



**LIFE REINSURANCE SYSTEM**

**VERSION 3.40**

**CLAIMS EDC EXTRACT**

TAI's Standard Format Claims Reporting produces a newly designed, comprehensive claims extract, called the EDC file (EDI-Claims file). It is capable of the following:

- Extract records to produce a flat file to send electronically with standard billing files
- Send electronic “snapshot” file of all open (and/or recently closed) reinsurance claims
- Produce claims notices to send to reinsurers: preliminary, initial, final, and outstanding notices
- Replace paper report notices (or be sent along with them)
- Produce an accounting feed based on claims transactions
- Can be used for Life, DI, CI & LTC claims

Goals:

- Strengthen and accelerate reinsurance claims process
- Common-format reporting
- Automation
- Eliminate paper reporting
- Synchronize reinsurance claims status between reinsurer and clients
- Produce claims output on a more frequent basis, to eliminate gaps in reporting

Record Length - 1200 characters

| <u>Field Name</u>     | <u>Field Size</u> | <u>Field Offset</u> |     |
|-----------------------|-------------------|---------------------|-----|
| KEY DATA              |                   |                     |     |
| EDCX-CO               | CHAR(5)           | 1                   | 5   |
| EDCX-POL              | CHAR(15)          | 6                   | 20  |
| EDCX-COV              | CHAR(4)           | 21                  | 24  |
| EDCX-EVENT-NUMBER     | NUMERIC(2,0)      | 25                  | 26  |
| EDCX-OCCUR            | NUMERIC(4,0)      | 27                  | 30  |
| EDCX-CESS-SEQ         | NUMERIC(2,0)      | 31                  | 32  |
| EDCX-REINS-CO         | CHAR(4)           | 33                  | 36  |
| EDCX-REPORTING-CO     | CHAR(4)           | 37                  | 40  |
| SUMMARY DATA          |                   |                     |     |
| EDCX-LOB              | CHAR(1)           | 41                  | 41  |
| EDCX-CLAIM-STATUS     | CHAR(6)           | 42                  | 47  |
| EDCX-NOTIFIED-SW      | CHAR(1)           | 48                  | 48  |
| EDCX-LIFE-AMT-PAID    | NUMERIC(11,2)     | 49                  | 59  |
| EDCX-ADB-AMT-PAID     | NUMERIC(11,2)     | 60                  | 70  |
| EDCX-INTEREST-PAID    | NUMERIC(9,2)      | 71                  | 79  |
| EDCX-LEGAL-EXP-PAID   | NUMERIC(9,2)      | 80                  | 88  |
| EDCX-OTHER-EXP-PAID   | NUMERIC(9,2)      | 89                  | 97  |
| EDCX-CLAIM-PAID-DATE  | NUMERIC(8,0)      | 98                  | 105 |
| EDCX-FACE-1           | NUMERIC(9,0)      | 106                 | 114 |
| EDCX-RETN-1           | NUMERIC(9,0)      | 115                 | 123 |
| EDCX-FACE-2           | NUMERIC(9,0)      | 124                 | 132 |
| EDCX-RETN-2           | NUMERIC(9,0)      | 133                 | 141 |
| EDCX-POL-DATE         | NUMERIC(8,0)      | 142                 | 149 |
| EDCX-PMEX-ISSUE-TYPE  | CHAR(1)           | 150                 | 150 |
| EDCX-JOINT-TYPE       | CHAR(1)           | 151                 | 151 |
| EDCX-STATE-ISS        | CHAR(2)           | 152                 | 153 |
| EDCX-STATE-RES        | CHAR(2)           | 154                 | 155 |
| EDCX-PLAN             | CHAR(15)          | 156                 | 170 |
| EDCX-INTEREST-RATE-1  | NUMERIC(7,4)      | 171                 | 177 |
| EDCX-INTEREST-RATE-2  | NUMERIC(7,4)      | 178                 | 184 |
| EDCX-INTEREST-RATE-3  | NUMERIC(7,4)      | 185                 | 191 |
| EDCX-CLAIM-ID         | CHAR(15)          | 192                 | 206 |
| EDCX-SPLIT-PAYMENT-SW | CHAR(1)           | 207                 | 207 |
| EDCX-FREEZE-SW        | CHAR(1)           | 208                 | 208 |
| EDCX-TYPE-SW          | CHAR(1)           | 209                 | 209 |
| EDCX-CONTESTABLE-SW   | CHAR(1)           | 210                 | 210 |
| EDCX-CURRENCY-CD      | CHAR(3)           | 211                 | 213 |
| EDCX-OPEN-CLOSE-SW    | CHAR(1)           | 214                 | 214 |

|                          |               |     |     |
|--------------------------|---------------|-----|-----|
| EDCX-CLOSE-REASON        | CHAR(3)       | 215 | 217 |
| EDCX-CLAIMS-DECISION     | CHAR(3)       | 218 | 220 |
| EDCX-RESCINDED-SW        | CHAR(1)       | 221 | 221 |
| EDCX-INITIAL-FACE        | NUMERIC(9,0)  | 222 | 230 |
| EDCX-INITIAL-REINS       | NUMERIC(9,0)  | 231 | 239 |
| EDCX-INITIAL-POL-RETN    | NUMERIC(9,0)  | 240 | 248 |
| EDCX-INITIAL-INS-RETN    | NUMERIC(9,0)  | 249 | 257 |
| EDCX-INS-RETN            | NUMERIC(9,0)  | 258 | 266 |
| EDCX-QUOTA-SHARE-PCT     | NUMERIC(5,4)  | 267 | 271 |
| FILLER                   | CHAR(20)      | 272 | 291 |
| DETAIL DATA              |               |     |     |
| EDCX-DATE-PENDING        | NUMERIC(8,0)  | 292 | 299 |
| EDCX-DATE-NOTIFIED       | NUMERIC(8,0)  | 300 | 307 |
| EDCX-DATE-BILLED         | NUMERIC(8,0)  | 308 | 315 |
| EDCX-DATE-COLLECTED      | NUMERIC(8,0)  | 316 | 323 |
| EDCX-DATE-CANCELLED      | NUMERIC(8,0)  | 324 | 331 |
| EDCX-TREATY-NO           | CHAR(12)      | 332 | 343 |
| EDCX-TRTY-GROUP          | CHAR(12)      | 344 | 355 |
| EDCX-REINS-TYPE          | CHAR(1)       | 356 | 356 |
| EDCX-PMEX-AUTOFAC-SW     | CHAR(1)       | 357 | 357 |
| EDCX-CESS-AUTOFAC-SW     | CHAR(1)       | 358 | 358 |
| EDCX-POL-DURATION        | NUMERIC(3,0)  | 359 | 361 |
| EDCX-REINS-DURATION      | NUMERIC(3,0)  | 362 | 364 |
| EDCX-CESSION-ID          | CHAR(15)      | 365 | 379 |
| EDCX-CESS-ISSUE-TYPE     | CHAR(1)       | 380 | 380 |
| EDCX-CONT-CO             | CHAR(5)       | 381 | 385 |
| EDCX-CONT-POL            | CHAR(15)      | 386 | 400 |
| EDCX-CONT-COV            | CHAR(4)       | 401 | 404 |
| EDCX-CONT-CESS           | NUMERIC(2,0)  | 405 | 406 |
| EDCX-REINS-DATE          | NUMERIC(8,0)  | 407 | 414 |
| EDCX-CEDED-1             | NUMERIC(11,2) | 415 | 425 |
| EDCX-NAR-1               | NUMERIC(11,2) | 426 | 436 |
| EDCX-CEDED-2             | NUMERIC(11,2) | 437 | 447 |
| EDCX-NAR-2               | NUMERIC(11,2) | 448 | 458 |
| EDCX-LIFE-AMT-BILLED     | NUMERIC(11,2) | 459 | 469 |
| EDCX-ADB-AMT-BILLED      | NUMERIC(11,2) | 470 | 480 |
| EDCX-INTEREST-BILLED     | NUMERIC(9,2)  | 481 | 489 |
| EDCX-LEGAL-EXP-BILLED    | NUMERIC(9,2)  | 490 | 498 |
| EDCX-OTHER-EXP-BILLED    | NUMERIC(9,2)  | 499 | 507 |
| EDCX-LIFE-AMT-COLLECTED  | NUMERIC(11,2) | 508 | 518 |
| EDCX-ADB-AMT-COLLECTED   | NUMERIC(11,2) | 519 | 529 |
| EDCX-INTEREST-COLLECTED  | NUMERIC(9,2)  | 530 | 538 |
| EDCX-LEGAL-EXP-COLLECTED | NUMERIC(9,2)  | 539 | 547 |
| EDCX-OTHER-EXP-COLLECTED | NUMERIC(9,2)  | 548 | 556 |
| EDCX-INTEREST-SW         | CHAR(2)       | 557 | 558 |
| EDCX-EXPENSE-SW          | CHAR(2)       | 559 | 560 |

|                          |              |     |     |
|--------------------------|--------------|-----|-----|
| EDCX-PAYMENT-TYPE        | CHAR(1)      | 561 | 561 |
| EDCX-PAYMENT-REF-NO      | CHAR(15)     | 562 | 576 |
| EDCX-ACNT-NO-LAST-4      | CHAR(4)      | 577 | 580 |
| EDCX-NET-SW              | CHAR(1)      | 581 | 581 |
| EDCX-WRITE-OFF-SW        | CHAR(1)      | 582 | 582 |
| EDCX-MSG                 | CHAR(80)     | 583 | 662 |
| FILLER                   | CHAR(20)     | 663 | 682 |
| LIVING BENEFITS DATA     |              |     |     |
| EDCX-DIAG-PRIMARY        | CHAR(4)      | 683 | 686 |
| EDCX-DIAG-SECONDARY      | CHAR(4)      | 687 | 690 |
| EDCX-EVENT-SERVICE-DATE  | NUMERIC(8,0) | 691 | 698 |
| EDCX-LTC-CLAIM-TYPE      | CHAR(2)      | 699 | 700 |
| EDCX-EOB-BEGIN-DATE      | NUMERIC(8,0) | 701 | 708 |
| EDCX-EOB-END-DATE        | NUMERIC(8,0) | 709 | 716 |
| EDCX-QUAL-EXP-DAYS       | NUMERIC(2,0) | 717 | 718 |
| EDCX-BEN-REMAIN-AMT      | NUMERIC(9,2) | 719 | 727 |
| EDCX-DISABLE-BEGIN-DATE  | NUMERIC(8,0) | 728 | 735 |
| EDCX-DISABLE-END-DATE    | NUMERIC(8,0) | 736 | 743 |
| EDCX-CAUSE-OF-CLAIM      | CHAR(3)      | 744 | 746 |
| EDCX-ACC-ELIM-PERIOD     | NUMERIC(3,0) | 747 | 749 |
| EDCX-ACC-BENEFIT-PERIOD  | CHAR(3)      | 750 | 752 |
| EDCX-ACC-BENEFIT-MODE    | CHAR(1)      | 753 | 753 |
| EDCX-SICK-ELIM-PERIOD    | NUMERIC(3,0) | 754 | 756 |
| EDCX-SICK-BENEFIT-PERIOD | CHAR(3)      | 757 | 759 |
| EDCX-SICK-BENEFIT-MODE   | CHAR(1)      | 760 | 760 |
| FILLER                   | CHAR(20)     | 761 | 780 |
| INSURED DATA             |              |     |     |
| EDCX-LAST-NAME-1         | CHAR(25)     | 781 | 805 |
| EDCX-FIRST-NAME-1        | CHAR(20)     | 806 | 825 |
| EDCX-MID-NAME-1          | CHAR(10)     | 826 | 835 |
| EDCX-CLIENT-ID-1         | CHAR(25)     | 836 | 860 |
| EDCX-INS-STATUS-1        | CHAR(1)      | 861 | 861 |
| EDCX-DOB-1               | NUMERIC(8,0) | 862 | 869 |
| EDCX-GENDER-1            | CHAR(1)      | 870 | 870 |
| EDCX-AGE-1               | NUMERIC(3,0) | 871 | 873 |
| EDCX-CLASS-1             | CHAR(3)      | 874 | 876 |
| EDCX-MORT-1              | NUMERIC(4,3) | 877 | 880 |
| EDCX-OCC-CLASS-1         | CHAR(4)      | 881 | 884 |
| EDCX-CAUSE-OF-DEATH-1    | CHAR(4)      | 885 | 888 |
| EDCX-SECONDARY-CAUSE-1   | CHAR(4)      | 889 | 892 |
| EDCX-PLACE-OF-DEATH-1    | CHAR(4)      | 893 | 896 |
| EDCX-DATE-OF-DEATH-1     | NUMERIC(8,0) | 897 | 904 |
| FILLER                   | CHAR(10)     | 905 | 914 |
| EDCX-LAST-NAME-2         | CHAR(25)     | 915 | 939 |

|                        |                                     |      |      |
|------------------------|-------------------------------------|------|------|
| EDCX-FIRST-NAME-2      | CHAR(20)                            | 940  | 959  |
| EDCX-MID-NAME-2        | CHAR(10)                            | 960  | 969  |
| EDCX-CLIENT-ID-2       | CHAR(25)                            | 970  | 994  |
| EDCX-INS-STATUS-2      | CHAR(1)                             | 995  | 995  |
| EDCX-DOB-2             | NUMERIC(8,0)                        | 996  | 1003 |
| EDCX-GENDER-2          | CHAR(1)                             | 1004 | 1004 |
| EDCX-AGE-2             | NUMERIC(3,0)                        | 1005 | 1007 |
| EDCX-CLASS-2           | CHAR(3)                             | 1008 | 1010 |
| EDCX-MORT-2            | NUMERIC(4,3)                        | 1011 | 1014 |
| EDCX-OCC-CLASS-2       | CHAR(4)                             | 1015 | 1018 |
| EDCX-CAUSE-OF-DEATH-2  | CHAR(4)                             | 1019 | 1022 |
| EDCX-SECONDARY-CAUSE-2 | CHAR(4)                             | 1023 | 1026 |
| EDCX-PLACE-OF-DEATH-2  | CHAR(4)                             | 1027 | 1030 |
| EDCX-DATE-OF-DEATH-2   | NUMERIC(8,0)                        | 1031 | 1038 |
| FILLER                 | CHAR(10)                            | 1039 | 1048 |
| TRANSACTION DATA       |                                     |      |      |
| EDCX-TRANS-TYPE        | CHAR(3)                             | 1049 | 1051 |
| EDCX-TRANS-DATE        | NUMERIC(8,0)                        | 1052 | 1059 |
| EDCX-TRANS-SEQ         | NUMERIC(7,0)                        | 1060 | 1066 |
| EDCX-REVERSED-SW       | CHAR(1)                             | 1067 | 1067 |
| EDCX-DATE-REPORTED     | NUMERIC(6,0)                        | 1068 | 1073 |
| EDCX-LIFE-AMT-TRAN     | NUMERIC(11,2)                       | 1074 | 1085 |
|                        | SIGN IS TRAILING SEPARATE CHARACTER |      |      |
| EDCX-ADB-AMT-TRAN      | NUMERIC(11,2)                       | 1086 | 1097 |
|                        | SIGN IS TRAILING SEPARATE CHARACTER |      |      |
| EDCX-INTEREST-TRAN     | NUMERIC(9,2)                        | 1098 | 1107 |
|                        | SIGN IS TRAILING SEPARATE CHARACTER |      |      |
| EDCX-LEGAL-EXP-TRAN    | NUMERIC(9,2)                        | 1108 | 1117 |
|                        | SIGN IS TRAILING SEPARATE CHARACTER |      |      |
| EDCX-OTHER-EXP-TRAN    | NUMERIC(9,2)                        | 1118 | 1127 |
|                        | SIGN IS TRAILING SEPARATE CHARACTER |      |      |
| EDCX-ACNT-DATE         | NUMERIC(8,0)                        | 1128 | 1135 |
| FILLER                 | CHAR(20)                            | 1136 | 1155 |
| CLIENT FIELDS          |                                     |      |      |
| FILLER                 | CHAR(45)                            | 1156 | 1200 |

**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.



**SESSION SEQUENCE**

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

- 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.