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# Life Reinsurance System

Version 4.00

Electronic Reporting

March 31, 2022

## Electronic Reporting Record Layout

Maximum Report Record Length – 1400 characters

Reports are in a Comma Delimited format, represented by a comma after each data field.

This record is used in the CESSION and TRANSACTION extracts.

<b>FIELD NAME</b>	<b>DATA TYPE</b>	<b>MAX FIELD LENGTH</b>
Edix-Pmex - Company	varchar	10
Edix-Pmex - Policy	varchar	15
Edix-Pmex - Coverage	varchar	4
Edix - CessionNumber	int	4
Edix - Layer	int	4
Edix - TransSequence	int	4
Edix-Pmex - LineOfBusiness	varchar	3
Edix - ReinsuringCompany	varchar	10
Edix - ReportingCompany	varchar	10
Edix - Status	varchar	3
Edix - TransType	varchar	3
Edix - TransCnt	varchar	1
Edix - ImageSw	varchar	1
Edix - FromDate	date	10
Edix - ToDate	date	10
Edix - DateReported	date	10
Edix - Mode	varchar	2
Edix - Comment	varchar	2
Edix - PolicyDuration	int	4
Edix - ReinsuranceDuration	int	4
Edix - CessionId	varchar	15
Edix-Pmex - PolicyDate	date	10
Edix - ReinsuranceDate	date	10
Edix-Pmex - PolicyStatus	varchar	3
Edix-Pmex - LocationCode	varchar	10
Edix-Pmex - StateIssue	varchar	2
Edix-Pmex - StateResidence	varchar	2
Edix-Pmex - JointType	varchar	1
Edix - CessionJointAge	int	4
Edix-Pmex - PolicyJointAge	int	4
Edix - CessionAutoFacSw	varchar	1
Edix-Pmex - PolicyAutoFacSw	varchar	1
Edix-Pmex - DbOption	varchar	1
Edix-Pmex - Par	varchar	1

FIELD NAME	DATA TYPE	MAX FIELD LENGTH
Edix - CessionIssueType	varchar	1
Edix-Pmex - PolicyIssueType	varchar	1
Edix - CessionUnderwritingMethod	varchar	1
Edix-Pmex - PolicyUnderwritingMethod	varchar	1
Edix - TreatyNumber	varchar	12
Edix - ReferenceNumber	varchar	15
Edix - TreatyGroup	varchar	12
Edix - TreatyJointMethod	varchar	2
Edix - ReinsuranceType	varchar	1
Edix-Pmex - PlanName	varchar	15
Edix-Pmex - SearchPlan	varchar	15
Edix-Pmex - ProductCode	varchar	1
Edix-Pmex - ProductCode1	varchar	1
Edix-Pmex - ProductCode2	varchar	1
Edix-Pmex - CurrencyCode	varchar	3
Edix - ContinuationCo	varchar	10
Edix - ContinuationPol	varchar	15
Edix - ContinuationCov	varchar	4
Edix - Message	varchar	80
Edix-Pmex - NumberOfInsureds	int	4
Edix - Amendment	date	10
Edix-Pmex - LastName1	varchar	25
Edix-Pmex - FirstName1	varchar	20
Edix-Pmex - Middle1	varchar	10
Edix-Pmex - InsuredId1	varchar	25
Edix-Pmex - InsStatus1	varchar	1
Edix-Pmex - DateOfBirth1	date	10
Edix - CessionGender1	varchar	1
Edix-Pmex - PolicyGender1	varchar	1
Edix-Pmex - PolicyPricingGender1	varchar	1
Edix - CessionAge1	int	4
Edix-Pmex - PolicyAge1	int	4
Edix - CessionClass1	varchar	3
Edix-Pmex - PolicyClass1	varchar	3
Edix - CessionMortality1	decimal	5
Edix - CessionMortalityDur1	int	4
Edix-Pmex - PolicyMortality1	decimal	5
Edix-Pmex - PolicyMortalityDur1	int	4
Edix - CessionTempFlx1	decimal	5
Edix - CessionTempFlxDur1	int	4
Edix - CessionPermFlx1	decimal	5

## Electronic Reporting – Data Dictionary

FIELD NAME	DATA TYPE	MAX FIELD LENGTH
Edix - CessionPermFlxDur1	int	4
Edix-Pmex - PolicyTempFlx1	decimal	5
Edix-Pmex - PolicyTempFlxDur1	int	4
Edix-Pmex - PolicyPermFlx1	decimal	5
Edix-Pmex - PolicyPermFlxDur1	int	4
Edix-Pmex - LastName2	varchar	25
Edix-Pmex - FirstName2	varchar	20
Edix-Pmex - Middle2	varchar	10
Edix-Pmex - InsuredId2	varchar	25
Edix-Pmex - InsStatus2	varchar	1
Edix-Pmex - DateOfBirth2	date	10
Edix - CessionGender2	varchar	1
Edix-Pmex - PolicyGender2	varchar	1
Edix-Pmex - PolicyPricingGender2	varchar	1
Edix - CessionAge2	int	4
Edix-Pmex - PolicyAge2	int	4
Edix - CessionClass2	varchar	3
Edix-Pmex - PolicyClass2	varchar	3
Edix - CessionMortality2	decimal	5
Edix - CessionMortalityDur2	int	4
Edix-Pmex - PolicyMortality2	decimal	5
Edix-Pmex - PolicyMortalityDur2	int	4
Edix - CessionTempFlx2	decimal	5
Edix - CessionTempFlxDur2	int	4
Edix - CessionPermFlx2	decimal	5
Edix - CessionPermFlxDur2	int	4
Edix-Pmex - PolicyTempFlx2	decimal	5
Edix-Pmex - PolicyTempFlxDur2	int	4
Edix-Pmex - PolicyPermFlx2	decimal	5
Edix-Pmex - PolicyPermFlxDur2	int	4
Edix-Pmex - FaceAmount1	decimal	9
Edix - Retention1	decimal	9
Edix - Ceded1	decimal	9
Edix - Nar1	decimal	9
Edix-Pmex - PolicyPremium1	decimal	9
Edix-Pmex - BenMortality1	decimal	5
Edix-Pmex - FaceAmount2	decimal	9
Edix - Retention2	decimal	9
Edix - Ceded2	decimal	9
Edix - Nar2	decimal	9
Edix-Pmex - PolicyPremium2	decimal	9

FIELD NAME	DATA TYPE	MAX FIELD LENGTH
Edix-Pmex - BenMortality2	decimal	5
Edix-Pmex - FaceAmount3	decimal	9
Edix - Retention3	decimal	9
Edix - Ceded3	decimal	9
Edix - Nar3	decimal	9
Edix-Pmex - PolicyPremium3	decimal	9
Edix-Pmex - BenMortality3	decimal	5
Edix - CessionPremium1	decimal	9
Edix - CessionAllowance1	decimal	9
Edix - CessionPremium2	decimal	9
Edix - CessionAllowance2	decimal	9
Edix - CessionPremium3	decimal	9
Edix - CessionAllowance3	decimal	9
Edix - CessionExtraPremium1	decimal	9
Edix - CessionExtraAllowance1	decimal	9
Edix - CessionExtraPremium2	decimal	9
Edix - CessionExtraAllowance2	decimal	9
Edix - CessionExtraPremium3	decimal	9
Edix - CessionExtraAllowance3	decimal	9
Edix - ExtraType1	varchar	1
Edix - ExtraType2	varchar	1
Edix - ExtraType3	varchar	1
Edix-Pmex - SpecialPremium	decimal	9
Edix-Pmex - PremiumToBeWaived	decimal	9
Edix - PremiumTax	decimal	9
Edix-Pmex - CashValue	decimal	9
Edix - PolicyCashValue	decimal	9
Edix-Pmex - PolicyNextCashValue	decimal	9
Edix-Pmex - WaiverBenefit	decimal	9
Edix-Pmex - Dividend	decimal	9
Edix-Pmex - PolicyDividend	decimal	9
Edix-Pmex - PolicyFee	decimal	5
Edix - CessionPolicyFee	decimal	5
Edix - CessionPolicyFeeAllowance	decimal	5
Edix - ClaimLifeAmount	decimal	9
Edix - ClaimAdbAmount	decimal	9
Edix - ClaimInterest	decimal	5
Edix - ClaimLegalExpense	decimal	5
Edix - ClaimOtherExpense	decimal	5
Edix - ClaimId	int	4
Edix-Pmex - PolicyBenefit	decimal	9

<b>FIELD NAME</b>	<b>DATA TYPE</b>	<b>MAX FIELD LENGTH</b>
Edix-Pmex - PolicyUltimateFace	decimal	9
Edix - UltimateCeded	decimal	9
Edix - BillSource	varchar	8
Edix - BillType	varchar	1
Edix - ClaimRescindedSw	varchar	1
Edix - PltSw	varchar	1
Edix - LevelTermPeriod	int	4
Edix - DiOccClass	varchar	2
Edix - DiColaPct	decimal	5
Edix - DiAccBenefitMode	varchar	1
Edix - DiAccBenefitPeriod	int	4
Edix - DiAccElimPeriod	int	4
Edix - DiSickBenefitMode	varchar	1
Edix - DiSickBenefitPeriod	int	4
Edix - DiSickElimPeriod	int	4
Edix - DiBenefit1	varchar	2
Edix - DiBenefit2	varchar	2
Edix - DiBenefit3	varchar	2
Edix - DiBenefit4	varchar	2
Edix - DiBenefit5	varchar	2
Edix - DiBenefit6	varchar	2
Edix - DiBenefit7	varchar	2
Edix - DiBenefit8	varchar	2
Edix-Pmex - BandedFace	int	4
Edix - LtcBeginDate	date	10
Edix - LtcBenAcct	int	4
Edix - LtcIncOpt	varchar	1
Edix - LtcIncPct	int	4
Edix - LtcBenPerMode	varchar	1
Edix - LtcBenPer	int	4
Edix - ContOldPlan	nvarchar	30
Edix - ContOldTreaty	nvarchar	24
Edix - ContOldAge	int	4
Edix - ContOldClass	nvarchar	6
Edix - ProcFromDate	date	10
Edix - ProcToDate	date	10
Edix - CreateTimestamp	datetime2	20

## Electronic Reporting - Data Dictionary

The information generated in the 4.0 environment is already broken down into the component data, field offset information is no longer required.

Several fields have values from the direct policy administration system (Edix-Pmex Prefix) and fields utilized by the reinsurance cession premium calculation (Edix 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.

### Data Dictionary

#### Age (Issue 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 (Auto/Fac)

Valid values:

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

## Banded Face

This field contains the original face amount of the policy record. It is populated when the record first comes through on the Interface file and can be manually updated after. This value may not be populated for records that existed on TAI prior to this field being added.

## Benefit (Death 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 (Mortality Rating)

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 (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 (Ceded)

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 (From Date, To Date)

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 (Temp Flat Amt/Dur)

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 (Issue Age, Class, Gender, Pricing Gender, Mortality)

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 (Class)

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.

## Client ID (Insured 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 (Comment)

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.
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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 in force 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.
- 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 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.

### Continuation Key Fields

- 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 sessions that have been converted from an earlier version of the TAI system, this data is usually contained in a message.

### Coverage Number (Coverage)

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 (Currency)

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 (Report Date)

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 'YYYY-MM-DD'.

### 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 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 (Base Face, ADB Face, Waiver 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).

1 = First record created by a transaction, or only record created by a transaction.

2 = Second (after) record created by a transaction.

This field is not used on the cession extract.

### Insured's Status (Insured 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	=	Re-entry



### 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:

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

For 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

### Layer

This calculates and displays the internal retention and ceding values as multiple layers for organizations that have multiple differing internal arrangements for multiple entities within the same organization. If there are no internal arrangements for multiple entities under a larger organization, the retention, nar, etc. would appear under a single layer.

### Line of Business Code

Valid values:

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

Location (Location Id)

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 (NAR)

The reinsured net amount at risk (NAR).

Next Cash Value

This field contains the cash value for the next policy duration.

Number of Insureds (# 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 (Par)

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 (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 (Issue 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 (Dividend Amount)

This field is the direct policy dividend amount.

## Policy Duration (Pol 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 (Policy)

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

## Policy Status (Status)

This field contains the status of the policy master record. See STATUS for a list of possible status codes.

## Post Level Term Switch & Period

The Switch field displays a Y/N indicator, the Period is a two-digit value of the level term period – both set by the user on the Treaty screen.

## 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 (Tax)

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

## 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 (Reins 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 (Issue State)

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

### State of Residence (Residence State)

This field contains a two-letter abbreviation of the state or province of residence. This field is used to compute premium tax reimbursement.

### Status

This field on the Cession extract, identifies the status of the cession. Valid values:

CLM	=	Policy in claim pay out (DI or LTC policy)
CER	=	Ceded in error
RCP	=	Recaptured
PMP	=	Premium paying
ETI	=	Extended term
WOP	=	Waiver of premium
PDU	=	Paid up
RPU	=	Reduced paid up
PDT	=	Suspended due to pending death processing

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.

#### 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	= Reinstatement
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)
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 (U/W 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 (Waiver)

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.