T A I

REINSURANCE SYSTEM

ELECTRONIC REPORTING

Version 3.3

Tindall Associates, Inc.

10727 Winterset Drive

Orland Park, Illinois   60467

Office: (708) 403-7775

MODULE: TAIXEDIX - Electronic Reporting Record Layout

Record Length: 1400 Characters

This record is used in the CESSION and TRANSACTION extracts.

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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
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MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

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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-AMENDMENT                PIC  9(08).          324  331
05  EDIX-BASIC-FILLER             PIC  X(03).          332  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
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MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

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        15   EDIX-PMEX-CLASS         PIC  X(03).          436  438
        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
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MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

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    10  EDIX-PREM-TO-BE-WAIVED     PIC  9(09)V99.       990 1000
    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-BILL-SOURCE              PIC  X(08).         1207 1214
 05  EDIX-BILL-SOURCE-TYPE         PIC  X(01).         1215 1215
 05  EDIX-CLAIM-RESCINDED-SW       PIC  X(01).         1216 1216
 05  EDIX-LIFE-FILLER              PIC  X(05).         1217 1221
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MODULE: TAIXEDIX - Electronic Reporting Record Layout (CONTINUED)

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   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-CONTINUATION-DATA REDEFINES EDIX-LTC-DATA.
       10  EDIX-CONT-OLD-PLAN         PIC  X(15).          1287 1301
       10  EDIX-CONT-OLD-TREATY       PIC  X(12).          1302 1313
       10  EDIX-CONT-OLD-AGE          PIC  9(03).          1314 1316
       10  EDIX-CONT-OLD-CLASS        PIC  X(03).          1317 1319
       10  EDIX-CONT-FILLER           PIC  X(17).          1320 1336
   05  EDIX-CLIENT-FIELDS.
       10  EDIX-CLIENT-FILLER         PIC  X(64).          1337 1400
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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.

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.

We 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, 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 www.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 or placing on a CD. 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

<u>Change</u>
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 inforce 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.

<u>Termination</u>
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.

<u>Reinstatement</u>
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. Also note that the Continuation fields added for Release 3.2 are only relevant for Life products, and redefine the Long Term Care (LTC) area. This block of data must be referenced differently between the two lines 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.

May 2012:   BILL-SOURCE and BILL-SOURCE-TYPE fields added.

May 2013:   CLAIM-RESCINDED-SW field added.

July 2014:   AMENDMENT field added.

May 2015:   Additional continuation fields were added: CONT-OLD-PLAN, CONT-OLD-TREATY, CONT-OLD-AGE and CONT-OLD-CLASS.

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.

AMENDMENT

This field defines the amendment/version of the rates or allowances. The most recent amendment number that is used in a reinsurance calculation will be reflected on the EDI files.

AUTOMATIC / FACULTATIVE CODE

Valid values:

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

TAI PROPRIETARY MATERIAL

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.

BILL SOURCE

This field contains either the Program ID or User ID of the individual that created the billing transaction record.

BILL SOURCE TYPE

This field indicates whether the BILL SOURCE was created manually online by a user, automatically by a batch system function or through a one-time utility program.

Valid values:

    M = Manual
    S   = System
    U = Utility

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.

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.

CLAIM RESCINDED SWITCH

This field will indicate whether the information provided on the record is the result of a claim being rescinded on the system.

Valid values:

    N   = Not a Claim Rescission
    Y   = Claim Rescission

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
    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.

ELECTRONIC REPORTING

DATA DICTIONARY

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 two-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.

    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.

COMMENT CODE (cont.)

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 inforce 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.

ET = Extended Term Error. An error occurred while going either to or from extended term status.

COMMENT CODE (cont.)

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.

COMPANY

This field identifies the ceding company.

ELECTRONIC REPORTING

DATA DICTIONARY

CONTINUATION KEY FIELDS (also refers to…)

- **CONTINUATION CO**
- **CONTINUATION POL**
- **CONTINUATION COV**
- **CONTINUATION OLD PLAN**
- **CONTINUATION OLD TREATY**
- **CONTINUATION OLD AGE**
- **CONTINUATION OLD CLASS**

When reinsurance is added for policies which are continuations of other policies, these fields identify the prior processing company, policy, and coverage number.   As of release 3.2, it also includes the prior policy plan, treaty, age and class.

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.

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 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 field will contain a zero.

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.

GENDER

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

> F   = Female
> M   = Male

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 one (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.

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:
    F0   = Frasierized premium calculation, version 0
    F1   = Frasierized premium calculation, version 1
    J1   = Joint Equivalent Age calculation, version 1
    N   = No joint processing

For F0, 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).

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).

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	U	= Universal life
P	= Participating	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.

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.

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.

ELECTRONIC REPORTING

DATA DICTIONARY

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 GENDER

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

    U = Unisex
    M = Male
    F = Female

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 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.

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.

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.

ELECTRONIC REPORTING

DATA DICTIONARY

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
EXP	= Expiry	TRM	= Terminated, unknown reason
LAP	= Lapse	TRP	= Terminated due to RPU
MAT	= Maturity	TRV	= Drop below trivial amount
NTO	= Not taken		

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.

ELECTRONIC REPORTING

DATA DICTIONARY

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 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	= Reinstate
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)

TRANSACTION TYPE (cont.)

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
		RNV =	Renewal Below Trivial

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.

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.