Claims may be paid to some beneficiaries while payments to other beneficiaries are delayed.

Or an additional payment may be made later, such as an expense. The original claim is marked with a W, and the additional occurrence is marked with an A.

See the Claims Occurrence field in Key Data for additional information.

Valid values:

Rel 3.40
June 2017

TAI DOCUMENTATION
TAI PROPRIETARY MATERIAL

EDC Dict.
V 1.0

Y = Split payment

W = A separate, additional New payment also exists

A = Additional payment

FREEZE INDICATOR

No processing is done on a claim in a frozen status.

CLAIM TYPE

An additional breakdown of claims type for Life claims (as defined by LOB).

Valid values:

D = Death Claim

P = Preliminary claim notice only

A = Accelerated Death Benefit

CONTESTABLE SWITCH

Y/N indicator whether or not the claim is in the contestable period.

CURRENCY CODE

This field identifies the currency. Common valid values:

CND = Canadian Dollars

USD = US Dollars

BPD = British Pounds

OPEN/CLOSE INDICATOR

Y/N switch indicating if the claim is still open.

CLOSE REASON

A three-digit code defining the reason the claim is closed.

CLAIMS DECISION

(potential future expansion)

A code to identify the cedant decision on claim adjudication.

RESCINDED SWITCH

Yes/No indicator describing whether or not the claim has been rescinded.

INITIAL FACE AMOUNT

(potential future expansion)

The original face amount of the policy.

INITIAL REINSURANCE AMOUNT

(potential future expansion)

The original ceded amount of the policy.

INITIAL POLICY RETAINED AMOUNT

(potential future expansion)

The original amount retained by the ceding company.

INITIAL INSURED RETAINED AMOUNT

(potential future expansion)

The original amount retained by the ceding company for this insured.

INSURED RETAINED AMOUNT

(potential future expansion)

The revised amount retained by the ceding company for this insured.

QUOTA SHARE PERCENTAGE

(potential future expansion)

The percent, per the ceding company, of the reinsurer's portion of the claim.

DETAIL DATA SECTION**DATE PENDING**

The date the claim was reported to the system as pending. This is system-generated, and is not a rolling date.

DATE NOTIFIED

The date the claim was first reported to the reinsurer.

DATE BILLED

The date the request for payment was made to the reinsurer.

DATE COLLECTED

The date the claim reimbursement was collected by the ceding company.

DATE CANCELLED

The date the claim was cancelled, if applicable.

TREATY

This field contains the reinsurance treaty number.

TREATY GROUP

This field contains the treaty 'group' assigned for reporting purposes.

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)

AUTOMATIC / FACULTATIVE CODE (POLICY)

This switch identifies the underwriting used to issue the policy.

Valid values:

- A = Automatic
- F = Facultative
- N = Not reinsured
- O = Facultative obligatory

AUTOMATIC / FACULTATIVE CODE (REINSURANCE)

This switch identifies how the reinsurance was issued.

Valid values:

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

POLICY DURATION

This field contains the policy duration.

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.

CESSION ID NUMBER

Contains the number assigned to the cession by the processing company. Cession numbers may be used for facultative cessions, and older cessions.

REINSURANCE ISSUE TYPE

This code identifies how the cession was issued.

Valid values:

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

CONTINUATION FIELDS

These fields are for cessions that are continuations of other policies. These fields display the company, policy, coverage, and cession sequence of the original policy.

REINSURANCE 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. When reinsurance is added for an inforce block, this field may contain the effective date of the inforce deal.

CEDED AMOUNT

(Two occurrences: Base and ADB)

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 may be different than the base benefit ceded amount.

CEDED NET AMOUNT AT RISK

(Two occurrences: Base and ADB)

The net amount at risk on the cession at the time of death. The NAR calculation method is described by the treaty.

CLAIM AMOUNT BILLED

This field is the requested amount of payment from the reinsurer for the base coverage.

ADB CLAIM AMOUNT BILLED

This field is the requested amount of payment from the reinsurer for the ADB coverage.

INTEREST AMOUNT BILLED

The total interest amount requested from the reinsurer.

LEGAL EXPENSE AMOUNT BILLED

The portion of the company's legal expenses regarding the claim requested for reimbursement from the reinsurer.

OTHER EXPENSE AMOUNT BILLED

The portion of the company's other, non-legal expenses regarding the claim requested for reimbursement from the reinsurer.

CLAIM AMOUNT COLLECTED

This field is the amount paid by the reinsurer for the base coverage.

ADB AMOUNT COLLECTED

This field is the amount paid by the reinsurer for the ADB coverage.

INTEREST AMOUNT COLLECTED

The total interest amount paid by the reinsurer.

LEGAL EXPENSE AMOUNT COLLECTED

The legal expenses paid by the reinsurer.

OTHER EXPENSE AMOUNT COLLECTED

The other, non-legal expenses paid by the reinsurer.

INTEREST SW

The formula used to calculate the reinsurer's portion of claims interest.

Valid values:

RR = rate per thousand x Risk

(interest amount divided by benefit amount then times cession NAR)

This is the default method in TAI.

%C = ceded % (ceded divided by face times interest amount)

RC = rate per thousand x Ceded

(total interest divided by policy/coverage benefit amount times Ceded Face)

EXPENSE SW

The formula used to calculate the reinsurer's portion of claims expenses.

Valid values:

RR = rate per thousand X Risk

(interest amount divided by benefit amount then times cession NAR)

This is the default method in TAI.

%C = ceded % (ceded divided by face times interest amount)

RC = rate per thousand X Ceded

(total interest divided by policy/coverage benefit amount times Ceded Face)

PAYMENT TYPE

The means of payment collected by the ceding company.

Valid values:

C = Check

N = Claim netted from bill

W = Wire transfer

PAYMENT REFERENCE NUMBER

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

BANK ACCOUNT NUMBER (LAST 4)

(potential future expansion)

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

NET SW

This switch indicates whether claims are created or netted from the Billing Statement.

Valid values:

Y = Net claims from billing

WRITE OFF

Y/N Indicator that a small amount due from the reinsurer is no longer considered outstanding.

CLAIM MESSAGE

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

LIVING BENEFITS DATA SECTION**PRIMARY DIAGNOSIS**

A four-digit code indicating the primary reason for the claim.

SECONDARY DIAGNOSIS

A four-digit code indicating the secondary reason for the claim.

EVENT SERVICE DATE

(potential future expansion)

The date the care for the event started. This can also be referred to as the incurred date or the first service date.

LTC CLAIM TYPE CODE

(potential future expansion)

For Long Term Care claims, valid claim type codes:

- AL = Assisted Living Care
- HH = Home Health Care
- NH = Nursing Home Care
- RC = Respite Care
- WP = Waiver of Premium Benefit

Additional user specific codes may be added.

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.

QUALIFY DAYS

The number of days required for the insured to qualify for benefits.

BENEFITS REMAINING

The amount of benefit the insured is still eligible for after this claim.

DISABLED DATE (BEGIN)

The original date the claim was incurred

DISABLED DATE (END)

(potential future expansion)

The date the claim event ended.

CAUSE OF CLAIM

A three-digit code defining the cause for the insured's claim.

ACCIDENT ELIMINATION PERIOD

The period of time, in days, that must elapse before benefits for a disability due to an accident are paid.

ACCIDENT BENEFIT PERIOD/MODE

Two 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 an age.

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

SICKNESS ELIMINATION PERIOD

The period of time, in days, that must elapse before benefits for a disability due to sickness are paid.

SICKNESS BENEFIT PERIOD/MODE

Two 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 an age.

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

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.

INSURED STATUS

This field indicates the insured's status.

Valid values:

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

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

DATE OF BIRTH

This field contains the insured's date of birth.

GENDER

This code is used to identify the gender of the insured.

Valid values:

- F = Female
- M = Male

AGE

This field contains the insured's issue age. For continuations, this is the issue age of the original policy.

CLASS

This field contains the smoking class code.

Common valid values:

- 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 by the client as needed.

MORTALITY RATING

The mortality rating of the insured. A standard rating is 100%.

OCCUPATION CLASS CODE

This field is a user defined three-character occupation code.

Classifications are installation specific and can be any three-character alpha/numeric combination.

CAUSE OF DEATH

This field is a user defined three-character cause of death code.

SECONDARY CAUSE OF DEATH

This field is a used if further distinction is required as to the cause of death.

PLACE OF DEATH

This field is a user defined three-character code for the place of death.

DATE OF DEATH

This field contains the insured's date of death.

TRANSACTION DATA SECTION
TRANSACTION TYPE

This field identifies the type of claims transaction. In the past, this has also been referred to as the Notice Type.

Also see the LOB to determine if this is a life or living benefits claim, and the Claim Type to determine if this is an Accelerated or Preliminary claim.

Valid values:

CAN = Cancellation of claim

COL = Collection of claim (internal to ceding company)

FIN = Final Notice of Death (Request for Payment)

INI = Initial Notice of Death

OUT = Notice of Outstanding Claim amount

RCP = Recapture of Cession/Claim

WRI = Write off of small outstanding amount (internal to ceding company)

TRANSACTION DATE

The effective date of this particular transaction relating to the claim.

TRANSACTION SEQUENCE

There may be multiple transaction records created for a cession. This sequence identifies the order of transaction records.

CLAIM TRANSACTION REVERSED CODE

Identifies that the claims transaction is a reversal of a prior transaction.

Valid values:

- A = Adjusted
- C = Cancelled
- D = Deleted
- R = Reinstated
- F = Finalized
- P = Recaptured

DATE REPORTED

The date this particular transaction was reported.

The format of the date is CCYYMM

CLAIM TRANSACTION AMOUNT

The amount of base coverage claim that is relevant to this claims transaction.

CLAIM TRANSACTION ADB AMOUNT

The amount of ADB coverage claim that is relevant to this claims transaction.

CLAIM TRANSACTION INTEREST BILLED

The amount of claim interest that is relevant to this claims transaction.

CLAIM TRANSACTION LEGAL EXPENSE AMOUNT

The amount of legal expense that is relevant to this claims transaction.

CLAIM TRANSACTION OTHER EXPENSE AMOUNT

The amount of other, non-legal expense that is relevant to this claims transaction.

ACCOUNTING DATE

Accounting date, used if the TAI claims system interfaces with an external claims accounting system.