

NAIC
UNIFORM DATA STANDARD
OPERATIONS MANUAL
P & C

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SECTION I General Information

Chapter 1

Introduction

The Uniform Data Standard (UDS) is a precisely defined series of data file formats and codes used by Receivers and Funds to exchange loss and unearned premium data electronically. A group of technical personnel from Funds and Receivers was established to develop the UDS. This group is known as the Technical Support Group, a subcommittee of the UDS Working Group of the Receivership and Insolvency Task Force of the NAIC. The NAIC endorsed the use of the UDS by Receivers and Funds, effective March 31, 1995. These procedures were revised during 2003/2004 with an implementation date of January 1, 2005. This manual provides detailed instructions for Receivers and Funds.

Updates to this manual are posted on the NCIGF website, www.ncigf.org. A list of persons who may be contacted for questions or further information about UDS is posted there as well.

Chapter 2

General Information about the Operation of UDS

The purpose of this Chapter is to help the reader understand the basic operation of the UDS.

When does the Receiver initiate the transfer of data to the Funds?

The Receiver transfers the data in UDS format to the Funds as soon as possible after the Order of Liquidation.

What information will the Receiver transmit to the Funds?

Loss Claim information ("A" Record, see [Chapter 5, p.5-1](#))

Unearned Premium Claim information ("B" Record, see [Chapter 9, p.9-1](#))

Closed Loss Claim information, ("E" Record, see [Chapter 6, p.6-1](#))

Claim Notes, ("F" Record, see [Chapter 7, p.7-1](#))

Payment History, ("G" Record, see [Chapter 8, p.8-1](#))

The order in which these files are sent is determined in discussions between the Receiver and Funds. The NCIGF Coordinating Committee for the particular insolvency will work with the Receiver to arrive at priorities and schedules for the data feeds.

What Information will the Funds transmit to the Receiver?

Loss and Unearned Premium Claim Data ("C" Record, see [Chapter 10, p.10-1](#))

Note: the Quarterly Financial Information Questionnaire (FIQ's) will be covered in a separate manual. This is the "D" Record format.

What is the frequency of data transmissions for both Receivers and Funds?

Receivers to Funds:

After the initial data transmission, new information will be transmitted to the Funds as soon as possible.

Funds to Receivers:

The initial transmission will be inception to date. Subsequent transmissions will be monthly; however, Receiver and Fund may negotiate a different reporting period.

What is meant by the term "Required" in the UDS file formats?

"Required" indicates the UDS elements essential to the successful processing of information between the Receiver and the Funds. Fields must contain valid information as defined in the file format Chapters of this manual before data can be transmitted. A field defined as "Required" for a given transaction must be populated on every record which has that transaction code.

What is meant by the term “Conditionally Required” in the UDS file formats?

This information is **REQUIRED** under certain conditions, but may be optional under other conditions. Conditions are specified in the record layouts.

What is the significance of policy/claim numbers within the UDS?

Policy numbers identify the insurance contract to which a claim applies. Claim numbers identify a specific loss. Both are essential for verification of coverage and tracking potential reinsurance recoveries and aggregates. It is imperative that these numbers are maintained by the Funds **EXACTLY** as transmitted by the Receiver.

How UDS is implemented

The pertinent policy and claim information can be gathered in several ways. In some cases, the Receivers will convert the data from the insolvent company directly to the UDS formats and submit the information to the Funds. In other states, the Receivers map the information into a standard format for their computer system. The programs are then run to produce the UDS formats. The resulting UDS records are transmitted to the Funds.

The Funds import the UDS records into their systems and begin claim processing. At the end of each reporting period Funds report claim activity in UDS format to the Receiver.

Chapter 3

New claim setup

What are the functions of a Fund and a Receiver when a new claim or claimant is received from a source other than a Receiver?

It is essential that the Fund report this information to the Receiver in a timely and efficient manner. In some cases the Fund must begin processing payments on the claim under an assigned guaranty fund claim/claimant number prior to receiving the Receiver assigned claim/claimant number.

UDS requires the Fund to submit the [“Claim/Claimant Set-up Coding Sheet”, p.3-3](#) to the Receiver, via E-mail (or fax, if necessary), to the proper contact person at the Receiver’s office. The prescribed format for this set-up request may vary, however the required fields/documents listed on [p.3-2](#) must be provided in every submission. The prescribed conditionally required fields must be provided whenever available.

The Receiver will then assign new claim/claimant numbers and set the claim up in its claim processing system.

The Receiver’s response to the Fund should be in the form of a UDS “A” Record for loss claims or a UDS “B” Record for unearned premium claims. The Fund can then import this record into its claim processing system.

In the event that the timeliness of payments requires the Fund to set up a claim on it’s system prior to receiving an “A” or “B” Record from the Receiver, the Fund should add the Receiver assigned claim number and other information to its claim record upon receipt. Care should be exercised at this point to prevent duplication of claims on the Fund’s system.

If the Receiver is unable to provide the claim/claimant number to the Fund prior to the end of a reporting period, the Fund should report any transaction activity under its own assigned claim number. This will likely result in the generation of an exception report by the Receiver, which will require follow-up with the Fund.

3.1 Fields for New Claim Setup

Field Title	New Claim	Reopen Claim	New Claimant
Receiver Contact	R	R	R
Receiver Contact Fax Number	C	C	C
Receiver Contact E-mail Address	C	C	C
Receiver Contact Phone Number	C	C	C
Fund Contact	R	R	R
Fund Contact Fax Number	R	R	R
Fund Contact E-mail Address	R	R	R
Fund Contact Phone Number	R	R	R
Type of Claim (Loss or Unearned Premium)	R	R	R
Date of Loss	R	R	R
Type of Request ("New", "Reopen", "Additional Claimant")	R	R	R
Receiver Name	R	R	R
Receiver Claim Number	C	C	C
Insolvent Company Name	R	R	R
Insolvent Company Claim Number	C	C	C
Guaranty Fund Claim Number	C	C	C
Policy Number	C	C	C
Policy Effective Date	C	C	C
Policy Expiration Date	C	C	C
Copy of Complaint Attached?	C	C	C
Copy of Claim Report Attached?	C	n/a	n/a
Insured Name Line #1	C	R	R
Insured Name Line #2	C	C	C
Insured Address Line #1	C	C	C
Insured Address Line #2	C	C	C
Insured City	C	C	C
Insured State	C	C	C
Insured ZIP	C	C	C
Claimant Number	R	R	R
Coverage Codes (Can be more than 1 per claimant)	C	R	R
Claimant Name Line #1	C	C	R
Claimant Name Line #2	C	C	C
Claimant Address Line #1	C	C	C
Claimant Address Line #2	C	C	C
Claimant City	C	C	C
Claimant State	C	C	C
Claimant Zip	C	C	C
Date Requested	R	R	R
Name of Fund	R	R	R
Set up in Receiver's System by	R	R	R
Date (claim was set up)	R	R	R
<u>Legend:</u>			
"R" = Required			
"C" = Conditionally Required			

Chapter 4

Data Transmitting Procedures

Transmitting from Receivers to Funds

Priority of data transmissions and delivery schedule will be determined in discussions between the Receiver and Funds. For example, in an insolvency with a large number of workers compensation claims, a payment history file is a high priority. However, in a different insolvency, the unearned premium data may be of prime importance.

Transmitting from Funds to Receiver

At the close of each reporting period the Funds will transmit claim activity that occurred during that period. This will include reserve snapshots as of the last day of the reporting period.

- See [Chapter 10, p.10-1](#), for the "C Record" Data Format.
- See [Chapter 15, p.15-1](#), for media transfer specifications.

SECTION II Receiver Formats

Chapter 5

“A” Record – Receiver to Funds – Open Loss Claims

5.1 Fields

Abbreviation	Heading Name:	Values are:	Meaning:
No.	Field Number		Order of this field within the record.
	Field Name		The type of information being transmitted.
Req	Field Status	R (Required):	Information that must be transmitted. If information on a claim will be reported more than once, the required information must be transmitted each time the claim is reported.
		C (Conditionally Required):	Information that is required under certain conditions, but may be optional under other conditions. Conditions are specified in the Description and/or in the Transaction Type Relationship column.
Type	Type	A (Alpha):	Field accepts letters and numbers.
		N (Numeric):	Field accepts numbers only.
Size	Length in Bytes		Length of the field in bytes. Length must not exceed the specified number of bytes. Provisions for shorter values are included in the field definitions.
Pos	Field Position		Defines the specific location of the particular field in the record.
	Transaction Type Relationship		Rules for usage of this field in different transaction types.
	Short Description		Short definition of the contents and usage of the data field.
	Extended Description		Longer definition of the contents and usage of the data field.
	Defaults To		Default value which field should contain if its precise value is unknown or unavailable.

5.2 Layout – General layout with brief field descriptions

[Link to “A” Record Layout](#)

5.3 Extended Description – Includes detailed field descriptions.

[Link to “A” Record Description](#)

5.4 Relationship to transaction types

[Link to “A” Record Description](#)

5.5 Examples relating to business processes

Example 5.5.3-4

Fields 3 and 4: File Location State and File Location Code

File Location State	File Location Code	Insolvent Company Claim No.	Transaction Code	Transaction Date	Note
PA	10	958473625	100	20040503	File going to Pennsylvania P&C Fund.
PA	11	37485960	100	20040506	File going to Pennsylvania Workers Comp Fund
PA	10	20 3948576	100	20040503	File going to Pennsylvania P&C Fund.

File Location Code and File Location State are two important fields when sending the A records. The Funds will only accept claims that are designated for their office. In some states, multiple offices receive the files depending on the line of business. There are currently 4 states that have both a WC Fund and a P&C Fund (Arizona, Florida, New Jersey and Pennsylvania).

Example 5.5.6

Field 6: Policy Number

Policy Number on Receiver’s System was:	Policy Number in UDS Record	Transaction Code	Insolvent Co’s Claim Number	Note
5479-CNX985HO	5479-CNX985HO	100	20040509	Transfer policy number as is.
UNK ?	UNK ?	100	20040523	Transfer policy number as is.
Spaces	UDSUNKNOWN	100	20040510	If policy number was blank, make UDS Policy Number field = “UDSUNKNOWN”

In this example the Receiver is sending the Fund the policy number exactly how it appears in the insolvent company’s system. Where there is no policy number, a default name is sent.

Example 5.5.19

Field 19: Claimant Number

Insolvent Co’s Claim Number	Claimant Number	Transaction Code	Claimant ID Number	Claimant Name Line #1	Note
AB50012	00001	100	333221111	Jamison	
AB50012	00002	100	666778888	Foucault	
AB50012	00004	100	333221111	Desai	Gap in claimant numbers is permissible. But why do claimants 1 and 4 have same SSN? May be an error.
AB50012	00005	100	777992222	Goldsmith	
AB50012	00012	100	222334444	Derrida	Another gap in claimant numbers-

Insolvent Co's Claim Number	Claimant Number	Transaction Code	Claimant ID Number	Claimant Name Line #1	Note
					this is allowed.
NC22040	00003	100	888009999	Blenheim	Only one claimant, but claimant number is not 00001. This is permissible.
CD28009	00001	100	555112222	Elliott	
CD28009	00002	100	333007777	Russo	

This example shows that the claimant number is used to identify each specific claimant for a claim. There is no order needed when choosing a claimant number. Once established this is the claimant number that should be used when the Fund transmits the data back to the Receiver in the form of a C record.

Example 5.5.36

Field 36, Long Claim No.

Insolvent Co's Claim No.	Receiver's Claim No.	TPA Claim No.	Long Claim No.	Note
5897623150SMITH	24572	730-00054352		Long Claim No. is blank because Insolvent Co's Claim No. is shorter than 21 characters.
58 20040927-WILLIA	190GM	709392100037295883X		Long Claim No. is blank because Insolvent Co's Claim No. is shorter than 21 characters.
23A87	23A87	3000052111142420000	57 7R/99BANKS=RW12345678901	Because insolvent company's claim number exceeds 20 characters, Insolvent Co's Claim No. field is populated with unique Receiver Claim No. Long Claim No. is populated with the 28-character claim number.
WSH-0052439801		500-WSH-002071240	WASHING-0052439801-3AUT0007	Receiver assigns a unique number to populate Insolvent Co Claim No. field.

It is very important that the original claim number present in the insolvent company's system is transmitted to the Funds. This number is present on all legal documents important to working the claim. When a claim number is longer than 20 characters, the Receiver may have to assign a different number in their system.

5.6 FAQ's

- Q.1 I am a Receiver and we have just taken down a new estate. We have a few claims with the insured name blank, and a few with values like "UnknownGL" and "UNK-00034" and "DUMMY". What should we place in the Insured Name Line 1 field for these claims?**
- A.1** If the insured name is blank, you should place the value "UDSUNKNOWN" in the Insured's Name Line 1 field in the UDS record. For the others, you should place the value that is currently on your system, "UnknownGL", "UNK-0034", and "DUMMY" for the examples given. You should not convert them all to spaces, because having the actual values may facilitate matching when the data feed is received from the Fund.
- Q.2 I am the Receiver and the insolvent company we are working on has several claims with a coverage set up that does not seem to match to any of the codes on the UDS Coverage Code table. May we just give these a code of "555120", or "CUSTOM", and ask the Funds to return their reserves and payments with this value?**
- A.2** No. Fund programs should and will reject all transactions which have a non-standard coverage code. If your coverage code cannot be mapped to one of the UDS Coverage Codes, you should send a request for a new coverage code to the UDS help desk (udshelp@udstsg.com). Once your request is received by the UDS help desk, your request will be forwarded to the appropriate subcommittee for review and handling.
- Q.3 What order should the records be sorted in a data file?**
- A.3** Any order. The recipient will be able to re-sort them into whatever order is desired.
- Q.4 I have received an A or C record and one of the coverage codes is not listed in the manual. What should I do?**
- A.4** You should reject the record and contact the entity which sent it. If both parties are using the correct, current version of the coverage code table, then the sender needs to make a correction, or needs to send a request for a new coverage code to the UDS help desk (udshelp@udstsg.com). Once your request is received by the UDS help desk, your request will be forwarded to the appropriate subcommittee for review and handling.
- Q.5 What is the difference between a long claim number and a short claim number?**
- A.5** **Case 1: Claim number is short:**
The Insolvent Company Claim Number field (#7 on the A and C records) should always be used to contain the company's claim number, if that claim number is 20 characters or shorter. There is no need to populate the Long Claim Number field if the insolvent company's claim number fits in field #7.
- Case 2: Claim number is long:**
The Long Claim Number field (# 36 on the A record and #46 on the C record) is used to contain the entire Insolvent Company's Claim Number, when that claim number is longer than 20 characters. When that's true, the Insolvent Company Claim Number field (#7 on the A and C records), will be filled with a unique number assigned by the Receiver to that claim.

Q.6 I am a Receiver and I have just taken down a new estate. How do I know which state to send the electronic and paper files to? Do I use the claimant state, accident state or policy state?

A.6 For claims involving coverage for:

Workers' Compensation

The electronic and paper files should be sent to the Fund in the state of residence of the claimant at the time of the injury. Since most company systems do not track this, the best surrogate would be "jurisdiction state". Remember, there are currently 4 states that have both a WC Fund and a P&C Fund (Arizona, Florida, New Jersey and Pennsylvania). Make sure you send the electronic and paper files to the correct Fund in these states.

First Party Property Coverage (where the property claimed has a permanent location)

The electronic and paper files should be sent to the Fund where the property is permanently located.

All Other Coverages

The electronic and paper files should be sent to the Fund in the state of residence of the insured (principle place of business for corporate insureds) at the time of the loss.

The foregoing analysis assumes that the insolvent insurer was licensed in the state of the proposed recipient Fund.

Q.7 I have created A Records in the past using the 010 transaction code. The new manual indicated that the 010 transaction code is not to be used. Is that correct?

A.7 Correct; you need only to send a 100 transaction for each existing claimant/coverage combination on the claim which is set up for each claimant on the claim.

Coverage Code	Insolvent Company' Claim No.	Claimant No	Transaction Code	Trans Amount
815005	456578	00001	100	1000000+
815020	456578	00001	100	1500000+
815005	456578	00002	100	1250000+
815020	456578	00002	100	750000+
755005	342345	00001	100	6000000+
785005	189789	00001	100	450000+

In the above example the 010 code which was used previously in the A record is no longer used. A 100 code for each claimant/coverage is used to inform the Fund of the reserves currently on the claim. Note that there are no reserves sent for the expense portion of the claim.

Q.8 NAIC Number is a required field, but I am a SIF (self-insured Fund) and I do not have an NAIC number assigned to me. What should I do?

A.8 The number assigned to the Self-Insured Fund by the state should be used as the NAIC Number. If the state does not assign unique numbers to each SIF, then the Receiver should assign his or her own unique number (e.g. SIF01) to be utilized in the field. Please note that SIF's, in most cases, are not covered by the Funds.

Q.9 I am a Receiver and I want to make sure that the claims closed by the Funds are indicated as such in my system. How do I synchronize my system to reflect the open and closed claims in the Funds system?

- A.9** You probably will be marking each claim on your system with a “GF closed” indicator whenever you receive a 030 (close claim) transaction, without a subsequent re-open. If for some reason you receive a non-zero reserve snapshot for such a claim, after you have marked it “closed”, this should go on your exception report and be investigated. It is best practice to contact the Fund and compare your open and closed claim list. If there are any differences, make the necessary corrections so both systems match.
- Q.10** **In the coverage code table, there are high level coverage codes that end in 000. Can I use these codes, or are these just category codes?**
- A.10** If you are a Receiver, you should only use one of the high-level codes if it cannot be determined what the specific low-level coverage is. When the Fund receives the A record, they will determine the correct coverage code and send it in their next transmission. If you receive any future high level, 000 codes, you should reject these records and contact the Fund.
- Q.11** **I am a Fund and I received an A Record that has some missing policy and claim numbers. How do I handle this situation?**
- A.11** Reject the record if there is no claim number, and contact the Receiver. At your discretion, you may wish to accept the record, if only the policy number is missing.
- Q.12** **Why is the default for the Date of Loss “19010101” instead of just spaces or zeroes?**
- A.12** Two reasons: Spaces and zeroes comprise an invalid date, which would cause many receiving entities’ import programs to crash. Also, the presence of 19010101 indicates that the field was consciously filled, rather than just forgotten or omitted.
- Q.13** **If a Receiver or Fund determines that a loss or group of losses is subject to aggregate limits which will potentially affect claim settlements, how will this information be conveyed to the other entity?**
- A.13** Aggregate limits can have a significant impact on claim settlements depending upon the limits that have been exhausted. The UDS has been set up to track policies subject to aggregate limits through the use of the COVERAGE CODE. The Receiver will recognize where aggregate policies exist on a claim and apply the appropriate coverage code with the initial data transmission.
If a Fund determines that aggregate policies exist on a claim where none were indicated by the Receiver, the Funds should immediately contact the Receiver.
- Q.14** **We’re a Receivership preparing the A records. Our question concerns homeowner addresses: When submitting "A" records for homeowner/insureds type policies, we use the property address, when the mailing address may be in another state. Which address should we use in submitting multiple addresses? (i.e. property in FL., owner lives in NY but uses property in winter months).**
- A.14** Most of the claims in that situation would be for first party coverages, and many Fund statutes say something like, “Any person having a claim which may be recovered under more than one insurance guaranty association or its equivalent shall seek recovery first from the association of the place of residence of the insured except that if it is a first party claim for damage to property with a permanent location, he shall seek recovery first from the association of the location of the property..”. Since you may not know what type of claim it is initially, you may have to use the Named Insured address on the declaration page but there will be some changing of Fund locations after that on first party losses.

- Q.15** **We have a claimant for whom the only address we have is in Belize. Where do we indicate the country, and how should we populate “Claimant State”?**
- A.15** For a foreign country address, "FC" should be used as the state code. A complete address may be inserted on lines 1 & 2 of the address, if space allows. Take note that an "FC" in the state code will require special consideration and handling of that claim.

Chapter 6

“B” Record – Receiver to Fund – Unearned Premium

6.1 *Fields*

Abbreviation	Heading Name:	Values are:	Meaning:
No.	Field Number		Order of this field within the record.
	Field Name		The type of information being transmitted.
Req	Field Status	R (Required):	Information that must be transmitted. If information on a claim will be reported more than once, the required information must be transmitted each time the claim is reported.
		C (Conditionally Required):	Information that is required under certain conditions, but may be optional under other conditions. Conditions are specified in the Description and/or in the Transaction Type Relationship column.
Type	Type	A (Alpha):	Field accepts letters and numbers.
		N (Numeric):	Field accepts numbers only.
Size	Length in Bytes		Length of the field in bytes. Length must not exceed the specified number of bytes. Provisions for shorter values are included in the field definitions.
Pos	Field Position		Defines the specific location of the particular field in the record.
	Transaction Type Relationship		Rules for usage of this field in different transaction types.
	Short Description		Short definition of the contents and usage of the data field.
	Extended Description		Longer definition of the contents and usage of the data field.
	Defaults To		Default value which field should contain if its precise value is unknown or unavailable.

6.2 *Layout*

[Link to "B" Record Layout](#)

6.3 *Extended Description*

[Link to "B" Record Description](#)

6.4 *Relationship to transaction types*

6.5 Examples relating to business processes

Example 6.5.1

Policy No.	Trans Code	Total Inforce Premium	Return Premium Amount	Unpaid Premium Amount	Notes
HOM-77	800	0000100000	000025000+	000005000+	
AUT123	800	0000050000	000000000+	000000000+	
22DC55	800	0000100000	000080000+	000000000+	
AUT837	800	0000100000	000050000+	000060000+	
CA4502	800	0000100000	000004400+	000000000+	

Return Premium 800 transactions. All dollar figures, if present, may be changed when an 815 is later sent for the policy. **Final audit indicator should be = "Y" on all 800's.** The purpose of the 800 is to give the Funds the policy number, insured name and address; basic information only on policies for which there *may* be some return premium due.

Example 6.5.2

Policy No.	Trans Code	Total Inforce Premium	Return Premium Amount	Unpaid Premium Amount	Notes
HOM-77	815	0000100000	000020000+	000005000+	The Return Premium Amount before Final Calculation was \$250. The amount Certified by Receiver is \$200 due insured.
AUT123	815	0000050000	000020000+	000000000+	The amount Certified by Receiver is \$200 due insured.
22DC55	815	0000100000	000080000+	000000000+	The amount Certified by Receiver is \$800 due insured.
AUT837	815	0000100000	000010000-	000060000+	The Return Premium Amount before Final Calculation was \$500. The amount Certified by Receiver is Insured owes \$100 to the company.
CA4502	815	0000100000	000000100+	000004300+	The Return Premium Amount before Final Calculation was \$44. The amount Certified by Receiver is \$1.00 due insured.

Return Premium 815 transactions. **All dollar figures should be correct and final. Final audit indicator should be = "N" on all 815's.**

6.6 FAQ's

FAQ's (Frequently Asked Questions) Relating to the "B" Record

- Q.1 I am the Receiver. For which policies should I send the Funds an 800 feed?**
- A.1** You should include any and all policies for which the calculation of return premium is incomplete. Even if it seems likely that the majority of them will not have any return premium due, send the records. **They should have a Final Audit Indicator of "Y"**. This will aid the Fund in responding to phone calls from insureds and agents.
- Q.2 I am the Receiver. We discovered a few hundred policies for which we did not send data in the first feed of "800" transactions. Should we send another 800 feed? The calculations are finalized on these policies.**
- A.2** No, it is not necessary to send 800's in this scenario. You may simply send the 815's with the calculated amounts.
- Q.3 I am a Fund. We got a feed that has both 800's and 815's for the same policy, so we are in doubt as to whether the dollar amounts have been finalized. Should we assume that they are?**
- A.3** No. 800's and 815's should not be included in the same feed. You should contact the Receiver for clarification.
- Q.4 I'm the Receiver. Formerly, we sent "810" transactions, called "Unearned Premium Calculation", to send data for policies without any unpaid premium figures. What happened to the 810?**
- A.4** The 810 has been eliminated. Use the 815 to send all records for which the return premium data calculation is complete. Policies with incomplete data should be sent as 800's.
- Q.5 I am the Receiver. Some policyholders owed the insurance company money as of the date of liquidation. The Funds don't need records for those policies, do they?**
- A.5** Yes, they do. The information is important to give a complete picture, and will help in responding to inquiries. Also, the Funds may wish to verify the correctness of the calculations.
- Q.6 I am the Fund. We received some 815's where the cancellation date is later than the policy expiration date. However, the record shows a credit balance. The Cancellation Type Code is "9". What do we do?**
- A.6** In cases where the policy went to its full term, you may not have a way to verify the amount due simply from the fields on the UDS record. You will probably need to contact the Receiver.
- Q.7 I am the Fund. We received some 815's in which the Cancellation Code is = "5", meaning "Policy is subject to audit". However, the Final Audit Indicator is "N". Should we go ahead and pay?**

- A.7** No. When you get an 815, the actual Cancellation Type, for instance, “Pro Rata”, should be determined by the Receiver and its code or the cancellation code placed in this field.
- Q.8** **Relating to return premium payment transactions received from the Fund: We received some return premium payment transactions from a Fund. The amounts paid are not exactly equal to the amounts we sent on the B record feed of 815’s. How do we know what makes up the difference between the 815 and the amount that was paid (820)?**
- A.8** The Fund should send you an 840 transaction if they applied a deductible. Some states do not have such a deductible. If the Fund has a statutory limit, the Fund should send you an 850 transaction for the amount of the return premium that is above their statutory limit. If neither of these transaction codes are reported, then you may wish to contact the Fund to discuss the difference in the amounts.
- Q.9** **I am the Fund. We have received numbers in the fields called “Agent Code” and “Finance Company Code”. What do those numbers correspond to?**
- A.9** At the time of liquidation, the company will provide the NCIGF with tables of codes and the company names and contact information for these entities. They will be made available to you through the Insolvency Coordinating Committee and on the NCIGF website.
- Q.10** **I am the Fund. We have received a return premium claim directly from a source other than the Receiver. How should we handle this return premium claim?**
- A.10** UDS requires the Fund to first submit the [“Claim/Claimant Set-up Coding Sheet”, p. 3-3](#), via E-mail (or fax, if necessary), to the proper contact person at the Receiver’s office. Next, the Receiver must assign new claim/claimant numbers and enter them on the form. The Receiver will then set up the claim in the Receiver’s system. Next, the Receiver returns a UDS B Record to the Fund. Upon receiving the B Record, the Fund imports the electronic UDS Record into its unearned premium claim system. Now, the Fund may commence transmitting activity on this claim via UDS.
- Q.11** **What if the claimant is unknown or someone other than the insured?**
- A.11** The claimant name and address fields should be populated with the information of the person or entity making a claim for the unearned premium. In most cases this will be the insured, but may also be a Premium Finance Company or some other third-party. In the rare instance when this information is unavailable, the claimant fields should remain blank.

Chapter 7

“E” Record – Receiver to Fund – Closed Loss Claims For Informational Purposes Only

7.1 *Fields*

Abbreviation	Heading Name:	Values are:	Meaning:
No.	Field Number		Order of this field within the record.
	Field Name		The type of information being transmitted.
Req	Field Status	R (Required):	Information that must be transmitted. If information on a claim will be reported more than once, the required information must be transmitted each time the claim is reported.
		C (Conditionally Required):	Information that is required under certain conditions, but may be optional under other conditions. Conditions are specified in the Description and/or in the Transaction Type Relationship column.
Type	Type	A (Alpha):	Field accepts letters and numbers.
		N (Numeric):	Field accepts numbers only.
Size	Length in Bytes		Length of the field in bytes. Length must not exceed the specified number of bytes. Provisions for shorter values are included in the field definitions.
Pos	Field Position		Defines the specific location of the particular field in the record.
	Transaction Type Relationship		Rules for usage of this field in different transaction types.
	Short Description		Short definition of the contents and usage of the data field.
	Extended Description		Longer definition of the contents and usage of the data field.
	Defaults To		Default value which field should contain if its precise value is unknown or unavailable.

7.2 *Layout*

[Link to “E” Record Layout](#)

7.3 *Extended Description*

[Link to “E” Record Description](#)

- 7.4** ***Relationship to transaction types***
- 7.5** ***Examples relating to business processes***
- 7.6** ***FAQ's***

Chapter 8

“F” Record – Receiver to Fund – Claim Notes

8.1 *Fields*

Abbreviation	Heading Name:	Values are:	Meaning:
No.	Field Number		Order of this field within the record.
	Field Name		The type of information being transmitted.
Req	Field Status	R (Required):	Information that must be transmitted. If information on a claim will be reported more than once, the required information must be transmitted each time the claim is reported.
		C (Conditionally Required):	Information that is required under certain conditions, but may be optional under other conditions. Conditions are specified in the Description and/or in the Transaction Type Relationship column.
Type	Type	A (Alpha):	Field accepts letters and numbers.
		N (Numeric):	Field accepts numbers only.
Size	Length in Bytes		Length of the field in bytes. Length must not exceed the specified number of bytes. Provisions for shorter values are included in the field definitions.
Pos	Field Position		Defines the specific location of the particular field in the record.
	Transaction Type Relationship		Rules for usage of this field in different transaction types.
	Short Description		Short definition of the contents and usage of the data field.
	Extended Description		Longer definition of the contents and usage of the data field.
	Defaults To		Default value which field should contain if its precise value is unknown or unavailable.

8.2 *Layout*

[Link to “F” Record Layout](#)

8.3 *Extended Description*

[Link to “F” Record Description](#)

8.4 *Relationship to transaction types*

8.5 Examples relating to business processes

8.6 FAQ's

Q.1 I am a Receiver and I have a note that is longer than the 1000 bytes in the note field. How do I send the note?

A.1 All notes will have a starting note sequence number of 0001. If the note is longer than 1000 bytes then you should create a new transaction with the same note Id Number, with a note sequence number of 0002. The Note Text Field of this second transaction would contain the remainder of the text, starting with the 1001st character, as in the example below:

CLAIMANT NUMBER	ENTRY DATE	NOTE ID NUMBER	NOTE LINE SEQUENCE NUMBER	ENTRY TEXT
00003	20041216	0002	0001	Claimant Jones' atty. Rosalind Hernandez phoned rehundreds of characters here.....am closing tod
00003	20041216	0002	0002	ay as final pymt has been made.

In this example, the second note for this claimant on 12/16/2004 was 1,031 characters long, and was contained in a 2000-byte field in the Receiver's system. In order to send the note in UDS format, it was reformatted into two transactions, and the text field was continued in the second transaction.

Q.2 I am a Receiver. The Insolvent Company's Claim Number was 29 characters long, so we placed it, "12345678901234567890123456789", in the Long Claim Number field on the A record, and put our own unique number, 3312789, in the Insolvent Company Claim Number field on the A record. In the Notes and Payment History Record, which one should we place in the Insolvent Company Claim Number Field?

A.2 Place the entire 29-character long insolvent company's claim number in the Insolvent Company's Claim Number field on the F and G records. The Funds will need to join it to the Long Claim Number value from the A Record, when matching the notes or payments to the claim.

Chapter 9

“G” Record – Receiver to Fund – Claim Payment History

9.1 *Fields*

Abbreviation	Heading Name:	Values are:	Meaning:
No.	Field Number		Order of this field within the record.
	Field Name		The type of information being transmitted.
Req	Field Status	R (Required):	Information that must be transmitted. If information on a claim will be reported more than once, the required information must be transmitted each time the claim is reported.
		C (Conditionally Required):	Information that is required under certain conditions, but may be optional under other conditions. Conditions are specified in the Description and/or in the Transaction Type Relationship column.
Type	Type	A (Alpha):	Field accepts letters and numbers.
		N (Numeric):	Field accepts numbers only.
Size	Length in Bytes		Length of the field in bytes. Length must not exceed the specified number of bytes. Provisions for shorter values are included in the field definitions.
Pos	Field Position		Defines the specific location of the particular field in the record.
	Transaction Type Relationship		Rules for usage of this field in different transaction types.
	Short Description		Short definition of the contents and usage of the data field.
	Extended Description		Longer definition of the contents and usage of the data field.
	Defaults To		Default value which field should contain if its precise value is unknown or unavailable.

9.2 *Layout*

[Link to “G” Record Layout](#)

9.3 *Extended Description*

[Link to “G” Record Description](#)

9.4 Relationship to transaction types**9.5 Examples relating to business processes****9.6 FAQ's****Q.1 How far back should the payment history feed go?**

A.1 Usually, for open claims, all payments from inception of the claim to the present should be included. For closed claims, it would usually be sufficient to include all payments for the last 24 months during which the file was open. However, this might depend on various factors in different insolvencies, so the Receiver should coordinate with the NCIGF Coordinating Committee for that particular liquidation estate to decide upon an agreeable set of parameters.

Q.2 I am the Receiver and I cannot map all the coverage codes for historical claims. What should I do?

A.2 You should make every effort to map these coverages; however, if they cannot be mapped in a timely and accurate fashion, you should send a request for a resolution to this problem to the UDS help desk (udshelp@udstsg.com). Once your request is received by the UDS help desk, your request will be forwarded to the appropriate subcommittee for review and handling.

SECTION III Fund Formats

Chapter 10

“C” Record – Funds to Receiver – Loss and UEP

Loss and Unearned Premium Payments, Reserves, Claim Status

10.1 Fields

Abbreviation	Heading Name:	Values are:	Meaning:
No.	Field Number		Order of this field within the record.
	Field Name		The type of information being transmitted.
Req	Field Status	R (Required):	Information that must be transmitted. If information on a claim will be reported more than once, the required information must be transmitted each time the claim is reported.
		C (Conditionally Required):	Information that is required under certain conditions, but may be optional under other conditions. Conditions are specified in the Description and/or in the Transaction Type Relationship column.
Type	Type	A (Alpha):	Field accepts letters and numbers.
		N (Numeric):	Field accepts numbers only.
Size	Length in Bytes		Length of the field in bytes. Length must not exceed the specified number of bytes. Provisions for shorter values are included in the field definitions.
Pos	Field Position		Defines the specific location of the particular field in the record.
	Transaction Type Relationship		Rules for usage of this field in different transaction types.
	Short Description		Short definition of the contents and usage of the data field.
	Extended Description		Longer definition of the contents and usage of the data field.
	Defaults To		Default value which field should contain if its precise value is unknown or unavailable.

10.2 *Layout* - General layout with brief field descriptions

[Link to "C" Record Layout](#)

10.3 *Extended Description* - Includes detailed field descriptions.

[Link to "C" Record Layout Description](#)

10.4 Relationship to transaction types

10.5 Examples relating to business processes

Example 10.5.3-4

Fields 3 and 4: Transaction Location State and Transaction Location Code

Transaction Location State	Transaction Location Code	Coverage Code	Transaction Code	Transaction Date	Amount	Note
CA	10	605220	410	20040503	000045000+	Expense payment of 450.00
CA	10	605220	310	20040504	000300000+	Loss payment of 3000.00
CA	10	605220	540	20040528	000045000-	Expense recovery of 450.00
CA	10	605220	130	20040531	000087500+	Loss Reserve Snapshot of 875.00
CA	10	605220	230	20040531	000000000+	Expense Reserve Snapshot of 0.00
CA	10	605220	310	20040514	000300000-	Void of previous transaction

In the above example, The California Fund handled this claim throughout the reporting period, and no file transfer has occurred.

Transaction Location State	Transaction Location Code	Coverage Code	Transaction Code	Transaction Date	Amount	Note
TN	10	965010	310	20040507	000010000+	Loss payment medical of 100.00
TN	10	965010	310	20040507	000010000-	Reversal of 100.00 loss payment
TN	10		030	20040508		Tennessee P&C closes claim
FL	11		080	20040515		File transferred to Florida Comp Fund
TN	10	965005	130	20040531	000000000+	Loss reserve snapshot indemnity
TN	10	965005	230	20040531	000000000+	Expense reserve snapshot indemnity
TN	10	965010	130	20040531	000000000+	Loss reserve snapshot medical
TN	10	965010	230	20040531	000000000+	Expense reserve snapshot medical

In the above, The Tennessee Fund handled the claim until it was transferred to the Florida Workers' Comp Fund on 5/15/2004. Note that the Tennessee Fund location must be coded on all transactions except for the 080 (transfer).

Example 10.5.5.1
 Field 5: Coverage Code
 Loss Claim Example:

Coverage Code	Claimant Number	Transaction Code	Transaction Date	Amount	Note
305003	00001	310	20040510	000008200+	Loss payment: must be low-level (non 000) coverage code
305015	00001	410	20040510	000038726+	Expense payment: must be low-level (non 000) coverage code
305015	00001	310	20040510	000129500+	Loss payment: must be low-level (non 000) coverage code
		030	20040511	000000000+	Close claim – No coverage code needed
305015	00001	420	20040513	000064250+	Supplemental expense payment: must be low-level (non 000) coverage code
		050	20040517	000000000+	Reopen claim – no coverage code needed.
305003	00001	310	20040517	000600000+	Loss payment: must be low-level (non 000) coverage code
305015	00001	530	20040520	000129500-	Subrogation received: must be low-level (non 000) coverage code
305015	00001	540	20040521	000038726-	Expense recovery: must be low-level (non 000) coverage code
305003	00001	130	20040531	000022000+	Loss reserve snapshot: must be low-level (non 000) coverage code
305015	00001	130	20040531	000000000+	Loss reserve snapshot: must be low-level (non 000) coverage code
305015	00001	230	20040531	000030000+	Expense reserve snapshot: must be low-level (non 000) coverage code

In the above example the Fund has opened and closed a claim, made a supplemental payment and reopened the claim. Note that even though the claim has opened, closed and reopened, the snapshot reserves have only been sent once, dated on the last day of the month. Funds should use low-level (non-000) coverage codes at all times.

Unearned Premium Claim Example:

Policy Number	Coverage Code	Claimant Number	Transaction Code	Transaction Date	Amount	Note
5479-CNX985HO	635000	00001	820	20040509	000128752+	Fund payment-high-level coverage code required.
5479-CNX985HO	635000	00001	825	20040523	000008203+	Supplemental payment: high-level coverage code required.
5220-9658B1AUT	785000	00001	820	20040510	000038726+	Fund payment. high-level coverage code required.

Example 10.5.2

Field 5 Snapshot Example – Payment Activity with open reserve for a claimant/coverage

Claim No.	Coverage Code	Claimant	Trans	Trans Date	Trans Amount
13456	635005	00001	130	20040630	000010000+
13456	635005	00001	230	20040630	000004500+
13456	635010	00001	130	20040630	000000000+
13456	635010	00001	230	20040630	000000000+
13456	635005	00002	130	20040630	000000000+
13456	635005	00002	230	20040630	000000000+
13456	635010	00002	130	20040630	000000000+
13456	635010	00002	230	20040630	000000000+

In the above example, only one claimant/coverage has an open reserve for the month. Because there was previous activity on the other claimant/coverages, and the claim is open, a reserve snapshot of 0.00 is sent.

Field 5 Snapshot Example – Payments made during period bringing reserves to 0.00

Claim No.	Coverage Code	Claimant	Trans	Trans Date	Trans Amount
13456	635005	00001	310	20040615	000013400+
13456	635005	00001	130	20040630	000000000+
13456	635005	00001	230	20040630	000000000+
13456	635010	00001	130	20040630	000000000+
13456	635010	00001	230	20040630	000000000+
13456	635005	00002	130	20040630	000000000+
13456	635005	00002	230	20040630	000000000+
13456	635010	00002	130	20040630	000000000+
13456	635010	00002	230	20040630	000000000+
13456	635005	00001	130	20040731	000000000+
13456	635005	00001	230	20040731	000000000+
13456	635010	00001	130	20040731	000000000+
13456	635010	00001	230	20040731	000000000+
13456	635005	00002	130	20040731	000000000+
13456	635005	00002	230	20040731	000000000+
13456	635010	00002	130	20040731	000000000+
13456	635010	00002	230	20040731	000000000+

In the above example, payment activity has occurred on a claimant/coverage, but all reserves are now 0.00. A snapshot for 0.00 on all claimant/coverages is sent on 6/30/2004. Because no 030 (close claim) transaction was sent, reserve snapshots are sent the following month (7/31/2004).

Field 5 Snapshot Example – Payments made and claim closed during period.

Claim No.	Coverage Code	Claimant	Trans	Trans Date	Trans Amount
13456	635005	00001	310	20040615	000013400+
13456			030	20040615	000000000+
13456	635005	00001	130	20040630	000000000+
13456	635005	00001	230	20040630	000000000+
13456	635010	00001	130	20040630	000000000+
13456	635010	00001	230	20040630	000000000+
13456	635005	00002	130	20040630	000000000+
13456	635005	00002	230	20040630	000000000+
13456	635010	00002	130	20040630	000000000+
13456	635010	00002	230	20040630	000000000+

In the above example, payment activity has occurred and the claim has closed. Snapshots for each claimant/coverage for 0.00 must be sent. Barring any new transactions for this claim, no further reserve snapshots should be generated for this claim.

Example 10.5.7

Field 7, Insolvent Company's Claim No.:

Insolvent Co's Claim No.	Receiver's Claim No.	Guaranty Fund Claim No.	Long Claim No.	Note
5897623150SMITH	24572	99999999998888888888		Long Claim No. is blank because Insolvent Co's Claim No. is shorter than 21 characters.
58 20040927-WILLIA	190GM	709392100037295883X		Insolvent Co Claim No. must have the 3 spaces, exactly as the Receiver supplied it.
23A87	23A87	3000052111142420000	57 7R/99BANKS=RW12345678901	Insolvent Co's Claim No. is populated with the number that Receiver supplied. Long Claim No. was also populated with the 28-character claim number.
WSH-0052439801		500-WSH-002071240	WASHING-0052439801-3AUT0007	Fund returns Long Claim No. and unique number that Receiver assigned in lieu of Insolvent Co's Claim No.

The Fund must report back the Insolvent Company's Claim number exactly as it was received on the data feed from the Receiver. The Fund must not modify this field, even if it seems to be incorrect. The Receiver must use this number to find and match the original claim number on its system. **The Fund should not try to "clean up" or reformat the number, by squeezing out spaces, leading zeroes, or attempting to left-justify the number, or any other modifications.** Also, the long claim number field will have the long claim number that was received in the A record. This number will be transmitted, in the exact format received, for the life of the claim.

Example 10.5.15

Fields 15 and 16, Claimant Address Line #1 and Claimant Address Line #2

Claimant Name Line #1	Claimant Name Line #2	Claimant Address Line #1	Claimant Address Line #2	Note
Sibley	David Allen II	Suite 1404	8221 Passerine Road	Line 1 has Suite No. ONLY
Dave Sibley Eco-tours, Inc.		54765 Cassin's Kingbird Ave.		Line 2 not needed, because entire address fits in Line 1.
Peterson	Roger Tory	c/o Sophie Webb Howell	14B Cedar Waxwing Ave. South	c/o in line 1, address in 2.

Example 10.5.17

Fields 17, 18, and 19 - Approved

Claimant City	Claimant State	Claimant Zip Code
Corpus Christi	TX	75165

Fields 17, 18, and 19 – Do Not Use

Claimant City	Claimant State	Claimant Zip Code
Corpus Christi TX 75165	ZZ	00000000

Example 10.5.26

Field 26 and 27. Payee Name Line #1 and Payee Name Line #2

Payee Name Line #1	Payee Name Line #2	Note
Sibley	David Allen II	Last name in Line 1
Dave Sibley Eco-tours, Inc.		Business in Payee Line 1
Townsend, Martin, and Jefferso	n, LLC, Attys. For D. A. Sibley	Long payee name spans from Line 1 to Line 2.

Example 10.5.29

Field 29. Recovery Indicator Code – [see Recovery Code Table on page 13-3](#)

Coverage Code	Transaction Code	Transaction Date	Amount	Recovery Indicator	Note
335012	130	20040531	000011000+	1	Reserve snapshot. Potential recovery type for this claim is 1 – Multiple types are expected.
335012	230	20040531	000000000+	1	Reserve snapshot. Potential recovery type for this claim is 1 – Multiple types are expected.
335003	130	20040531	000000000+	1	Reserve snapshot. Potential recovery type for this claim is 1 – Multiple types are expected.
335003	230	20040531	000020000+	1	Reserve snapshot. Potential recovery type for this claim is 1 – Multiple types are expected.
335003	310	20040503	000100000+	1	Loss payment - Potential recovery type for this claim is 1 – Multiple types are expected.
335003	530	20040529	000100000-	3	Subrogation received. Indicator = "3" for subro.
335012	530	20040515	000050000-	4	Another recovery received. Indicator = "4" for deductible
335003	540	20040517	000075000-	7	Expense recovery of an overpayment. Indicator = "7" for Other.
845000	820	20040515	000050000+		No indicator needed on UEP

For all transactions other than actual recovery transactions (those coded 530 or 540), the recovery code indicator is used to indicate the **potential** type of recovery that is expected on this claim. **In this example, all of the reserve snapshots have Recovery Code Indicator set to 1, which indicates Multiple types are expected on the claim.** Also, the 310 loss payment code, is set to 1. For the two recovery transactions, the 530's, one has the indicator set to "3" indicating subrogation received, the other is "4", indicating a recovery of a deductible.

Example 10.5.33

Field 33, Transaction Comment

Transaction Code	Transaction Comment	Note
080	RETURNING FILE AS IT IS OPEN FOR SUBRO ONLY	File Transfer
230	EXPENSE RESERVE (SNAPSHOT)	Reserve Snapshot (Expense)
310	PAT#7903333 PER KY WC MED FEE INV #630285, 630286	Loss Payment
310	4 3/7 WEEKS PPD	Loss Payment
310	PPD 8-6-03 THRU 8-29-03 RE-ISSUE	Loss Payment
030	RECOVERY ONLY - ORIGINAL INFO SENT TO RECEIVER	Close Claim
310	VOID	Voiding a payment
310	STOP PAYMENT	A stop payment was issued on this payment
310	REIMBURSEMENT	Reimbursement payment

The transaction comment may be used for any additional information which the Fund deems useful. A useful comment could eliminate a future phone call between the Receiver and the Fund.

Example 10.5.49

Field 49 - Policy Deductible Indicator

Transaction Code	Insolvent Co. Claim Number	Policy Deductible Indicator	Note
310	123-BVA-837465	Y	Loss payment – payment has been made after subtracting policy deductible from the loss amount.
310	264-MDP-003249	N	Loss payment – policy deductible has not been applied to this payment. If a deductible exists, Fund may be pursuing it.
310	307-WCO-70605		Indicator is blank because this is a Workers Comp claim.

10.6 FAQ's

FAQ's (Frequently Asked Questions) Relating to the "C" Record

Q.1 How does the Fund indicate that a check was voided or a stop payment was issued?

A.1 Send a payment transaction with a negative dollar amount in the exact amount of the voided check or the stop payment, and **include the original check number**. Also add to the comment field the word "VOID" or "STOP PAYMENT".

Example for reporting a void check the day after the check was issued.

Cov Code	Trans Code	Trans. Date	Amount	Check Number	Comment	Note
965010	310	20030401	000005000+	12345		50.00 Medical payment
965010	310	20030402	000005000-	12345	VOID	Voiding the 50.00 Medical payment

Example for reporting a void check the quarter after the check was issued.

965010	310	20030712	000005000-	12345	VOID	Voiding the 50.00 Medical Payment
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Example for reporting a stop payment on a check the quarter after the check was issued.

965010	310	20030712	000005000-	12345	Stop payment	A stop payment was issued on the 50.00 Medical Payment
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Q.2 The Receiver sent us a claim with claimants numbered "00001" for Joe and "00003" for Mary. Is it OK to make them 00001 and 00002, respectively?

A.2 No. They may have any numbers on the Fund's system. But, when reported back to the Receiver, they must be reported as claimants 00001 and 00003. This is necessary so that the transactions can be matched back to the correct claimant.

Q.3 If a claim is open, but the \$250 reserve remains unchanged since last month, and we haven't made any payments this month, do we need to send any UDS records, for that claim, at the end of the month?

A.3 Yes, you must send reserve snapshots for each coverage code within each claimant for every open claim each month. During a month when you close a claim, you need to send reserve snapshots that month with a '0' amount for each claimant/coverage code. After that there is no need to send reserves for that claim because the claim is closed.

Q.4 On our Fund system, we are missing data for some of the required fields on some open claims. Should we "hold back" on reporting these claims on UDS until we've had time to get all of the claims data cleaned up? It might be next quarter.

A.4 Contact the Receiver for instructions.

Q.5 If a Receiver or Fund determines that a loss or group of losses is subject to aggregate limits which will potentially affect claim settlements, how will this information be conveyed to the other entity?

- A.5** Aggregate limits can have a significant impact on claim settlements depending upon the limits that have been exhausted. The UDS has been set up to track policies subject to aggregate limits through the use of the COVERAGE CODE. Hopefully a Receiver, when originally supplying the claim data to the Funds, will recognize the aggregate limits exist on the claims and apply the appropriate COVERAGE CODE. To the extent that the Funds determine, after they obtain the original submission by the Receiver, that aggregate limits exist, they should immediately contact the Receiver and discuss their findings so appropriate action can be taken on all related claims.
- Q.6** **I'm the Receiver. We sent the Fund two open coverage codes on a claimant, Property Damage (875020) and Bodily Injury (875015), with reserves of \$1000 and \$2000, respectively. The Fund sent back two reserve snapshots, one for \$2000 on Bodily Injury (875015), and one for \$5000 on Construction Defect (875040). Should we assume that the Construction Defect (875040) is a replacement for the Property Damage coverage? That seems dangerous, because it might be an additional coverage.**
- A.6** If it were an additional coverage, then the Fund should have sent you 3 snapshots, one for each coverage code, with the PD snapshot for \$0.00. This type of situation might warrant a call to the Fund for further clarification.
- Q.7** **The Fund sent us back a different name, "Alexis Garibaldi", for claimant 00001, on the C record. The name we sent out on the "A" record was "Alex Terwilliger". This makes it harder for us to match back to the claimant on our system. Are they allowed to do this?**
- A.7** Yes. From now on, the Fund is probably going to have more up-to-date data on claimant names and addresses than the Receiver. For further clarification contact the Fund.
- Q.8** **Is it legitimate that two different Funds would send us financial transactions on Claim 123, even after Claim 123 had been transferred from Fund A to Fund B?**
- A.8** Yes. This is unusual, but possible. For instance, a recovery might come into Fund A after the transfer.
- Q.9** **Is it possible to have the same claim sent from two different Funds in the same month with payments attached?**
- A.9** Yes. In some instances two or more Funds may agree to share in the defense and settlement costs on a disputed claim. There are also instances where the limits of one Fund are exhausted and the claim becomes the responsibility of another Fund. These are just two examples and there are many other cases where this is possible.
- Q.10** **In our new Receivership, we sent Fund A, a data feed with information on 1,500 open claims. Now we're in the third month of the liquidation, and this Fund has sent us "C" records on only 1,300 of these claims. What happened to the other 200? We need to know the reserves.**
- A.10** Some of the claims may not have been reserved by the Fund or had coverage reviewed. Thus, they may not be tagged as "Open" claims on the Fund's system. Also, some may have been transferred to another state Fund, without using a 080 (transfer) transaction. You may wish to create a spreadsheet of these claims, and communicate with the Fund to get a better understanding of the status of these claims. Also, the Fund may never have received the hardcopy files.
- Q.11** **A Fund sent us some transactions with a transaction code "930" and a dollar amount. Since this transaction code is not in the UDS manual, we called and**

discussed it with the Fund. They said to treat it as a loss payment. Should we change our programs to accommodate this?

- A.11** No. Non-standard transaction codes should be rejected. If the Fund sees a need for a new transaction code, the Fund should send a request for a new transaction code to the UDS help desk (udshelp@udstsg.com). Once your request is received by the UDS help desk, your request will be forwarded to the appropriate subcommittee for review and handling..
- Q.12** **What order should the records be in on the data file?**
- A.12** Any order. The recipient will be able to re-sort them into whatever order is desired.
- Q.13** **What is the difference between a long claim number and a short claim number?**
- A.13** **Case 1: Claim number is short:**
The Insolvent Company Claim Number field (#7 on the A and C records) should always be used to contain the company's claim number, if that claim number is 20 characters or shorter. There is no need to populate the Long Claim Number field if the insolvent company's claim number fits in field #7.
- Case 2: Claim number is long:**
The Long Claim Number field (# 36 on the A record and #46 on the C record) is used to contain the entire Insolvent Company's Claim Number, when that claim number is longer than 20 characters. When that's true, the Insolvent Company Claim Number field (#7 on the A and C records), will be filled with a unique number assigned by the Receiver to that claim. It is very important that the long claim number is communicated to the Fund because all of the legal documents will reference this number.
- Q.14** **I have received an A or C record and one of the coverage codes is not listed in the manual. What should I do?**
- A.14** You should reject the record and contact the entity which sent it. If both parties are using the correct, current version of the coverage code table, then the sender needs to make a correction, or needs to send a request for a new coverage code to the UDS help desk (udshelp@udstsg.com). Once your request is received by the UDS help desk, your request will be forwarded to the appropriate subcommittee for review and handling.
- Q.15** **I am a Fund and I want to close a claim. What transaction codes should I use to completely close the claim?**
- A.15** The 030 transaction indicates that all claimants and all of their coverages are now being closed. You no longer need to close out at the claimant/coverage level. Use the 030 code when all claimant/coverages on the claim are closed out. Also send reserve snapshots, 130s and/or 230s in the amount '0', for all claimant/coverages for that month. After that month there is no need to send the snapshot reserves again on this claim. You must send the 030 to let the Receiver know that the claim has been closed. If you send reserve snapshots with a \$0.00 amount, but omit the 030 transaction, the Receiver cannot assume that the claim is closed.
- Q.16** **I am a Fund and I have a new claim. Whom should I contact to set up this claim?**
- A.16** You should contact the appropriate person at the Receiver's office, who will supply you with a claim number. You should use the form provided in [Chapter 3, p. 3-3](#), to communicate with the Receiver. The Receiver will set up the claim in their system so that the data will match when it arrives from the Fund. Communication between the Fund and

Receiver concerning new claim setup will eliminate future calls and create a better flow of electronic data.

Q.17 I see the 340 (Final Payment) code is no longer used. What should I do in my system to convert from a 340 code to a 310 code?

A.17 If your system currently sends a 340 in UDS, then, at whatever point the 340 is created, the program should create a 310 with the same dollar amount. A 030, close claim transaction, should be sent as well, if the 340 on your system effectively closed the last open claimant.

Q.18 In the coverage code table, there are high level coverage codes that end in 000. Can I use these codes or are these just category codes?

A.18 Only the Receiver may use a high-level coverage code in the A record. This high-level 000 code can only be used when the Receiver cannot identify the specific coverage code. When the Fund receives the A record they will determine the correct coverage code. If the liquidator receives any high-level 000 codes back on the C record, they should reject these records and contact the Fund. Funds should not send payments or reserves using the high-level 000 codes. Reserves and payments should only be sent under specific coverage codes when they have been determined. It is suggested that the Funds internal claims processing system not allow a payment or reserve to be entered on a high-level 000 coverage code.

Example:

Company ABC has gone into liquidation. Shortly thereafter the Receiver provides the A records to the various Funds. Some of the claims sent to the Funds have high-level 000 codes because the liquidator was not able to specifically identify the coverage. For example, one of the claims has coverage of 305000, the high-level code for Commercial Auto. In this situation the Fund must review the claim and determine the specific coverage code. Now the Fund is getting ready to submit their first batch of C records and they have yet to identify a specific coverage code for this claim. Since the Funds claims processing system does not allow for a high-level coverage code, reporting on this claim will be delayed until the specific coverage has been identified.

Q.19 I am a Fund and I have determined that I have made a payment on an incorrect coverage code. What should I do?

A.19 Funds: For payments made under the wrong coverage code, losses and expenses made under that code should be reversed out and the new coverage code should have these new payments attached. When the next C record batch is sent out, the reversals and payments will be sent.

Coverage Code	Transaction Code	Amount	Check No	Note
785005	310	490000+	10100	Loss payment Private Passenger BI
785005	310	010000+	10101	Loss payment Private Passenger BI
785005	410	035000+	10106	Expense payment Private Passenger BI
785005	310	490000-	10100	Wrong coverage code reversal using same check number
785005	310	010000-	10101	Wrong coverage code reversal using same check number
785005	410	035000-	10106	Wrong coverage code reversal using same check number
815005	310	490000+	10114	New coverage with loss payment Private Passenger Motorcycle
815005	310	010000+	10116	New coverage with loss payment Private Passenger Motorcycle
815005	410	035000+	10122	New coverage with expense payment

				Private Passenger Motorcycle
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In the above example, payments were made on the wrong coverage code. The Fund sends out 3 reversal transactions using the same check number. Three more transactions using the correct coverage code is sent. The Fund may also add a note in the comment field indicating a reversal for the wrong coverage code.

Receivers: When you receive back a coverage code which is different from the one you sent out, you will want to temporarily reject this record and put it on an exception report, after which a claims handler will review the situation and either approve the replacement of the former coverage, or will contact the Fund for further clarification.

- Q.20 I am a Receiver and I received a recovery from a Fund, but it is a positive number. According to the manual, recoveries are supposed to be negative numbers? What should I do?**
- A.20** All recoveries are negative transactions because they are reducing the losses for the claim. The only time a recovery should be positive is when a reversal of a previous recovery is sent. In this case the Fund should put a note in the comment field. If you receive a positive recovery amount and there is no comment in the comment field you should contact the Fund.
- Q.21 I am a Receiver and I received a recovery from a Fund, but there is not enough loss in the claim to offset the recovery. My system does not allow me to take the loss below zero. What should I do?**
- A.21** You should set up an edit in your system to flag this as a reimbursement exceeding the paid loss. Contact the Fund to see how this came about. In most cases the recovery check has not been allocated across all the coverage lines. For example, a workers comp claim has paid medical losses of \$10,000 and paid indemnity losses of \$10,000. The Fund sends a recovery transaction for \$15,000 using the indemnity coverage code. The Fund, in this case, should have sent two transactions, one for \$5,000 on the medical coverage and \$10,000 on the indemnity coverage.
- Q.22 I am a Fund and I have received a recovery check, but I have not made any payments on this claim. How should I process this check?**
- A.22** The Fund should not enter any recoveries into their system. This check should be forwarded to the responsible party at the liquidator's office.
- Q.23 I am a Fund and I have received a recovery check for more then I have paid on this claim. How should I process this check?**
- A.23** In this situation, it is more then likely that there are pre and post liquidation payments involved. The Fund should contact the liquidator and determine the total pre-liquidation payments. If the recovery is equal to the total payments, both pre and post liquidation, then that amount will be divided according to how much was paid by each party. If the amount is less then the total pre and post liquidation payments then the recovery will be pro-rated between the two parties.
- Q.24 I am a Fund. Do I need to report an application of a Fund statutory deductible?**
- A.24** When making claim payments, those states with a statutory deductible should use a 610 code which indicates the amount of the statutory deductible which was applied and taken. This will alert the Receiver of a potential claim against the estate of the insolvent company. This is not to be confused with a policy deductible. This field is only used for those states with a deductible in their statute.

Transaction Code	Coverage Code	Amount	Note
310	305006	000490000+	Total amount of loss \$5,000.00
610	305006	000010000+	Statutory deductible of \$100.00

In this example the total amount of the loss is \$5,000, but there is a statutory deductible of \$100.00. The check processed by the Fund and sent to the claimant is for \$4,900. The Receiver has been notified of the statutory deductible by the use of the 610 code. The Receiver can anticipate a claim for \$4,900.00 from the Fund and a \$100.00 claim for the statutory deductible from the claimant.

Q.25 I am a Fund. How do I notify the Receiver of the liability when it is above the cap?

A.25 There are times when the claim amount owed by or to the insured has been determined, and that amount exceeds the Fund cap and therefore is not payable by the Fund. When this situation arises, the Fund should use transaction 790, with a specific amount, reflecting the amount that exceeds the Fund cap. This alerts the Receiver of potential claims against the estate from entities other than the Fund.

Transaction Code	Coverage Code	Amount	Note
310	305006	300000000+	Payment made by Fund. Cap for this Fund is \$300,000.00
790	305006	250000000+	Amount in excess of Fund's cap

In this example, the Fund has a cap of \$300,000. The Fund has made a payment of \$300,000 and has indicated to the Receiver that there is an excess of \$250,000 on the claim. This 790 transaction is informational only and should not be entered as a payment in the Receiver's system. It is intended to aide the Receiver in tracking high value claims.

Q.26 What is an offset?

A.26 An offset is that portion of a claim that has been satisfied by another source of recovery such as another insurance policy. In many states the Fund statute requires that the claimant exhaust any other available coverage.

Transaction Code	Coverage Code	Claimant	Amount	Note
310	305003	0001	200000000+	Payment made by Fund. Cap for this Fund is \$300,000.00
792	305003	0001	100000000+	Amount satisfied by another recovery source

In this example the Fund has been presented with a Commercial Auto-Bodily Injury claim (305003). The Fund statute requires that the claimant exhaust all available coverages. In this case the claimant had uninsured motorist coverage in the amount of \$100,000 available to him and he recovered the full amount of that policy. This particular Fund's statute allows for the Fund to reduce the amount of the covered claim by the amount of this \$100,000 recovery. A 792 transaction with the amount of \$100,000 alerts the Receiver of a potential claim from another source other than the Fund. The total claim against the estate is the combination of the \$200,000 from the Fund and \$100,000 from the uninsured motorist carrier. This 792 transaction is informational only and should not be entered as a payment in the Receiver's system.

Q.27 How often should I be sending data?

- A.27** The Receiver will request inception-to-date feeds until the file is approved. Subsequent reporting should be monthly, with the last date of the reporting period being the last day of the month. A Receiver and Fund may negotiate a different reporting period.
- Q.28** **I am a Fund and I currently send data via diskette. Is this the preferred format? Can I send via email?**
- A.28** If the Receiver has agreed to receiving diskettes, you may continue to use diskettes. However, the preferred method of transferring data from the Funds to the Receiver is E-mail with the UDS File ("C" Records) attached to the E-mail. Due to the volume of information being sent to the Receiver many E-mail services can not handle files that exceed the ISP's (Internet Service Provider's) maximum file size. When this happens, contact the Receiver to find an alternate method, which may be to send the file to a FTP Site at the Receiver. We recommend you also send an E-mail to the Receiver indicating you have sent your UDS Batch to the FTP Site. If the Receiver uses an FTP Site, they will inform you of their requirements for sending data to an FTP Site.
- Q.29** **I see all of these tables labeled WCIO. What are these for? Where do I get this information?**
- A.29** WCIO stands for Workers Compensation Insurance Organizations. These tables are used to describe the nature of workers compensation related injuries. An accurate description of a compensable injury is important to the Receiver for continuation of required workers compensation reporting and reinsurance recoveries. A link to the [WCIO website](#), where the most current codes are maintained, is provided above each table.
- Q.30** **I am a Receiver and I received a C Record that has some missing policy and claim numbers. How do I handle this situation?**
- A.30** If both are missing, you would reject the record and contact the Fund. If only the policy number is missing, but you can match the claim number successfully, you might choose to have someone review the error report at your office, and make a correction, and also let the Fund know that they should correct this error in the future.
- Q.31** **I am a Receiver and when I add up the transaction amount column it does not match the trailer record. What should I do?**
- A.31** Reject the entire batch and contact the Fund; they should send a replacement file. Also note that the batch should be rejected if the total number of records in the file, minus 2 (header and trailer), does not match the "Record count within the file" field on the trailer.
- Q.32** **I am a Receiver and I received a record with a transaction code that is not in the manual. Should I accept the file?**
- A.32** Absolutely; reject the record. Rejecting the whole file is your choice, but that might compound the delay. Contact the Fund and try to work out the problem. Receivers need to let Funds know promptly when they have rejected a record, and the reason for rejection.
- Q.33** **I am a Fund/Receiver and the coverage code has changed. What should I do?**
- A.33** Funds: Prior to any financial transactions occurring on the claim, when you determine that a different coverage code is correct, you should use the correct coverage code on your system, and send the correct one on all your activity for that claimant/coverage: payments, recoveries, reserve snapshots. If financial transactions have occurred, and the old coverage code is not a high-level coverage code, you should send reversing entries for the incorrect coverage, and report transactions on the correct coverage.

Receivers: When you receive back a coverage code which is different from the one you sent out, you will want to temporarily reject this record and put it on an exception report, after which a claim's handler will review the situation and either approve the replacement of the former coverage, or will contact the Fund for further clarification.

Q.34 I am a Fund. We made a supplemental payment, a 320, on a claim, without re-opening or re-closing the claim. Must we send reserve snapshots this month?

A.34 Yes. A supplemental payment is activity on the claim, so, in addition to the 320 transaction with the payment amount, you should send an expense reserve snapshot and a loss reserve snapshot, with a zero dollar amount in each.

Q.35 I am a Receiver. The Fund sent us six reserve snapshots, all zero amounts, which cover all the coverage codes on the claim. May we assume the claim is closed?

A.35 Not unless you also received a Close Claim transaction (030).

SECTION IV Successful Coordination

Crucial Fields and Procedures

In the exchange of loss claims data between the Receivers and the Funds, certain fields, their accuracy, and their correct usage are extremely important. In addition, there are some cardinal rules for certain transactions, as described below, which must be followed in order to make the process work.

1. When ***Insolvent Company's Claim Number*** is returned on the Fund feed (C record), it must be precisely the same, character by character, as it was received on the Receiver's data feed (A record). This rule applies to ***Long Claim Number***, too. **The Fund should not attempt to right-justify, left-justify, fill with leading zeroes, eliminate characters, or re-format the claim number in ANY way.**
2. ***Policy Number*** also must be preserved as it was sent, as in # 1.
3. When ***Claimant Number*** is returned on the Fund feed (C record), it must be precisely the same as the Claimant Number received on the Receiver's data feed (A record) for that person or entity. The procedure for claimant numbers is officially as follows:
"The Claimant number used for all claimants will be the number established by the Receiver for all open claims or reopened claims. For all new claims reported, the Receiver shall establish the claimant number(s) at the time the claim number is established.
Note: At the Receivers discretion, an alternative process for the control of the assignment of claimant number(s) by the Fund MAY be established."
4. High-level ***Coverage Codes***, that is, those ending in "000", **MUST NOT** be used by Funds on Reserve Snapshot or Payment Transactions, regardless of whether the reserve/payment is for expense or loss. While it is possible that a Receiver may send out a few 100 transactions with a high-level coverage code, the Fund must review the claim and determine the correct, low-level, specific coverage code for each coverage code on the claim before reporting on UDS.
5. ***File Names*** must follow the format and rules in Chapter 14 or the file will be rejected. Receivers are setting up automated systems to load and process the files coming in from Funds. Manual intervention should not be necessary.
6. ***Header and Trailer Records*** must follow the rules and format set forth in [Chapter 14, p. 14-3](#), or the file will be rejected. Funds should have a routine or procedure to double-check the grand total dollar amount in the trailer, against the total of all the dollar amounts in the records within the file.
7. All ***Transaction Dates*** on the detail records should generally be within the range of dates specified by the From Date and Thru Dates in the file name on the Fund's feed. All reserve snapshot transactions (130s and 230s) must have the Transaction Date equal to the Thru Date in the file name, that is, they must have the last day of the reporting period.
8. ***Reserve Snapshots*** must show the current picture for the claim. Even if only one coverage had activity during the period, all coverages and claimants must have reserve snapshots sent, even where the reserve is zero. ***Reserve Snapshots*** must be sent by the Funds following these criteria:

1st time reports - all claims, claimants, coverages for that estate – inception to date range, regardless of activity. Subsequent reports – all claims, claimants, coverages with open

reserves (any open reserves in the claim, report all claimants, coverages for that claim) or any that had activity during the reporting period (same definition as open reserves). If the Reserve is set to zero on an open claim during the period, it should be reported. Snapshots should be created as of the last day of the month or reporting period.

Every open claim must have at least one Expense Reserve Snapshot transaction (130) and one Loss Reserve Snapshot transaction (230) sent every reporting period.

SECTION V References

Chapter 11

Transaction Codes

The following table describes the TRANSACTION CODES processed under UDS.

Transaction Codes Table

Transaction	Code	Definition	Description	Record Types
CLAIM STATUS				
CLOSE	030	Closes claim and all claimants.	Claim/Occurrence Level; closes the claim in its entirety. <u>All</u> Fund reserves will be reduced to zero.	C
REOPEN	050	Reopens a closed claim.	Claim/Occurrence Level; accompanied by one RESERVE SNAPSHOT for each claimant/coverage.	C
FILE TRANSFERRED	080	File transferred to another location.	Claim/Occurrence Level; file has been sent to location indicated by the STATE and FILE LOCATION CODES.	C
FILE TRANSFERRED DUE TO NET WORTH	081	Transferred due to net worth statute.	Claim level. This claim will no longer be handled by the Fund due to net worth statute.	C
INCURRED AT CAP	090	Either entire claim or a specific claimant is expected to exceed the Fund statutory caps.	Claim/Occurrence or Claimant Level; serves as an indicator that the claim or a claimant could exceed the Fund cap and that the Receiver should contact the Fund. Report each month that the claim remains open and in that status.	C
INCURRED AT CAP WITH AMOUNT	091	Either entire claim or a specific claimant exceeds the Fund statutory cap, and is valued at the amount shown.	Claim/Occurrence or Claimant Level; serves as an indicator that the claim or a claimant exceeds the Fund cap. The Receiver should contact the Fund. The total value of the claim/claimant is in the amount field. Report each month that the claim remains open and in that status.	C
NO FUND COVERAGE	099	No Fund coverage is available under the state statute.	Claim Level; claim is not covered under the Fund's state statute. NOTE: TRANSACTION COMMENT FIELD can be used to specify the reason why there is no coverage.	C

INITIAL LOSS FILE SET UP				
INITIAL LOSS FILE TRANSMISSION	100	Initial loss claim record. Used by Receiver only.	Claimant /Coverage Level; establishes each claimant/coverage known to the Receiver on the Fund's system. Funds need to recognize that Receiver's loss reserves are included as a reference only.	A
LOSS RESERVE				
LOSS RESERVE SNAPSHOT	130	The outstanding loss reserve as of the reporting date.	Claimant/Coverage Level; the reserves supplied with this transaction should be treated as a replacement as opposed to an incremental adjustment. <u>SNAPSHOT RESERVE REPORTING</u> A 130 or 230 transaction code record for each claim/claimant/coverage for all claims with any open reserves and for all claims for which there has been activity during the period being reported regardless of the reserve value.	C
EXPENSE RESERVE				
EXPENSE RESERVE SNAPSHOT	230	The outstanding expense reserve as of the reporting date.	Claimant/Coverage Level; the expense reserves supplied with this transaction should be treated as a replacement as opposed to an incremental adjustment. <u>SNAPSHOT RESERVE REPORTING</u> A 130 or 230 transaction code record for each claim/claimant/coverage for all claims with any open reserves and for all claims for which there has been activity during the period being reported regardless of the reserve value.	C

PAYMENTS – LOSS				
LOSS	310	Loss payment.	<p>Claimant/Coverage Level; process on open claims only.</p> <p><u>TO RECORD A VOID/STOP PAYMENT:</u> Enter “VOID” or “STOP PAYMENT” in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry.</p> <p><u>TO REISSUE</u> – Enter “REISSUE” in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry</p> <p><u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement (“overpayment”, “duplicate”, etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.</p>	C,G
PAYMENTS – LOSS				
SUPPLEMENTAL LOSS	320	Loss payment made after closing.	<p>Claimant/Coverage Level; status of claim still remains closed.</p> <p><u>TO RECORD A VOID/STOP PAYMENT:</u> Enter “VOID” or “STOP PAYMENT” in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry.</p> <p><u>TO REISSUE</u> – Enter “REISSUE” in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry</p> <p><u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement (“overpayment”, “duplicate”, etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.</p>	C

PAYMENTS/ EXPENSE				
DCC EXPENSE	410	DCC Expense Payment.	Claimant/Coverage Level; process on open claims only. See DCC Expense Code table, p. 13-4 <u>TO RECORD A VOID/STOP PAYMENT:</u> Enter "VOID" or "STOP PAYMENT" in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry. <u>TO REISSUE</u> – Enter "REISSUE" in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry <u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement ("overpayment", "duplicate", etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.	C,G
DCC SUPPLEMENTAL EXPENSE	420	DCC Expense payment made after the claim is closed.	Claimant/Coverage Level; status of claim still remains closed. See DCC Expense Code table, p. 13-4 <u>TO RECORD A VOID/STOP PAYMENT:</u> Enter "VOID" or "STOP PAYMENT" in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry. <u>TO REISSUE</u> – Enter "REISSUE" in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry <u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement ("overpayment", "duplicate", etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.	C

PAYMENTS/ EXPENSE				
<p>AO (Adjusting and Other) EXPENSE – OPEN CLAIM</p> <p><u>DO NOT USE EXPENSE CODES FOR AO EXPENSES</u></p>	<p>450</p>	<p>Adjusting or claims handling expenses billed by third party administrators (example: TPA expense or adjusting companies).</p>	<p>Claimant/Coverage Level. This category includes claims handling expenses billed by third party administrators (TPA's) to individual claims. This category does not include Defense and Cost Containment (DCC) expenses, which are reported using transaction codes 410.</p> <p><u>TO RECORD A VOID/STOP PAYMENT:</u> Enter "VOID" or "STOP PAYMENT" in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry.</p> <p><u>TO REISSUE</u> – Enter "REISSUE" in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry</p> <p><u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement ("overpayment", "duplicate", etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.</p>	<p>C</p>
<p>AO (Adjusting and Other) EXPENSE – CLOSED CLAIM</p> <p><u>DO NOT USE EXPENSE CODES FOR AO EXPENSES</u></p>	<p>470</p>	<p>Adjusting or claims handling expenses billed by third party administrators (example: TPA expense or adjusting companies).</p>	<p>Claimant/Coverage Level. Status of claim still remains closed. This category includes claims handling expenses billed by third party administrators (TPA's) to individual claims. This category does not include Defense and Cost Containment (DCC) expenses, which are reported using transaction code 420.</p> <p><u>TO RECORD A VOID/STOP PAYMENT:</u> Enter "VOID" or "STOP PAYMENT" in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry.</p> <p><u>TO REISSUE</u> – Enter "REISSUE" in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry</p> <p><u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement ("overpayment", "duplicate", etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.</p>	<p>C</p>

RECOVERY				
LOSS RECOVERY	530	Any form of loss recovery.	See Recovery Code table, p. 13-3 Claimant/Coverage Level; enter recovered amounts as credits <->. Corrections may be recorded as <+ >or <->.	C
DCC EXPENSE RECOVERY	540	Expense incurred, then reimbursed by a third party.	See DCC Expense Code table, p. 13-4. For any DCC expenses (other than claims handling expenses billed by third party administrators). Claimant/Coverage Level; enter recovered amounts as credits <->. Corrections may be recorded as <+ >or <->.	C
AO EXPENSE RECOVERY	550	All types of AO expense recoveries.	For any AO expenses -claims handling expenses billed by third party administrators (TPA's). Claimant/Coverage Level; enter recovered amounts as credits <->. Corrections may be recorded as <+ >or <->.	C
STATUTORY DEDUCTIBLE				
DEDUCTIBLE APPLIED – LOSS	610	Identifies the statutory deductible applied by the Fund on a loss claim.	Claimant/Coverage Level; the TRANSACTION AMOUNT is the amount of the statutory deductible that the Fund applied to the claim. The amount must be equal to or less than the statutory deductible.	C
EXCESS OF CAP SETTLEMENT				
LOSS IN EXCESS OF CAP/GUARANTY FUND COVERAGE	790	Value of settlement is in excess of coverage provided by the Fund.	Claimant/Coverage Level; the TRANSACTION AMOUNT is the net value of any judgment received by the Fund less payments made by the Fund. This notifies the Receiver of this liability.	C
OFFSET AMOUNT	792	Amount of a claim which has been satisfied by a source other than a Fund.	Claimant Level. Amount offset by the Fund as a result of other sources mandated under statute. This code should be used to reflect the amount of a non-covered subrogation claim.	C

INITIAL PREMIUM FILE SET-UP				
INITIAL PREMIUM CLAIM TRANSMISSION	800	Initial unearned or return premium record.	Claimant Level: primarily used by the Receiver to advise the Funds that the record submitted is a claim for premium due the claimant. Primarily used by the Receiver to report premium claims to the Funds but can be used by the Funds when the claim is reported directly by the claimant to their attention.	B

RETURN PREMIUM				
RETURN PREMIUM CALCULATION	815	Return premium due the insured or claimant.	Claimant level; This transaction code is used by the Receiver to report return premium claims to the Funds. This is the amount Certified by the Receiver to be paid to the claimant. The amount calculated and reported by the Receiver will include any unpaid premium, final audit reports, adjustments, endorsements, etc. NOTE: See reference earlier in this Chapter regarding reporting at the claimant level.	B
PAYMENT BY FUND – RETURN PREMIUM	820	Return premium amount paid by the Fund.	Claimant Level; represents the actual return premium payment made by the Fund. This transaction also closes the claim. <u>TO RECORD A VOID/STOP PAYMENT:</u> Enter “VOID” or “STOP PAYMENT” in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry. <u>TO REISSUE</u> – Enter “REISSUE” in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry <u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement (“overpayment”, “duplicate”, etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.	C

RETURN PREMIUM				
SUPPLEMENTAL PAYMENT – RETURN PREMIUM	825	Return premium payment made after closing.	Claimant Level: Status of claimant remains closed. (See transaction code 835.) <u>TO RECORD A VOID/STOP PAYMENT:</u> Enter “VOID” or “STOP PAYMENT” in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry. <u>TO REISSUE</u> – Enter “REISSUE” in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry <u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement (“overpayment”, “duplicate”, etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.	C
CALCULATION ADJUSTMENT – RETURN PREMIUM	835	Return premium recalculation due to a re-evaluation of the claim.	Claimant Level: This amount represents the incremental amount of the recalculation due to a re-evaluation of the claim by the Receiver.	B
DEDUCTIBLE APPLIED – RETURN PREMIUM	840	Identifies the statutory deductible applied by the Fund on a return premium claim.	Claimant Level; the TRANSACTION AMOUNT will reference the dollar amount of statutory deductible that the Fund applied to the claim. The amount must be equal to or less than the statutory deductible. If amount is less than the statutory deductible, it will automatically close the claim.	C
RETURN PREMIUM IN EXCESS OF CAP/GUARANTY FUND COVERAGE	850	Net value due from Receiver after return premium payments made by the Fund to the statutory limits.	Claimant Level; the TRANSACTION AMOUNT provided with this code will represent the net value of the return premium claim after the Fund has made payments to its statutory limits.	C
CWP (closed without payment) RETURN PREMIUM	860	Closes claim. No return premium payments made for any claimants.	Claimant Level: Closes the claim in its entirety. The TRANSACTION COMMENTS field must be used to specify the reason why there is no coverage. All Fund reserves will be reduced to zero.	C

<p>RETURN PREMIUM EXPENSE PAYMENTS</p>	<p>870</p>	<p>Return Premium expenses (Return Premium claims handling expenses)</p>	<p>Claimant/Coverage Level; process on open claims only. <u>TO RECORD A VOID/STOP PAYMENT:</u> Enter "VOID" or "STOP PAYMENT" in the TRANSACTION COMMENT field. Enter the check number with the exact negative <-> entry. <u>TO REISSUE</u> – Enter "REISSUE" in the TRANSACTION COMMENT field. Enter the check number with the amount as a positive <+> entry <u>TO RECORD A REIMBURSEMENT</u> – Enter the type of reimbursement ("overpayment", "duplicate", etc.) in the TRANSACTION COMMENTS field and reflect the amount as a negative <-> entry.</p>	<p>C</p>
<p>NO FUND COVERAGE – RETURN PREMIUM</p>	<p>899</p>	<p>No Fund coverage is available under the state statute.</p>	<p>Claimant Level: To alert the Receiver of the condition. NOTE: The TRANSACTION COMMENTS field must be used to specify the reason why there is no coverage.</p>	<p>C</p>

Chapter 12

Coverage Codes

The COVERAGE CODE provides the policy type and specific coverage within the policy type applicable to the specific transaction. The first four (4) positions of the code are reserved for policy type. The remaining two (2) positions are used to reflect the coverage within the policy type. The number assignment sequence has been spread across the universe of numbers available, reserving space between codes for future requirements.

COVERAGE CODES will likely be updated regularly. In order to maintain the integrity of the table it is crucial that any additional assignments of numbers are accomplished through the UDS Coverage Code Subcommittee. All requests for new coverage codes should be sent to the UDS help desk (udshelp@udstsq.com). Once your request is received by the UDS help desk, your request will be forwarded to the UDS Coverage Code Subcommittee for review and handling.

Each type of policy has a COVERAGE CODE XXX000. COVERAGE CODES with the "000" suffix reflect only the policy type without making a specific reference to a coverage within that policy type. These particular codes are used for:

- Allowing the exchange of information for unearned premium claims as these claims will only report one coverage for a claimant at the policy type level.
- Reporting an open loss claim, on an A record, when, after diligent effort, the Receiver has not been able to determine the more specific, low-level coverage code.

Such reporting must be coordinated between the respective Receiver and Fund before making submissions according to UDS.

Loss and LAE payment activity **must be reported at the claimant and coverage level** in order for Receivers and Funds to maximize the benefits of the UDS.

Policy aggregates can greatly impact the liability of both Funds and Receivers. Therefore a COVERAGE CODE has been established for each coverage within a policy that can potentially have aggregate limits. This allows Receivers to notice Funds immediately when such conditions exist, allowing the Funds to coordinate settlement activities with Receivers, particularly when a policy covers multi-state operations.

Coverage Code Table

Code	Description	Date Added
105000	Accident & Health	
105005	Individual accident & health	
105010	Group accident & health	
105015	Individual Long Term Disability	6/1/1998
105020	Group Long Term Disability	6/1/1998
135000	Aerospace	
135005	Bodily Injury	
135010	Bodily Injury – Aggregate	
135015	Property Damage	
135020	Property Damage – Aggregate	
165000	Aircraft	
165005	Hull	
165010	Liability - Bodily Injury	
165015	Liability - Bodily Injury – Aggregate	
165020	Liability - Property Damage	
165025	Liability - Property Damage – Aggregate	
165030	Cargo	
165035	Medical Payments	
165040	Hangar Keepers Liability	
195000	Animal – Livestock	
195005	Mortality Life	
195010	Mortality Life – Aggregate	
195015	Named Perils	
195020	Named Perils – Aggregate	
225000	Boats – Yachts	
225005	Liability - Combined Single Or Split Limit	
225010	Liability - Combined Single Or Split Limit – Aggregate	
225015	Hull	
225020	Marina Legal Liability	
225025	Dealers Reporting Form	
225030	Cargo	
225035	Machinery Damage	
225040	Personal Property	
225050	Property & Indemnity	
225055	Sue & Labor	11/19/2001
255000	Boiler/Machinery	
255005	Liability - Bodily Injury	
255010	Liability – Property Damage	
255015	Physical Damage/Other Perils	
256000	Boiler/Machinery – Business Owners Policy	9/3/2002
256010	Boiler/Machinery – Business Owners Policy	12/10/2004
285000	Bonds	
285010	Fidelity	6/10/2004

Code	Description	Date Added
295000	Bonds	
295010	Surety	6/10/2004
305000	Commercial Auto	
305003	Liability - Bodily Injury - Combined Single Or Split Limit	
305006	Liability - Bodily Injury - Combined Single Or Split Limit – Aggregate	
305009	Liability - Bodily Injury - Underinsured Motorist	
305012	Liability - Bodily Injury - Uninsured Motorist	
305015	Liability – Property Damage - Combined Single Or Split Limit	
305018	Liability – Property Damage - Combined Single Or Split Limit - Aggregate	
305021	Liability – Property Damage - Underinsured Motorist	
305024	Liability – Property Damage - Uninsured Motorist	
305027	Personal Injury Protection (PIP) - No Fault	
305028	Pip – Wage Payments	8/7/2000
305029	Pip – Other	8/7/2000
305030	Medical Payments	
305031	Pip – Medical Payments	8/7/2000
305033	Comprehensive Or Specified Perils	
305034	Glass	8/7/2000
305036	Collision	
305039	Cargo	
305042	Deadhead	
305045	Bobtail	
305048	Trailer Interchange	
305051	Hired And Non-Owned Auto – BI	10/1/2002
305052	Hired And Non-Owned Auto – PD	10/1/2002
305060	Rental Vehicle Reimbursement	7/1/1997
305070	Towing & Road Service	7/1/1997
335000	Commercial Auto Garage	
335003	Liability - Bodily Injury - Combined Single Or Split Limit	
335006	Liability - Bodily Injury - Underinsured Motorist	
335009	Liability - Bodily Injury - Uninsured Motorist	
335012	Liability – Property Damage - Combined Single Or Split Limit	
335015	Liability – Property Damage - Underinsured Motorist	
335018	Liability – Property Damage - Uninsured Motorist	
335021	Personal Injury Protection (PIP) - No Fault	
335024	Medical Payments	
335027	Dealers Reporting Form - Hazard I (Dealers) Or Hazard II (Non-Dealers)	
335030	Garage Keepers Legal Liability	
335033	Hired And Non-Owned Auto – BI	10/1/2002
335034	Hired And Non-Owned Auto – PD	10/1/2002
335036	Physical Damage	
335039	Dealers Open Lot	
365000	Commercial Multi-Peril	
365005	Section I - Property – Building	
365010	Section I - Property – Contents	
365015	Section I - Property - Time Element	
365020	Section II - Bodily Injury	
365025	Section II - Bodily Injury – Aggregate	
365030	Section II - Property Damage	
365035	Section II - Property Damage – Aggregate	

Code	Description	Date Added
365040	Section II – Medical	1/7/1997
365045	Section II - Medical – Aggregate	1/7/1997
365050	Section II – Advertising	11/29/2001
365053	Section II - Personal Injury	11/29/2001
365060	Section II – Employers’ Liability	11/29/2001
365063	Section II – Employees’ Benefits Liability	11/29/2001
365070	Section II – Construction Defect	11/29/2001
365073	Section II – Employee Dishonesty	2/11/2002
395000	Credit	
395005	Life	
395010	Accident & Health	
395015	Property	
425000	Crop Damage	
425010	Crop Damage	6/10/2004
455000	Directors And Officers Liability	
455005	Combined Single	1/7/1997
455010	Split Limit	1/7/1997
485000	Earthquake	
485005	Personal Lines	
485010	Commercial	
515000	Excess Liability	
515010	Excess Environmental - Asbestos - Bodily Injury	
515020	Excess Environmental - Asbestos - Property Damage	
515040	Excess Environmental – General - Bodily Injury	
515050	Excess Environmental – General - Property Damage	
515060	Bodily Injury & Personal Liability	4/16/1998
515065	Property Damage	4/16/1998
515070	Advertising Liability	4/16/1998
515080	Other Liability	4/16/1998
515090	Corporate Liability	7/21/1999
515200	Excess Product Liability	
515210	Bodily Injury	
515220	Property Damage	
545000	Farm Owners	
545005	Section I – Building	
545010	Section I – Contents	
545015	Section II - Liability - Combined Single Or Split Limits	
545020	Section II - Medical Payments	
545030	Additional Living Expenses	5/19/2006
545035	Other Structures	5/19/2006
545040	Debris Removal	5/19/2006
545045	Fair Rental Value	5/19/2006
575000	Fire And/Or Extended Coverage	
575005	Personal – Dwelling	
575010	Personal – Contents	

Code	Description	Date Added
575012	Liability – Combined Single or Split Limits	5/23/2006
575013	Medical Payments	5/23/2006
575015	Commercial – Building	
575020	Commercial – Contents	
575030	Additional Living Expenses	5/19/2006
575035	Other Structures	5/19/2006
575040	Debris Removal	5/19/2006
575045	Fair Rental Value	5/19/2006
605000	General Liability	
605005	Bodily Injury - Combined Single Or Split Limits	
605010	Bodily Injury – Aggregate	
605015	Property Damage - Combined Single Or Split Limits	
605020	Property Damage – Aggregate	
605040	Medical	1/7/1997
605045	Medical – Aggregate	1/7/1997
605050	Personal/Corporate Liability	7/21/1999
605053	Employees' Benefits Liability	11/29/2001
605055	Advertising	11/29/2001
605058	Personal Injury	11/29/2001
605060	Construction Defect	11/29/2001
605070	Mine Subsidence	9/3/2002
605100	Environmental	
605110	Asbestos - Bodily Injury	
605120	Asbestos - Property Damage	
605140	General - Bodily Injury	
605150	General - Property Damage	
605155	Advertising	11/29/2001
605158	Personal Injury	11/29/2001
605160	Employers' Liability	11/29/2001
605163	Employees' Benefits Liability	11/29/2001
605165	Medical Payments	11/29/2001
605170	Construction Defects	11/29/2001
605200	Products Liability	
605210	Bodily Injury	
605220	Property Damage	
605225	Advertising	11/29/2001
605228	Personal Injury	11/29/2001
605230	Medical Payments	11/29/2001
605240	Construction Defects	11/29/2001
605245	Employees' Benefits Liability	11/29/2001
635000	Homeowners	
635005	Section I – building	
635010	Section I – contents	
635015	Section II – liability - combined single or split limit	
635020	Section II - medical payments	
635030	Additional Living Expenses	8/19/1999
635035	Other Structures	8/19/1999
635040	Debris Removal	8/19/1999
635050	Loss Assessment	5/08/2007

Code	Description	Date Added
665000	Inland Marine - Named Perils Or All Risk	
665005	Personal Lines	
665010	Commercial	
665015	Cargo	4/16/1998
665020	Installation Floaters	4/16/1998
665030	Expenses	4/16/1998
665035	Income Exposure	11/29/2001
665040	Property	11/29/2001
695000	Liquor Liability	
695005	Bodily Injury	
695010	Bodily Injury – Aggregate	
695015	Property Damage	
695020	Property Damage – Aggregate	
695025	Advertising	11/29/2001
695028	Personal Injury	11/29/2001
695030	Medical Payments	11/29/2001
725000	Mobile Home	
725005	Section I – Building	
725010	Section I – Contents	
725015	Section II - Liability - Combined Single Or Split Limit	
725020	Section II - Medical Payments	
725030	Additional Living Expenses	5/19/2006
725035	Other Structures	5/19/2006
725040	Debris Removal	5/19/2006
725045	Fair Rental Value	5/19/2006
725050	Loss Assessment	5/08/2007
755000	Ocean Marine	
755005	Hull	
755010	Liability (Property & Indemnity)	
755015	Cargo	
755020	Maintenance & Cure Benefits	8/19/1999
755025	Sue & Labor	11/29/2001
755030	Personal Effects	11/29/2001
755035	General Average	11/29/2001
785000	Private Passenger Auto	
785005	Liability - Bodily Injury - Combined Single Or Split Limit	
785010	Liability - Bodily Injury - Underinsured Motorist	
785015	Liability - Bodily Injury - Uninsured Motorist	
785020	Liability – Property Damage - Combined Single Or Split Limit	
785025	Liability – Property Damage - Underinsured Motorist	
785030	Liability – Property Damage - Uninsured Motorist	
785035	Personal Injury Protection (PIP) - No Fault	
785036	PIP Medical Payments	7/24/2000
785037	PIP Wage Payments	7/24/2000
785038	PIP Other	7/24/2000
785039	PIP Excess	11/29/2001
785040	Medical Payments	
785045	Comprehensive	

Code	Description	Date Added
785046	Glass	8/7/2000
785050	Collision	8/19/1999
785051	Limited Collision – MA ONLY	8/19/1999
785060	Rental Vehicle Reimbursement	7/1/1997
785070	Towing & Road Service	7/1/1997
815000	Private Passenger Motorcycle	
815005	Liability - Bodily Injury - Combined Single Or Split Limit	
815010	Liability - Bodily Injury - Underinsured Motorist	
815015	Liability - Bodily Injury - Uninsured Motorist	
815020	Liability – Property Damage - Combined Single Or Split Limit	
815025	Liability – Property Damage - Underinsured Motorist	
815030	Liability – Property Damage - Uninsured Motorist	
815035	Personal Injury Protection (PIP) - No Fault	
815036	Pip – Medical Payments	8/7/2000
815037	Pip – Wage Payments	8/7/2000
815038	Pip – Other	8/7/2000
815040	Medical Payments	
815045	Comprehensive	
815050	Collision	
845000	Professional Liability – Malpractice	
845010	Medical Malpractice	4/16/1998
845011	Institutional Medical Malpractice	1/18/2002
845012	Physician Medical Malpractice	1/18/2002
845013	Excess Medical Malpractice	1/18/2002
845020	Legal Malpractice	4/16/1998
845030	Other Malpractice	4/16/1998
855000	Business Owners	
855005	Building	11/29/2001
855010	Contents	11/29/2001
855015	Income Exposure	11/29/2001
855020	Bodily Injury	11/29/2001
855025	Medical Payments	11/29/2001
855030	Property Damage	11/29/2001
855035	Employers' Liability	11/29/2001
855040	Construction Defect	11/29/2001
865000	Crime	
865010	Kidnap & Ransom	10/20/2001
875000	Professional Liability – Other	
875005	Advertising	11/29/2001
875010	Personal Liability	11/29/2001
875015	Bodily Injury	11/29/2001
875020	Property Damage	11/29/2001
875025	Employers' Liability	11/29/2001
875030	Employees' Benefit Liability	11/29/2001
875035	Medical Payments	11/29/2001
875040	Construction Defect	11/29/2001

905000	Umbrella Liability	
905010	Bodily Injury	4/16/1998
905015	Property Damage	4/16/1998
905020	Personal Injury	4/16/1998
905025	Products Liability	4/16/1998
905030	Advertising Liability	4/16/1998
905040	Other Liability	4/16/1998
905045	Medical Payments	11/29/2001
905050	Construction Defects	11/29/2001
935000	Warranty	
935005	Automobile	
935010	Home	
935045	Medical Payments	
935050	Construction	
965000	Workers Compensation	
965005	Indemnity	
965010	Medical	
965015	Employer's Liability	
965020	COLA Payments	8/19/1999
965025	Vocational Rehab	3/7/2002
965030	Second Injury – Indemnity	3/7/2002
965035	Second Injury – Medical	3/7/2002
965040	Interest	4/2/2008
965045	Penalty	4/2/2008
975000	Tribal Nations	
975005	Indemnity	6/10/2004
975010	Medical	6/10/2004
995000	Workers Compensation – Federal Control	
995005	Indemnity	
995010	Medical	
995015	Employer's Liability	
995020	COLA Payments	8/19/1999
995025	Vocational Rehab	11/29/2001
995030	Second Injury – Indemnity	11/29/2001
995031	Second Injury – Medical	11/29/2001

Chapter 13

Coding Tables

Transaction/ File Location Codes

From Receivers to Funds:

Identifies the entity to which the claim file must be delivered.

From Funds to Receivers:

Identifies the entity transmitting the UDS batch. All transactions **MUST** have the same entity codes as the header and trailer "From Location Code" field.

Exceptions: Transaction codes 080 and 081 (File Transfer Transaction Codes) **MUST** have the location code for receiving entity.

CODE	DESCRIPTION
01	Domiciliary Receiver
02	Domiciliary Rehabilitator
03	Ancillary Receiver
10	Property/Casualty Guaranty Fund
11	Workers' Compensation Security Fund
12	Surety Guaranty Fund
13	Title Insurance Guaranty Fund
14	Public Vehicle Guaranty Fund
20	Life & Annuity Guaranty Fund
22	Life, Health & Annuity Guaranty Fund
25	Health and Accident Guaranty Fund
26	Third Party Administrator
30	HMO Guaranty Fund
99	Other

Cancellation Codes

The CANCELLATION CODE defines the method by which the policy was canceled. Each method can vary the amount of return premium a policyholder can expect.

CODE	DESCRIPTION
1	PRO-RATA CANCELLATION
2	SHORT RATE CANCELLATION
3	FLAT CANCELLATION
4	MINIMUM EARNED POLICY (Any return premium due upon cancellation of this policy is subject to reduction for a stated minimum earned premium amount.)
5	POLICY SUBJECT TO AUDIT (Any return premium due upon cancellation of this policy is subject to change as a result of a subsequent premium audit.)
9	POLICY NOT CANCELED – CREDIT BALANCE

State Codes

The codes in the following table are the two character codes used by the U.S. Postal Service. In addition to these, "FC" should be used for a foreign address.

Alabama	AL	Alaska	AK	Arizona	AZ
Arkansas	AR	California	CA	Colorado	CO
Connecticut	CT	Delaware	DE	District of Columbia	DC
Florida	FL	Georgia	GA	Guam	GU
Hawaii	HI	Idaho	ID	Illinois	IL
Indiana	IN	Iowa	IA	Kansas	KS
Kentucky	KY	Louisiana	LA	Maine	ME
Maryland	MD	Massachusetts	MA	Michigan	MI
Minnesota	MN	Mississippi	MS	Missouri	MO
Montana	MT	Nebraska	NE	Nevada	NV
New Hampshire	NH	New Jersey	NJ	New Mexico	NM
New York	NY	North Carolina	NC	North Dakota	ND
Ohio	OH	Oklahoma	OK	Oregon	OR
Pennsylvania	PA	Puerto Rico	PR	Rhode Island	RI
South Carolina	SC	South Dakota	SD	Tennessee	TN
Texas	TX	Utah	UT	Vermont	VT
Virginia	VA	Virgin Islands	VI	Washington	WA
West Virginia	WV	Wisconsin	WI	Wyoming	WY
Foreign Country	FC				

Indicator Codes

The purpose of these codes is to advise the Receiver and/or Fund certain conditions exist that may require priority action.

CODE	DESCRIPTION
RECOVERY INDICATOR CODE	Indicates the type of recovery that is expected, potentially, on the claim file. On actual recovery transactions, (500 series), with the dollar amount of the recovery, indicates the actual recovery type received. This may serve as the basis for further follow-up by the Receiver.
SUIT INDICATOR CODE	A "Y" in this field indicates that a lawsuit has been initiated on this claim file. This indicator on a claim may signify the Receiver's need to contact the Fund handling the claim.
2 ND INJURY FUND INDICATOR CODE	A "Y" in this field indicates that recovery from a 2 nd Injury Fund is probable on this worker's compensation claim. This may serve as the basis for further follow-up by the Receiver.
FINAL AUDIT INDICATOR	For Return Premium: A "Y" in this field indicates that the policy is subject to a final audit; therefore, the Receiver will not supply premium data with the transmission. Once the final audit is completed, the data will be provided to the Fund.
PAYEE INDICATOR CODE	An "F" in this field indicates that the number in the PAYEE ID NUMBER field represents the payee's Federal Identification number. An "S" in this field indicates that the payee's Social Security number is represented.

Recovery Codes

These codes break down the recovery into various categories.

CODE	DESCRIPTION
0	None
1	Multiple
2	Salvage
3	Subrogation
4	Deductible
5	Second Injury
6	Net Worth
7	Other
8	Unknown
9	Receiver Large deductible

DCC Expense Codes (For DCC Expenses Only)

Defense and Cost Containment (DCC) expenses are separated into five categories. **DO NOT USE THESE EXPENSE CODES FOR AO EXPENSES.**

An expense may fall into multiple categories. For example, expenses incurred for Court Reports are legitimate expenses in the Declaratory Judgment/Coverage and the Legal Expense categories. The type of claim will determine the proper transaction code.

Examples of the types of expenses in each category are provided; however, this list is not intended to be all inclusive. Expenses not listed in the examples should be allocated to the most appropriate category.

Expenses that can not be allocated to any other category should be reported using the code for the category titled "Other". This category should only be used as a last resort.

All the expenses in categories 1 through 5 are expenses that the now insolvent company would have incurred prior to the insolvency. These categories are not to be used for expenses specifically related to Fund issues.

CODE	EXPENSE TYPE	DESCRIPTION
01	Declaratory Judgment/ Coverage	Used for expenses related to a Declaratory Judgment action or a claim for coverage under the policy issued by the solvent company. This category is for expenses that would have been incurred by company in interpretation of the policy. This category is not to be used for expenses specifically related to Fund issues. Examples are: A. Court Report/ Court Reporter B. Mediation/Arbitration Expense C. Coverage Attorney Expense
02	Investigation Expenses	This category is used for expenses related to the investigation of a claim. Examples are: A. ISO Reports B. Investigators C. DMV/BMV D. Police Reports
03	Damage Assessment/Control	This category is used for expenses related to the determination of damages suffered. Examples are: A. Independent Medical Evaluations B. Appraisers C. Engineering Report
04	Legal	This category is used for expenses related to the litigation of a claim. All these expenses are the normal litigation expenses covered under the defense portion of the policy. Not to be used for expenses specifically related to Fund issues. Examples are: A. Defense attorney fees and expenses B. Plaintiff attorney fees and expenses (not including fees that are part of a judgment) C. Subrogation Attorney D. Attorney Ad Litem E. Mediation/Arbitration F. Court Reports/ Court Reporter G. Court filing fees H. Workers Compensation Board fees I. Expert Witness

05	Other	This generic category is provided for those charges that do not fall within the definition of any of the other categories. This category should be used only as a last resort. Examples are: A. Cost Containment Charges B. Life Care Plan C. Record Reproduction expense
06	Penalties and Interest	Penalties and Interest
07	Receiver Deductible Collection Fee	Collection fees retained by the Receiver for large deductible collection.
99	Pre-2005 Unknown	For DCC expenses incurred prior to January 1, 2005, unless better information is available. For expenses incurred subsequent to January 1, 2005, the appropriate code, not '99', should be used.

Recommended Transaction Comments Table

Transaction Code	Transaction Comment	Note
030	Closing	This transaction indicates that all claimants and the claim are closed
050	Reopening Claim due to xxxxxxxxxxxxxxxxxxxxxx	Reason for reopening the claim (new bills received, etc)
080	Returning File as it is Open for Subro Only	Returning file to the receiver for collection of subro
080	Transferring file as our Fund is not correct handling fund	Transferring the file to a different guaranty fund
080	Returning file to the TPA due to self insured policy	Notifying the receiver the fund is no longer responsible for the claim
099	No Fund coverage due to xxxxxxxxxx	Provide reason for determination of no coverage: residence, policy expired before loss, etc
130	Outstanding Loss Reserve as of the reporting date	Outstanding loss reserve as of the reporting date at the claimant, coverage level
230	Outstanding Expense Reserve as of the reporting date	Outstanding expense reserve as of the reporting date at the claimant, coverage level
310 and 320	4 3/7 weeks PPD	Provide the detail of the indemnity payment
310 and 320	Pat #7903333 per KY WC med fee inv #630285, 630286	Provide the detail of the reason for medical payment
310 and 320	PPD 8-6-03 thru 8-29-03	Provide the detail of the indemnity payment
All Payment Transactions	Void	Voiding a payment (loss and UEP claims)
All Payment Transactions	Void Reversal	Reversing a void transaction possible due to check being cashed, etc (loss and UEP claims)
All Payment Transactions	Stop Pay	Payment has been stopped on this check (loss and UEP claims)
All Payment Transactions	Stop Pay Reversal	Reversing the Stop Pay transaction (loss and UEP claims)
All Payment Transactions	Reimbursement	The payment is a reimbursement to the fund as the result of an over payment, etc (loss and UEP claims)
All Payment Transactions	Reimbursement Reversal	Reversing Reimbursement posted due to entry error, etc (loss and UEP claims)
All Payment Transactions	Correction (reason for correction)	Explanation for correcting transaction (loss and UEP claims)
Multiple Transaction Codes	Move to claim (receivers claim number)	Moving a transaction to another claim in the same receivership (loss and UEP claims)
Multiple Transaction Codes	Move from claim (receivers claim number)	Moving a transaction from another claim in the same receivership (loss and UEP claims)
Multiple Transaction Codes	Move to receivership (name of Company)	Moving a transaction to a claim in a different receivership (loss and UEP claims)
Multiple Transaction Codes	Move from receivership (name of Company)	Moving a transaction from a claim in a different receivership (loss and UEP claims)
Multiple Transaction Codes	Removing as not a (company name) claim	This can apply to multiple transaction codes and indicates the transactions will not appear on another claim or receivership.
410/420	Damage Assessment/Control	Charges for Independent Appraisers, etc
410/420	Legal Expense	Attorney fees/expenses, police reports etc
410/420	Penalties and Interest	Post payments required due to penalties and interest assessed against the fund
410/420	LLDR Deductible Collection Fee	Posting the recovery fee assessed by the receiver for collecting large deductibles
410/420	Other	A generic entry that only notifies the receiver this is an unusual expense payment. Receiver will probably contact the fund
450/470	Adjusting Expense	Indicates the transaction is paying for outside adjusting services incurred by the fund
310	Second Injury Fund Payment	Records a payment made to the state second injury fund

WCIO Injury Code – check [WCIO website](#) for current tables

INJURY CODE indicates the category of injury.

Two-character codes must be left-justified within the UDS field, filled with a space on the right.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
01	Death
02	Permanent Total Disability
03	Major Permanent Partial Disability (CA, NJ Only)
04	Minor Permanent Partial Disability (CA, NJ Only)
05	Temporary Total or Temporary Partial Disability N/A: MA
06	Medical Claims Only N/A: MA
07	Contract Medical or Hospital Allowance N/A: MA
08	Compromise Death (CA Only)
09	Permanent Partial Disability— N/A: CA, MA, NJ

WCIO Part of Body

PART OF BODY codes indicate the area of the body that was injured.

Two-character codes must be left-justified within the UDS field, filled with a space on the right.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	Head
10	Multiple Head Injury Any Combination of Below Parts
11	Skull
12	Brain
13	Ear(s) Includes: Hearing, Inside Eardrum
	IAIABC Subsequent Report of Injury (SROI) Codes: Ear(s)
13A	Total deafness of both ears
13B	Total deafness of one ear
13C	Where worker prior to injury has suffered a total loss of hearing in one ear, and as a result of the accident loses total hearing in remaining ear
14	Eye(s) Includes: Optic Nerves, Vision, Eye Lids
	IAIABC Subsequent Report of Injury (SROI) Codes: Eye(s)
14A	The loss of eye by enucleation (including disfigurement resulting there from)
14B	Total blindness of one eye
14C	Blindness in both eyes
15	Nose Includes: Nasal Passage, Sinus, Sense of Smell
16	Teeth
17	Mouth Includes: Lips, Tongue, Throat, Taste
18	Soft Tissue
19	Facial Bones Includes: Jaw
	Neck
20	Multiple Neck Injury Any Combination of Below Parts
21	Vertebrae Includes: Spinal Column Bone, "Cervical Segment"
22	Disc Includes: Spinal Column Cartilage, "Cervical Segment"
23	Spinal Cord Includes: Nerve Tissue, "Cervical Segment"
24	Larynx Includes: Cartilage and Vocal Cords
25	Soft Tissue Other than Larynx or Trachea
26	Trachea
	Upper Extremities
30	Multiple Upper Extremities Any Combination of Below Parts, Excluding Hands and Wrists Combined
31	Upper Arm Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32	Elbow Radial Head
33	Lower Arm Fore Arm - Radius, Ulna and Corresponding Muscles
34	Wrist Carpals and Corresponding Muscles

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
35	Hand Metacarpals and Corresponding Muscles - Excluding Wrist or Fingers
36	Finger(s) Other than Thumb and Corresponding Muscles
	IAIABC Subsequent Report of Injury (SROI) Codes: Finger(s)
36A	The loss of an index finger and metacarpal bone there of
36B	The loss of an index finger at the proximal joint
36C	The loss of an index finger at the second joint
36D	The loss of an index finger at the distal joint
36E	The loss of a second finger and the metacarpal bone thereof
36F	The loss of a middle finger at the proximal at the proximal joint
36G	The loss of a middle finger at the second joint
36H	The loss of a middle finger at the distal joint
36I	The loss of a third or ring finger and the metacarpal thereof
36J	The loss of a ring finger at the proximal joint
36K	The loss of a ring finger at the second joint
36L	The loss of a ring finger at the distal joint
36M	The loss of a little finger and the metacarpal bone thereof
36N	The loss of a little finger at the proximal joint
36O	The loss of a little finger at the second joint
36P	The loss of a little finger at the distal joint
37	Thumb
	IAIABC Subsequent Report of Injury (SROI) Codes: Thumb
37A	The loss of a thumb and metacarpal bone thereof
37B	The loss of a thumb at the proximal joint
37C	The loss of a thumb at the second or distal joint
38	Shoulder(s) Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
39	Wrist (s) & Hand(s)
	Trunk
40	Multiple Trunk Any Combination of Below Parts
41	Upper Back Area (Thoracic Area) Upper Back Muscles, Excluding, Vertebrae, Disc, Spinal Cord
42	Lower Back Area (Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
43	Disc Spinal Column Cartilage Other than Cervical Segment
44	Chest Including Ribs, Sternum, Soft Tissue
45	Sacrum and Coccyx Final Nine Vertebrae-Fused
46	Pelvis
47	Spinal Cord Nerve Tissue Other than Cervical Segment
48	Internal Organs Other than Heart and Lungs
49	Heart
60	Lungs
61	Abdomen Including Groin Excluding Injury to Internal Organs
62	Buttocks Soft Tissue
63	Lumbar & or Sacral Vertebrae Bone Portion of the Spinal Column (Vertebra NOC Trunk)
	Lower Extremities
50	Multiple Lower Extremities Any Combination of Below Parts
51	Hip
52	Upper Leg Femur and Corresponding Muscles
53	Knee Patella
54	Lower Leg Tibia, Fibula and Corresponding Muscles
55	Ankle Tarsals
56	Foot Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes
57	Toes
	IAIABC Subsequent Report of Injury (SROI) Codes: Toe(s)
57A	Little toe metatarsal bone
57B	Little toe at distal joint
57C	The loss of any other toe with the metatarsal bone thereof
57D	The loss of any other toe at the proximal joint
57E	Other toe at middle joint

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
57F	The loss of any other toe at the second or distal joint
57G	Other toe at distal joint
58	Great Toe
	IAIABC Subsequent Report of Injury (SROI) Codes: Great Toe
58A	The loss of a great toe with the metatarsal bone thereof
58B	The loss of a great toe at the proximal joint
58C	The loss of great toe at the second or distal joint
	Multiple Body Parts
64	Artificial Appliance Braces, Etc
65	Insufficient Info to Properly Identify -Unclassified Insufficient Information to Identify Part Affected
66	No Physical Injury Mental Disorder
90	Multiple Body Parts (Including Body Systems Applies when More than One Major Body Part has been & Body Parts) Affected, Such as an Arm and a Leg and Multiple Internal Organs
91	Body Systems and Multiple Body Systems Applies to the Functioning of an Entire Body System Has Been Affected Without Specific Injury to any Other Part, as in the Case of Poisoning, Corrosive Action, Inflammation, Affecting Internal Organs, Damage to Nerve Centers, Etc. Does NOT Apply When the Systemic Damage Results from an External Injury Affecting an External Part Such as a Back Injury Which Includes Damage to the Nerves of the Spinal Cord
99	Whole Body A code referencing the anatomic classification of the injury.

WCIO Nature of Injury

NATURE OF INJURY codes indicate the type of injury that occurred.

Two-character codes must be left-justified within the UDS field, filled with a space on the right.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	Specific Injury
01	No Physical Injury i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02	Amputation Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03	Angina Pectoris Chest Pain
04	Burn (Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07	Concussion Brain, Cerebral
10	Contusion Bruise - Intact Skin Surface. Hematoma
13	Crushing To Grind, Pound or Break into Small Bits
16	Dislocation Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxation, MD Dislocation
19	Electric Shock Electrocutation
22	Enucleation Removal of Organ or Tumor
25	Foreign Body
28	Fracture Breaking of a Bone or Cartilage
30	Freezing Frostbite and Other Effects of Exposure to Low Temperature
31	Hearing Loss or Impairment Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32	Heat Prostration Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34	Hernia The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity
36	Infection The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37	Inflammation The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40	Laceration Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing
41	Myocardial Infarction Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42	Poisoning - General (Not OD or Cumulative Injury) A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Septicemia or Infected Wounds.
43	Puncture A Hole Made by the Piercing of a Pointed Instrument
46	Rupture
47	Severance To Separate, Divide or Take Off
49	Sprain or Tear Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52	Strain or Tear Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53	Syncope Swooning, Fainting, Passing Out, No Other Injury
54	Asphyxiation Strangulation, Drowning
55	Vascular Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58	Vision Loss
59	All Other Specific Injuries, NOC
	Occupational Disease or Cumulative Injury
60	Dust Disease, NOC All Other Pneumoconiosis
61	Asbestosis Lung Disease, A Form Of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles.
62	Black Lung The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners
63	Byssinosis Pneumoconiosis of Cotton, Flax and Hemp Workers.
64	Silicosis Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust.
65	Respiratory Disorders Gases, Fumes, Chemicals, Etc.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
66	Poisoning - Chemical, (Other Than Man Made or Organic Metals)
67	Poisoning -Metal Man Made
68	Dermatitis Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals Which May be in the Form of Solids, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures or Inflammation or Irritation Resulting from Friction or Impact.
69	Mental Disorder A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e. Acute Anxiety, Neurosis, Stress, Non-Toxic Depression.
70	Radiation All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71	All Other Occupational Disease Injury, NOC
72	Loss of Hearing
73	Contagious Disease
74	Cancer
75	AIDS
76	VDT - Related Diseases Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77	Mental Stress
78	Carpal Tunnel Syndrome Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it Goes Through the Carpal Tunnel of the Wrist
79	Hepatitis C
80	All Other Cumulative Injury, NOC
	Multiple Injuries
90	Multiple Physical Injuries Only
91	Multiple Injuries Including Both Physical and Psychological

WCIO Cause of Injury

CAUSE OF INJURY codes indicate the cause of the injury. The combination of part of body, nature of injury and cause of injury gives the extent of the injury for reinsurance.

Two-character codes must be left-justified within the UDS field, filled with a space on the right.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	Burn or Scald - Heat or Cold Exposures - Contact With
01	Chemicals
02	Hot Objects or Substances
03	Temperature Extremes
04	Fire or Flame
05	Steam or Hot Fluids
06	Dust. Gases. Fumes or Vapors
07	Welding Operation
08	Radiation
09	Contact With. NOC.
11	Cold Objects or Substances
14	Abnormal Air Pressure
84	Electrical Current
	Caught In, Under or Between
10	Machine or Machinery
12	Object Handled
13	Caught In. Under or Between. NOC.
20	Collapsing Materials (Slides of Earth) Either Man Made or Natural
	Cut. Puncture. Scrape Injured By
15	Broken Glass
16	Hand Tool. Utensil. Not Powered
17	Object Being Lifted or Handled
18	Powered Hand Tool. Appliance
19	Caught. Puncture. Scrape. NOC.
	Fall. Slip or Trip Injury
25	From Different Level (Elevation) Off Wall. Catwalk. Bridge. Etc.
26	From Ladder or Scaffolding
27	From Liquid or Grease Spills
28	Into Openings Shafts. Excavations. Floor Openings. Etc.
29	On Same Level
30	Slip or Trip, Did Not Fall
31	Fall. Slip or Trip. NOC
32	On Ice or Snow
33	On Stairs
	Motor Vehicle
40	Crash of Water Vehicle
41	Crash of Rail Vehicle
45	Collision or Sideswipe With Vehicle. Both Vehicles in Motion.
46	Collision with a Fixed Object Standing Vehicle or Stationary Object
47	Crash of Airplane
48	Vehicle Upset Overturned or Jackknifed
50	Motor Vehicle. NOC.
	Strain or Injury By
52	Continual Noise
53	Twisting
54	Jumping or Leaping
55	Holding or Carrying
56	Lifting
57	Pushing or Pulling
58	Reaching
59	Using Tool or Machinery
60	Strain or Injury By. NOC.
61	Wielding or Throwing

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
97	Repetitive Motion
	Striking Against or Stepping On
65	Moving Part of Machine
66	Object Being Lifted or Handled
67	Sanding. Scraping. Cleaning Operation
68	Stationary Object
69	Stepping on Sharp Object
70	Striking Against or Stepping On. NOC.
	Struck or Injured By Includes Kicked. Stabbed. Bit. Etc.
74	Fellow Worker; Patient Not in Act of a Crime
75	Falling or Flying Object
76	Hand Tool or Machine in Use
77	Motor Vehicle
78	Moving Parts of Machine
79	Object Being Lifted or Handled
80	Object Handled By Others
81	Struck or Injured. NOC. Includes Kicked. Stabbed. Bit. Etc.
85	Animal or Insect
86	Explosion or Flare Back
	Rubbed or Abraded By
94	Repetitive Motion Callous. Blister. Etc.
95	Rubbed or Abraded. NOC.
	Miscellaneous Causes
82	Absorption. Ingestion or Inhalation. NOC
87	Foreign Matter (Body) in Eye(s)
88	Natural Disasters Earthquake. Hurricane. Tornado. Etc.
89	Person in Act of a Crime Robbery or Criminal Assault
90	Other Than Physical Cause of Injury
91	Mold
96	Terrorism
98	Cumulative. NOC All Other
99	Other - Miscellaneous

WCIO Loss Condition Codes

CAUSE OF INJURY codes indicate the cause of the injury. The combination of part of body, nature of injury and cause of injury gives the extent of the injury for reinsurance.

Two-character codes must be left-justified within the UDS field, filled with a space on the right.

Act

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	WCIO ACT
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act
02	USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes
03	Federal Coal Mine Health and Safety Act Only (NCCI only)
04	Federal Coal Mine Health and Safety Act and/or the State Act (NCCI only)
05	Oil and Other Minerals Over Water (NCCI only)

Type of Loss

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	WCIO Type of Loss
01	Trauma
02	Occupational Disease
03	Cumulative Injury Other Than Disease

Type of Recovery

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	WCIO Type of Recovery
01	No Recovery
02	Second Injury Fund Only-N/A: CA
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury Fund (Third Party)-N/A: CA
05	Joint Coverage— Without Subrogation (CA, MA only)
06	Joint Coverage— With Subrogation (CA only)

Type of Coverage

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	WCIO Type of Coverage
01	Workers Compensation Only
02	Employers Liability Only N/A: WI
03	Workers Compensation including Employers Liability
04	Liability Over— N/A: CA, NJ
05	Excess Benefits (NCCI only)
06	Excess Special Compensation (NCCI only)

Type of Settlement

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values.
	WCIO Type of Settlement
00	Claim Not Subject to Settlement
01	Non-compensable, Previously Alleged (CA only)
03	Stipulated Award (Insurer/Claimant Settlement)-N/A: MA, NY
04	Findings and Award (Judicial Award)-N/A: MA, NY
05	Dismissal or Take Nothing (Non-compensable)
06	Compromise Settlement-N/A: MA, NY
07	No Safety Devices (NCCI only)
08	Exemplary Damages (NCCI only)
09	All Other Settlements-N/A: NJ

Chapter 14

Quality Control Specifications

Tools to be used to validate data to be shared by entities

Data must be transferred between Receivers and Funds in a tightly controlled, secure environment to insure quality and completeness. Therefore, the UDS has been created with certain controls as outlined below to help to meet this challenge.

All submissions should be submitted by the 15th of the month following the reporting period.

Naming convention for files sent from Receiver to Fund (A, B, E, F, G)

For example: 'A' Records sent from CA Receiver to NY Fund, prepared on 1/01/2004 for the Fremont estate. The batch is 001. File Name: 21040ACA01NY1000120040101.txt

Note: This is a text file and the extension is .txt

No.	No. of Positions	Field Name	Field Positions	Definition
1	5	NAIC No.	1-5	The unique, 5 digit, number assigned by the NAIC to the insolvent company. Example 21040 for Fremont
2	1	Record Type	6	Single character code that represents the file format that is being sent. A = Receiver to Fund (Open Loss Claims) B = Receiver to Fund (Unearned Premium) E = Receiver to Fund (Closed Claims) F = Receiver to Fund (Notes) G = Receiver to Fund (Payment History)
3	2	From State	7-8	Two character state code see state code table, p.13-2 from which the data is sent. Example CA = California
4	2	From Location	9-10	Two digit code see file location table, p.13-1 to identify from which specific facility the information is sent. Example: 01 = Domiciliary Receiver
5	2	To State	11-12	Two character state code see state code table, p.13-2 where the data is directed. Example NY = New York
6	2	To Location	13-14	Two digit file location code see file location table, p.13-1 to identify the specific facility to which the information is directed. Example: 10 = Property/Casualty Guaranty Fund
7	3	Batch No.	15-17	Three digit batch number that has been assigned to this file transmission. The originating entity will maintain a log of numbers which they will assign sequentially for each file it generates. It is OK to duplicate batch number for different estates. Example: Fremont files' batch numbers start with 001, 002, 003... California Compensation files' start with 001, 002, 003...
8	8	Batch Prepared Date	18-25	Date the batch was created by the Receiver. Use the format YYYYMMDD Example : January 1, 2004 = 20040101

Naming convention for files sent from Fund to Receiver (C,D)

For example: 'C' Records sent from NY Fund to CA Receiver prepared on 5/15/2004 for the Fremont estate. The batch is 001. File Name: 21040CNY01CA10001200405152004040120040430.txt

Note: This is a text file and the extension is .txt

No.	No. of Positions	Field Name	Field Positions	Definition
1	5	NAIC No.	1-5	The unique, 5 digit, number assigned by the NAIC to the insolvent company. Example 21040 for Fremont
2	1	Record Type	6	Single character code that represents the file format that is being sent. C = Fund to Receiver (Unearned Premium & Loss Claims) D = Fund to Receiver (Financial Information)
3	2	From State	7-8	Two character state code see state code table, p. 13-2 from which the data is sent. Example: NY = New York
4	2	From Location	9-10	Two digit code see file location table, p.13-1 to identify from which specific facility the information is sent. Example: 10 = Property/Casualty Guaranty Fund
5	2	To State	11-12	Two character state code see state code table, p.13-2 where the data is directed. Example: CA = California
6	2	To Location	13-14	Two digit file location code see file location table, p.13-1 to identify the specific facility to which the information is directed. Example: 01 = Domiciliary Receiver
7	3	Batch No.	15-17	Three digit batch number that has been assigned to this file transmission. The originating entity will maintain a log of numbers which they will assign sequentially for each file it generates. It is OK to duplicate batch number for different estates. Example: Fremont files' batch numbers start with 001, 002, 003... California Compensation files start with 001, 002, 003...
8	8	Batch Prepared Date	18-25	Date the batch was created by the Fund. Use the format YYYYMMDD Example : May 15, 2004 = 20040515
9	8	From Date	26-33	This is the beginning date of the reporting period. For example, if the reporting period is the fourth month of 2004, the date would be April 1, 2004 in the format YYYYMMDD. Example: April 1, 2004 = 20040401.
10	8	Thru Date	34-41	This is the ending date of the reporting period. For example, if the reporting period is the fourth month of 2004, the date would be April 30, 2004 in the format YYYYMMDD. Example: April 30, 2004 = 20040430.

Header and Trailer Records

Each file sent to the Receiver or Fund will require a header and trailer record to define the beginning and ending point as well as the content of the file. The exception is the 'D' record, which requires only the header record. Key data elements in these records will also assist the receiving entity in verifying the integrity of the file.

Header Record Format

No.	NO. OF POSITIONS	ALPHA/ NUMERIC	REQ. FIELD	FIELD POSITIONS	FIELD DESCRIPTIONS
1	20	A	R	1-20	Value of this field should be "HEADER02" The "02" in positions 7 and 8 indicates UDS Version 02.
2	5	A	R	21-25	Insolvent Company No. (NAIC No.)
3	1	A	R	26	A = Receiver to Fund (Open Loss Claims) B = Receiver to Fund (Unearned Premium) C = Fund to Receiver (Unearned Premium & Loss Claims) D = Fund to Receiver (Financial Information) E = Receiver to Fund (Closed Claims) F = Receiver to Fund (Notes) G = Receiver to Fund (Payment History)
4	2	A	R	27-28	From State see state code table, p.13-2
5	2	N	R	29-30	From Location see file location table, p. 13-1
6	2	A	R	31-32	To State see state code table, p.13-2
7	2	N	R	33-34	To Location see file location table, p.13-1
8	3	N	R	35-37	Batch Number (0 decimals implied)
9	8	N	R	38-45	Batch Prepared Date (YYYYMMDD)
10	8	N	R	46-53	Batch From Date (YYYYMMDD). On the first batch, the from date should be the date of insolvency. Thru date should be last as-of date of the data (that is, the date when the data was staged for extract.). On 2nd and subsequent batches, the from date should be day after the thru date on the previous batch.
11	8	A	R	54-61	Batch Through Date (YYYYMMDD)
12	3	A	R	62-64	Insurance Type: P&C = Property & Casualty
13	1	A	R	65	Replacement File Indicator Y/N Default "N"
14	A = 586 B = 260 C = 537 E = 586 F = 1016 G = 346			A = 66-651 B = 66-325 C = 66-602 E = 66-651 F = 66-1081 G = 66-411	Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces

Trailer Record Format

No.	NO. OF POSITIONS	ALPHA/ NUMERIC	REQ. FIELD	FIELD POSITIONS	FIELD DESCRIPTIONS
1	20	A	R	1-20	Value of this field should be "TRAILER"
2	5	A	R	21-25	Insolvent Company No. (NAIC No.)
3	1	A	R	26	A = Receiver to Fund (Open Loss Claims) B = Receiver to Fund (Unearned Premium) C = Fund to Receiver (Unearned Premium & Loss Claims) D = Fund to Receiver (Financial Information) E = Receiver to Fund (Closed Claims) F = Receiver to Fund (Notes) G = Receiver to Fund (Payment History)
4	2	A	R	27-28	From State see state code table, p.13-2
5	2	N	R	29-30	From Location see file location table, p. 13-1
6	2	A	R	31-32	To State see state code table, p.13-2
7	2	N	R	33-34	To Location see file location table, p.13-1
8	3	N	R	35-37	Batch Number (0 decimals implied)
9	8	N	R	38-45	Batch Prepared Date (YYYYMMDD)
10	8	N	R	46-53	Batch From Date (YYYYMMDD)
11	8	A	R	54-61	Batch Through Date (YYYYMMDD)
12	3	A	R	62-64	Insurance Type: P&C = Property & Casualty
13	9	N	R	65-73	Record count within the file. (0 decimals implied) Does not include header & trailer records.
14	15	N	R	74-88	Total amount of entries in the record type: Net total of transaction amount field from all detail records. A = Transaction amount B = Unearned premium amount C = Transaction amount D = N/A E = Transaction amount F = N/A G = Transaction amount This is a 15 character field. The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left. Example: If the total amount of transactions is 100,051.56 Enter 00000010005156+
15	A = 563 B = 237 C = 514 E = 563 F = 993 G = 323			A = 89-651 B = 89-325 C = 89-602 E = 89-651 F = 89-1081 G = 89-411	Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces

UDS Batch Validation - Header and Trailer

Application of the referenced tools is suggested to verify the validity of the data.

1. The file name for each file should be reviewed to determine if it was directed to the proper entity. With the number of files each operation will be handling, it is quite possible that a file could be misdirected.
2. Check for a duplicate data transmission. This can be done by logging the batch reporting periods of all materials received and using the log as a verification tool.
3. It is suggested that once the receiving entity loads the data to its system, the RECORD COUNTS and the TOTAL AMOUNT from the trailer record should be compared to see if they match the number of records received and the total of all transaction amounts.
 - a. If out of balance condition exists, try to account for the inconsistency in the record counts or total amount.
 - b. If it cannot be determined why the out-of-balance condition exists, contact the originating entity to resolve the matter.

UDS Batch Validation – Data Transactions

Following are other recommendations for receiving entities to validate the information. It is suggested that each entity evaluate the application of these recommendations to its specific operation to determine the necessity of the steps.

When considering the merit of employing the validity checks referenced below, please recognize that many organizations are involved in various insolvencies, including firms unfamiliar with UDS. Therefore, it may be wise to test the data received from those entities less familiar with UDS.

1. Upon receiving a data transmission from a Fund, Receivers should verify that each claim exists on their system for which they receive data. Funds should also perform this verification if they receive a submission after the initial transmission from the Receiver. It is suggested that an entity that does not have a particular claim on its system review such condition manually before loading the claim to the system.
2. Verify that data has been supplied for all required fields. Absence of data should be reviewed with the transmitting entity.
3. Verify the validity of all codes incorporated in the files. Invalid codes should be discussed with the transmitting entity.
4. Verify the file specifications to determine whether they match the UDS specifications. Exceptions should be discussed with the transmitting entity.

Receiver exception reporting for file management

Receivers may wish to establish an exception reporting system to manage files outstanding at the Funds.

1. A Receiver may wish to monitor the transaction submissions from Funds to ensure consistent delivery. This can be done by monitoring transmittal activity monthly or quarterly and contacting any active Fund that has not submitted files within the last six (6) months (the appropriate frequency of transmittals may vary by estate).
2. Receivers may also want to monitor closed claims to determine whether there are any files still at the Funds which have been closed for longer than six (6) months. Such exceptions should be addressed with the respective Fund.

Chapter 15

Media Transfer Specifications

Media specifications

The specifications contained in this part of the UDS Manual define the required format and contents of records to be included in the media file. Please note that SUDS (Secure UDS) via secure FTP is the current preferred method of transmission, however, individual Receivers and Funds can make special arrangements for other forms of data transfer. The sending entity is responsible to ensure the security of the transmission of their data.

Electronic transfer specifications

Electronic transfer of data is the preferred method of reporting.

SPECIFICATION DESCRIPTION Internet: The following Internet specifications are required:

1. SUDS or Secure FTP.

- a) Data must be recorded in standard ASCII code.
- b) Records must be fixed length
- c) Delimiter characters must not be used.
- d) The last position of each record has been reserved for use as carriage return/line feed (CR/LF) characters if applicable.
- e) Files must be MS DOS or Windows compatible.
- f) ZIP file compression is recommended.

SPECIFICATION DESCRIPTION Compact Disc

Funds and Receivers should communicate as to which data recording formats their systems are capable of reading. To be compatible, a Compact Disc File must meet the following specifications:

2. CD / DVD Media.

- a) Data must be recorded in standard ASCII code.
- b) Records must be fixed length
- c) Delimiter characters must not be used.
- d) The last position of each record has been reserved for use as carriage return/line feed (CR/LF) characters if applicable. Files must be MS DOS or Windows compatible.

Chapter 16

Glossary of Definitions

Term	Definition
Aggregate Limit	The maximum coverage under a liability policy during a specified period of time regardless of the number of separate losses that may occur.
Alpha Field/Alphanumerical Field	A field which accepts letters and/or numbers.
Ancillary Receiver	A Receiver who has been appointed in aid of, and in subordination to, the primary Receiver.
AO EXPENSES	Adjusting & Other Expenses: claim handling expenses billed by third party administrators to individual claims. An example would be TPA's handling fees paid by a Fund to a TPA on a specific file.
ASCII	Acronym for the American Standard Code for Information Interchange. Pronounced ask-ee, ASCII is a code for representing English characters as numbers, with each letter assigned a number from 0 to 127. For example, the ASCII code for uppercase M is 77. Most computers use ASCII codes to represent text, which makes it possible to transfer data from one computer to another.
Bytes	Elements of data which can represent an alphabetic or special character. Also commonly used to measure the size of computer memory and disk storage.
Cancellation Codes	Represents the specific codes that define the method in which a policy is cancelled. Some of the methods carry with them penalties which reduce the amount of return premium due the policyholder.
Claim Number	A unique number used to identify a specific claim file.
Claim	A demand made by the insured for payment of the benefits of the insurance policy.
Claimant	Any person or entity making a claim under a policy.
Claimant Number	Used to identify a specific claimant within a claim file.
Conditional Data	Information that is required under certain conditions, but may be optional under other conditions.
Conversion or Mapping Program	A computer program that reads data from one system and converts the data into a format compatible to another system or its file structure.
Coverage Claim	A claim by the insured for coverage under a policy.
Date of Loss (DOL)	A term which refers to the date of an accident, injury or other insured event under the term of a policy.
Declaratory Judgment	Declaratory Judgment is a civil non-jury action in which the court declares the rights of the parties on specified types of issues. For example, if two parties dispute the meaning of language in an insurance contract one could bring a Declaratory Judgment action that would present that issue to the judge to interpret and he/she would render a judgment that is called a Declaratory Judgment.

Term	Definition
Declaratory Judgment or Coverage Expenses	Expenses related to a Declaratory Judgment or Coverage claim. Part of DCC Expenses. Examples are: A. Court Report/ Court Reporter B. Mediation/Arbitration Expense C. Coverage Attorney Expense
Deductible	The amount of the loss for which the insured is responsible.
Defense and Cost Containment (DCC) Expenses	DCC include defense, litigation, and medical cost containment expenses, whether internal or external, if assigned to a claim. These expenses are for costs to be incurred in connection with the adjustment and recording of losses defined in NAIC's Statement of Statutory Accounting Principles (SSAP) No. 55, Unpaid Claims, Losses and Loss Adjustment Expenses, paragraph 5.
Domiciliary Receiver	Receiver in the state in which the insolvent carrier is domiciled.
Domiciliary Rehabilitator	Rehabilitator in the state in which the carrier in rehabilitation is domiciled.
DOS	Acronym for disk operating system. The term DOS can refer to any operating system, but it is most often used as a shorthand for MS-DOS (Microsoft disk operating system). Originally developed by Microsoft for IBM, MS-DOS was the standard operating system for IBM-compatible personal computers.
Early Access	The process by which a Fund recovers from a Receiver a portion of the loss amount paid and/or administrative expenses incurred by the Fund in settling a claim prior to the final distribution of an estate's assets.
Early Access Agreements	Agreement between an insolvent estate and Property and Casualty Guaranty Fund relative to the provision of monies in advance of general distributions.
Early Access Payments	Monies provided under an Early Access Agreement.
Field	A data column in a table structure. Most fields have certain attributes associated with them. For example, some fields are numeric whereas others are textual, some are long, while others are short. In addition, every field has a name, called the field name. A field can be required or conditional. A required field is one in which you must enter data, while a conditional field is required under only certain circumstances. A collection of fields is called a record.
File (Data File)	A collection of data or information that has a name, called the filename. Almost all information stored in a computer must be in a file. There are many different types of files: data files, text files, program files, directory files, and so on. Different types of files store different types of information. For example, program files store programs, whereas text files store text.
File format (Data File)	A format for encoding information in a data file. Each different type of file has a different file format. The file format specifies first whether the file is a binary or text file, and second, how the information is organized.
File Location Codes	Codes used to designate the location of the physical claim files.
File Transfer Protocol (FTP) (for computer files)	A member of the TCP/IP suite of protocols, used to copy files between two computers on the Internet. Both computers must support their respective FTP roles: one must be an FTP client and the other an FTP server.
File Transfer Protocol (FTP) (for paper claim files)	The set of protocols and requirements for transferring paper claim files between Funds.
Fund	See GUARANTY FUND/ ASSOCIATION

Term	Definition
Fund Cap	Maximum amount payable by a Fund for a covered claim. Amount may vary by Fund statute.
Guaranty Fund/ Association	A state based organization created to cover and immediately pay unearned premium and/or loss claims for certain categories of insurance policies when an insurance company is placed in liquidation by Order of the Supervising Court. The types of policies covered and the payment limits of this organization are statutorily defined. Funding for this organization is provided through early access payments obtained from the assets of the insurance company being liquidated or through assessments paid by insurance companies actively writing business in the state.
High-Level Coverage Code	Non-specific Coverage Code for a related group of coverages which defines the general line of business. Always ends with 000.
Liquidator	Same as "Receiver". The fiduciary authority responsible for the assets of an insolvent insurance company.
Long Claim Number	Claim number with more than 20 characters.
Loss Adjustment Expense (LAE)	All expenditures of an insurer associated with its adjustment, recording and settlement of claims, other than the claim payment itself. The term encompasses both allocated loss adjustment expenses (ALAE), which are loss adjustment expenses identified by a claim file in the insurer's records, such as attorney's fees; and unallocated loss adjustment expenses (ULAE), which are operating expenses not identified by claim file but functionally associated with settling losses, such as salaries of the claims department.
Low-level Coverage Code	Code for a specific coverage. Detailed code.
Media	Objects on which data can be stored. These include but are not limited to hard disks, floppy disks, CD-ROMs, DVDs and tapes.
NAIC	National Association of Insurance Commissioners
NAIC Number/Code	The unique 5-digit number assigned by the NAIC to every insurance company licensed to conduct business in the United States or its territories.
NCIGF	National Conference of Insurance Guaranty Funds for P&C insurers only.
NOLHGA	National Organization of Life & Health Guaranty Associations for Life and Health insurers only.
Numeric Field	A field which accepts numbers only
Policy	The written contract of insurance.
Policy Effective Date	The effective date of the policy as was written by the solvent carrier.
Policy Expiration Date	The expiration date of the policy as was written by the solvent carrier.
Policy Number	The unique number used by an insurance company to identify a specific policy.
Proof of Claim Form	Form defined by Receivership for documenting claims against the estate. Can be filed by insureds, claimants, Funds and service providers.
Receiver	The fiduciary authority responsible for the assets of an insolvent insurance company. Also referred to as a liquidator.
Receivership	A statutory proceeding in which a Receiver is appointed for an insolvent insurance company for purposes of equitably disbursing the remaining assets of the company.

Term	Definition
Recovery	An amount of money received from a person or a company and credited to the claim file as a reimbursement. Recoveries can be reimbursements as a result of the subrogation process or reimbursements for overpayments or net worth to name a few.
Reinsurance	In effect, insurance that insurance companies buy for their own protection, "a sharing of risk." Reinsurance enables an insurance company to (1) expand its capacity; (2) stabilize its underwriting results; (3) finance its expanding volume; (4) secure catastrophe protection against shock losses; (5) withdraw from a class or line of business, or a geographical area, within a specified period of time.
Reinsurer	An insurance company that accepts insurance risks transferred from another insurance company.
Required Data	The UDS elements which are essential to the successful transfer of information between the Receiver and the Fund. These fields must contain valid information as defined in the file format chapters of this manual.
Reserves	Amount representing potential claim-related liabilities under an insurance policy.
Returned Premium	The amount due an insured after applying any unpaid premiums due to the insurance company to the unearned premium calculated due based on the cancellation method employed (See UNEARNED PREMIUM).
Salvage	Salvage applies to any proceeds from the repaired, recovered or scrapped property.
Second Injury Fund	Insurance Fund set up by some states to encourage employers to hire handicapped workers. Where workers with existing handicaps suffer further work-related injuries or diseases that result in total disability, the employer is responsible for the workers compensation benefit only for the second injury or disease. The Fund makes up the difference between the benefit for total disability and the benefit for the second injury. Second-injury Funds are financed through general state revenues or assessments on workers compensation insurers.
Statutory Deductible	Deductible defined by an individual Fund statute. Not to be confused with policy deductible.
Subrogation	Those rights of the insured that under the terms of the policy automatically transfer to the insurer upon settlement of a loss. Subrogation refers to the proceeds of negotiations or legal actions against negligent third parties and may apply to either property or casualty coverages.
Technical Support Group	A group of technical personnel from Receivers and Funds established to develop the UDS.
Third Party Administrators (TPA)	Independent adjusting companies providing claims services to insurance companies and Funds.
Transaction Codes	A 3-digit code for the type of transactions being processed.
UDS Coverage Codes	Codes describing the type of insurance coverage provided to the insured. The coverage codes consist of both a description of the type of policy (i.e., aircraft, automobile) as well as a detailed description of the coverage (i.e., property damage, collision).

Term	Definition
Unearned Premium (UEP)	That portion of the policy premium billed to an insured that the insurance company cannot retain after applying the one of the methods of cancellation determined by the circumstances causing the cancellation. This figure does not take into account the premiums actually paid by the insured (See RETURNED PREMIUM CLAIM).
Uniform Data Standard (UDS)	A set of file formats, data structures, naming conventions, coding tables, best practices and protocols, which enable Receivers and Funds to exchange data in consistent manner.
WCIO	Workers Compensation Insurance Organizations. A voluntary association of statutorily authorized or licensed rating, advisory or data service organizations that collect workers compensation insurance information in one or more states.
ZIP File	Zip files are single files, sometimes called "archives" that contain one or more compressed files and/or folders. Zip files make it easy to keep related files together and make transporting, e-mailing, downloading and storing data and software faster and more efficient. The Zip format is the most popular compression format used in the Windows environment, and WinZip is the most popular compression utility. Recent versions of the Windows OS like Windows XP can create and open ZIP files without the need of third party tools. The term used in Windows XP is "Zipped Compressed Folder".

Appendix

“A” Record Short – Receiver to Funds – Open Loss Claims

No.	Field Name	Req	Type	Size	Pos	Short Description
1	RECORD TYPE	R	A	1	1	The value of this field must be “A”
2	INSOLVENT COMPANY	R	N	5	2-6	NAIC Number
3	FILE LOCATION STATE	R	A	2	7-8	State to which the physical file and electronic record are being sent. see state code table, p.13-2
4	FILE LOCATION CODE	R	N	2	9-10	State Fund to which the physical file and electronic record are being sent. see File Location table, p.13-1
5	COVERAGE CODE	R	N	6	11-16	Type of loss – see Coverage Code table, p.12-2
6	POLICY NUMBER	R	A	20	17-36	Policy Number
7	INSOLVENT CO'S CLAIM NUMBER	R	A	20	37-56	Unique number assigned by the insolvent company to this claim
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to this claim
9	INSURED'S NAME LINE #1	R	A	30	77-106	Named Insured's last name or business name
10	INSURED'S NAME LINE #2	R	A	30	107-136	Named Insured's first name
11	INSURED'S ADDRESS #1	R	A	30	137-166	Named Insured's address
12	INSURED'S ADDRESS #2	R	A	30	167-196	Continuation of named Insured's address if needed.
13	INSURED'S CITY	R	A	25	197-221	City of named Insured's address
14	INSURED'S STATE	R	A	2	222-223	Postal Code for named Insured's state. see state code table, p.13-2
15	INSURED'S ZIP CODE	R	A	9	224-232	Named Insured's zip code.
16	DATE OF LOSS	R	N	8	233-240	Date of loss (Accident Date)
17	POLICY EFFECTIVE DATE	R	N	8	241-248	Policy effective date
18	POLICY EXPIRATION DATE	R	N	8	249-256	Policy expiration date
19	CLAIMANT NUMBER	R	N	5	257-261	Number assigned by Receiver to this claimant
20	CLAIMANT NAME LINE # 1	R	A	30	262-291	Claimant's last name or business name
21	CLAIMANT NAME LINE #2	R	A	30	292-321	Claimant's first name
22	CLAIMANT ADDRESS #1	R	A	30	322-351	Claimant's address
23	CLAIMANT ADDRESS #2	R	A	30	352-381	Continuation of claimant's address if needed
24	CLAIMANT CITY	R	A	25	382-406	Claimant's city
25	CLAIMANT STATE	R	A	2	407-408	Claimant's state see state code table, p.13-2
26	CLAIMANT ZIP CODE	R	A	9	409-417	Claimant's zip code
27	CLAIMANT ID INDICATOR	C	A	1	418	F = Federal ID number S = Social Security Number
28	CLAIMANT ID NUMBER	C	N	9	419-427	Claimant's Federal ID number or Social Security number
29	TRANSACTION CODE	R	N	3	428-430	Always = “100”. see Transaction Code table, p.11-1
30	TRANSACTION AMOUNT	R	N	12 [(9).xx-]	431-442	Outstanding Reserve for claimant/coverage
31	CATASTROPHIC LOSS CODE	C	N	2	443-444	Code assigned by insolvent company to a catastrophic event
32	RECOVERY INDICATOR CODE	R	A	1	445	Potential recovery type. See Recovery Code table, p. 13-3

No.	Field Name	Req	Type	Size	Pos	Short Description
33	SUIT INDICATOR	R	A	1	446	Claim in litigation Y / N / U
34	2ND INJURY FUND INDICATOR	R	A	1	447	Potential 2nd Injury Fund involvement Y / N / U
35	TPA CLAIM NUMBER	C	A	30	448-477	Number assigned by insolvent company's TPA to this claim
36	LONG CLAIM NUMBER	C	A	30	478-507	Insolvent Company Claim No., if longer than 20 characters
37	ISSUING COMPANY CODE	R	A	5	508-512	NAIC number of the company that issued the policy
38	SERVICING OFFICE CODE	R	A	6	513-518	Code for TPA / branch office
39	CLAIM REPORT DATE	C	N	8	519-526	Date the claim was reported. YYYYMMDD
40	CLAIMANT BIRTH DATE	C	N	8	527-534	Claimant birth date. YYYYMMDD
41	REPETITIVE PAYMENT INDICATOR	C	A	1	535	Repetitive payment indicator
42	WCIO INJURY CODE	C	A	3	536-538	See WCIO Injury Code Table, p.13-7
43	WCIO PART OF BODY	C	A	3	539-541	see WCIO Part of Body table, p.13-7
44	WCIO NATURE OF INJURY	C	A	3	542-544	see WCIO Nature of Injury table, p.13-10
45	WCIO CAUSE	C	A	3	545-547	see WCIO Cause of Injury table, p.13-12
46	WCIO ACT	C	A	3	548-550	see WCIO Act table, p.13-14
47	WCIO TYPE OF LOSS	C	A	3	551-553	see WCIO Type of Loss table, p.13-14
48	WCIO TYPE OF RECOVERY	C	A	3	554-556	see WCIO Type of Recovery table, p.13-14
49	WCIO TYPE OF COVERAGE	C	A	3	557-559	see WCIO Type of Coverage table, p.13-14
50	WCIO TYPE OF SETTLEMENT	C	A	3	560-562	see WCIO Type of Settlement table, p.13-14
51	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	563	WCIO Voc Rehab Indicator Y / N Whether Claim Includes Rehabilitation Costs
52	DESCRIPTION OF INJURY	C	A	64	564-627	Short description of accident/incident
53	WCAB NUMBER	C	A	12	628-639	Number assigned by the work comp board
54	EMPLOYER WORK PHONE NUMBER	C	N	10	640-649	Employer telephone number
55	AGGREGATE POLICY INDICATOR	R	A	1	650	Aggregate Policy Indicator Y / N / U
56	DEDUCTIBLE POLICY INDICATOR	R	A	1	651	Deductible Policy Indicator Y / N / U

“A” Record Extended Description – Receiver to Funds – Open Loss Claims

No.	Field Name	Extended Description	Default To
1	RECORD TYPE	The identifier for the various types of records that will be exchanged in the uniform reporting format. The code for this record will be “A”.	“A”
2	INSOLVENT COMPANY	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.	No default allowed.
3	FILE LOCATION STATE	The two-letter U.S. Post Office code (i.e., Montana – MT see state code table, p.13-2) of the state Fund which is responsible by statute for this claim. With field 4, the state Fund to which the physical claim file must be delivered. Foreign jurisdiction is to be resolved on a case-by-base basis.	No default allowed.
4	FILE LOCATION CODE	With field 3, identifies the entity to which the physical claim file must be delivered. See Examples 5.5.3, p.5-2	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See Coverage Code table, p.12-2 . There should be one record with a specific coverage (i.e., 845012), for each coverage, open or closed, on that claimant in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. See example 5.5.3, p.5-2	No default allowed.
6	POLICY NUMBER	The unique number that the insolvent insurance company assigned to the specific policy of insurance. Shorter values are left justified and padded with blanks. See example 5.5.6, p.5-2	UDSUNKNOWN
7	INSOLVENT COMPANY CLAIM NUMBER	The unique number that the insolvent company assigned to each claim. Shorter values are left justified and padded with blanks. If insolvent company’s claim No. is 20 characters or less, it appears here, and field 36, Long Claim No., must be blank. If Insolvent company’s claim No. exceeds 20 characters, then the Receiver assigns a unique number in this field, and field 36, Long Claim No., is populated with the insolvent company’s claim number.	No default allowed. Must be unique.
8	RECEIVER CLAIM NUMBER	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.	Must be Unique
9	INSURED’S NAME LINE #1	If the insured is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.	UDSUNKNOWN

No.	Field Name	Extended Description	Default To
10	INSURED'S NAME LINE #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank.</p> <p>Exceptions to the above preferred field lay-out are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Insured's Name Line #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p> <p>Type will be in all upper case letters.</p>	Blank
11	INSURED'S ADDRESS #1	<p>The following are acceptable entries in the first address field: Entire street address of insured. Suite or apartment number <u>only</u>, if entire address does not fit in this field. C/O name.</p>	Blank
12	INSURED'S ADDRESS #2	<p>The following are acceptable entries in the second address field: Blank if address is in "Insured's Address Line #1". Street address if the suite or apartment number is in "Insured's Address Line #1". Entire street address if a "C/O" name is in "Insured's Address Line #1".</p>	Blank
13	INSURED'S CITY	City of the named insured's address.	Blank
14	INSURED'S STATE	The two-digit code used by the U.S. Post Office to identify each state. see state code table, p.13-2	Blank
15	INSURED'S ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.	Blank
16	DATE OF LOSS	The date the loss occurred. In case of a loss over time, the initial date of occurrence of the incident. The format is YYYYMMDD.	19010101
17	POLICY EFFECTIVE DATE	The effective date of the policy covering the referenced claim as was written by the carrier prior to insolvency. The format is YYYYMMDD.	19010101
18	POLICY EXPIRATION DATE	The expiration date of the policy covering the referenced claim as was written by the carrier prior to insolvency. The format is YYYYMMDD.	19010101
19	CLAIMANT NUMBER	<p>The number assigned by the Receiver to each party that appears to have a claim against the insolvent company under the referenced policy within a specific incident. The value should be right justified and padded with leading zeroes. Note: 00000 is invalid and must be given a different integer. See Example 5.5.19, p.5-2</p>	No default allowed.

No.	Field Name	Extended Description	Default To
20	CLAIMANT'S NAME LINE #1	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here.</p>	UDSUNKNOWN
21	CLAIMANT'S NAME LINE #2	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business</u>: This field should be blank.</p> <p>Notes Exceptions to the above preferred field lay-out are as follows:</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name Line #1". Use a space to separate the parts of a name. DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p> <p>Type will be in all upper case letters.</p>	Blank
22	CLAIMANT'S ADDRESS #1	<p>The following are acceptable entries in the first address field:</p> <p>Entire street address of the claimant. Suite or apartment number <u>only</u>, if entire address does not fit in this field. C/O name.</p>	Blank
23	CLAIMANT'S ADDRESS #2	<p>The following are acceptable entries in the second address field:</p> <p>Blank if entire street address is in "Claimant Address Line #1". Street address if the suite or apartment number is in "Claimant's Address Line #1". Entire street address if a "C/O" name is in "Claimant Address Line #1".</p>	Blank
24	CLAIMANT'S CITY	City of claimant's address.	Blank
25	CLAIMANT'S STATE	State code of claimant's address. The two-character code used by the U.S. Post Office to identify each state. see state code table, p.13-2	Blank
26	CLAIMANT'S ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with blanks. May be used for foreign address codes.	Blank
27	CLAIMANT ID INDICATOR	F – Federal ID number. S – Social Security number.	Blank
28	CLAIMANT ID NUMBER	Claimant's Federal ID number or Social Security number.	Blank

No.	Field Name	Extended Description	Default To
29	TRANSACTION CODE	Code that identifies the type of transaction included in the record. see Transaction Code table, p.11-1 Always = "100".	Never
30	TRANSACTION AMOUNT	Outstanding reserve for this coverage for this claimant. (For instance, to indicate that the outstanding reserve on a coverage is \$500.25, the field would contain 00000050025+). The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left. This is not the incurred amount.	No default allowed.
31	CATASTROPHIC LOSS CODE	The standard code assigned for major catastrophic events, such as hurricanes, floods, tornadoes, etc., or a catastrophic injury.	Blank
32	RECOVERY INDICATOR CODE	See recovery code table, p. 13-3 - Indicates type of potential recovery associated with this claim.	Zero
33	SUIT INDICATOR	<u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</u> indicates Unknown.	U
34	2 ND INJURY FUND INDICATOR	<u>Y</u> / <u>N</u> indicator to identify a possible 2 nd Injury Fund involvement in the claim. <u>U</u> indicates Unknown.	U
35	TPA CLAIM NUMBER	Unique Number assigned by the insolvent Company's TPA to this claim.	Blank
36	LONG CLAIM NUMBER	Insolvent Company Claim No., if longer than 20 characters. Otherwise, blank. See field 7. See Example 5.5.36, p.5-3	Blank
37	ISSUING COMPANY CODE	NAIC Number of the company that issued the policy. May be different from field 2 because a merger may have occurred pre-insolvency.	Blank
38	SERVICING OFFICE CODE	Code for TPA/ branch office from table supplied by Receiver. REQ: Required if available.	Blank
39	CLAIM REPORT DATE	Date that the claim was reported. May be blank. YYYYMMDD date format.	Blank
40	CLAIMANT BIRTH DATE	Claimant's birth date. YYYYMMDD date format.	Blank
41	REPETITIVE PAYMENT INDICATOR	Y/N INDICATOR REQ: Must be N if other than Workers Comp. Should only be Y on those worker's comp indemnity coverage records, where repetitive payments are being made at the time of insolvency.	N

No.	Field Name	Extended Description	Default To
42	WCIO INJURY CODE	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. See WCIO Injury Code Table, p.13-7	Blank
43	WCIO PART OF BODY	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Part of Body table, p.13-7	Blank
44	WCIO NATURE OF INJURY	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Nature of Injury table, p.13-10	Blank
45	WCIO CAUSE	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Cause of Injury table, p.13-12	Blank
46	WCIO ACT	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Act table, p.13-14	Blank
47	WCIO TYPE OF LOSS	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Loss table, p.13-14	Blank
48	WCIO TYPE OF RECOVERY	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Recovery table, p.13-14	Blank
49	WCIO TYPE OF COVERAGE	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Coverage table, p.13-14	Blank
50	WCIO TYPE OF SETTLEMENT	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Settlement table, p.13-14	Blank
51	WCIO VOCATIONAL REHAB INDICATOR	Y/N INDICATOR U indicates Unknown.	U
52	DESCRIPTION OF INJURY	INJURY DESCRIPTION REQ: Optional for Work Comp, blank for non-WC.	Blank
53	WCAB NUMBER	NUMBER ASSIGNED BY THE WORK COMP BOARD REQ: Optional for Work Comp, blank for non-WC.	Blank
54	EMPLOYER WORK PHONE NUMBER	EMPLOYER TELEPHONE NUMBER. NO DASHES OR SPACES REQ: Optional for Work Comp, blank for non-WC.	Blank

No.	Field Name	Extended Description	Default To
55	AGGREGATE POLICY INDICATOR	This policy has a maximum amount that can be paid per policy period, no matter how many separate accidents might occur. Y / N / U	U
56	DEDUCTIBLE POLICY INDICATOR	This policy has a deductible, that is, some amount of a covered loss that must be paid out of pocket by the insured. Y /N /U	U

“B” Record Short – Receiver to Fund – Unearned Premium

No.	Field Name	Req	Type	Size	Pos	Short Description
1	RECORD TYPE	R	A	1	1	The value of this field must be “B”.
2	INSOLVENT COMPANY	R	N	5	2-6	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.
3	FILE LOCATION STATE	R	A	2	7-8	The two-digit code used by the U.S. Post Office to identify each state. (i.e., Montana – MT)
4	FILE LOCATION CODE	R	N	2	9-10	The identifier assigned to establish the specific location of the file. see File Location table, p.13-1.
5	COVERAGE CODE	R	N	6	11-16	Defines the category of coverage that provided protection for the loss. see Coverage Code table, p.12-2
6	POLICY NUMBER	R	A	20	17-36	The unique number that the insolvent insurance company assigned to specific policies of insurance that they issued. Shorter values are left justified and padded with blanks.
7	RECEIVER CLAIM NUMBER	C	A	20	37-56	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.
8	INSURED’S NAME LINE #1	R	A	30	57-86	If the insured is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.
9	INSURED’S NAME LINE #2	C	A	30	87-116	If the insured is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Notes:) Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual’s last name from the name, the entire name may be placed in “Insured’s Name Line #1.” Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.
10	INSURED’S ADDRESS #1	C	A	30	117-146	The following are acceptable entries in the first address field: 1) Entire street address of insured. 2) Suite or apartment number only, if entire address does not fit in this field.3) C/O name.

No.	Field Name	Req	Type	Size	Pos	Short Description
11	INSURED'S ADDRESS #2	C	A	30	147-176	The following are acceptable entries in the second address field: 1) Blank if address is in "Insured's Address Line #1". 2) Street address if the suite or apartment number is in "Insured's Address Line #1." 3) Entire street address if a "C/O" name is in "Insured's Address Line #1"
12	INSURED'S CITY	C	A	25	177-201	City of the insured's address.
13	INSURED'S STATE	C	A	2	202-203	The two digit code used by the U.S. Post Office to identify each state.
14	INSURED'S ZIP CODE	C	A	9	204-212	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.
15	DATE OF LOSS (Liquidation Date)	R	N	8	213-220	The date of entry of an Order of Liquidation is to be reflected in this field. The format is YYYYMMDD.
16	CLAIMANT NUMBER	R	N	5	221-225	The sequential number that has been assigned by the Receiver. The first claimant number will always be 00001; the next claimant number will be 00002 and each additional claimant is incremented sequentially.
17	PAYEE INDICATOR	C	A	1	226	F = Federal ID, S = Social Security number
18	PAYEE ID	C	N	9	227-235	Federal ID number or Social Security number.
19	POLICY EFFECTIVE DATE	R	N	8	236-243	The effective date of the policy covering the referenced claim. The format is YYYYMMDD.
20	POLICY EXPIRATION DATE	R	N	8	244-251	The expiration date of the policy covering the referenced claim. The format is YYYYMMDD.
21	CANCELLATION DATE	R	N	8	252-259	The cancellation date of the policy used by the Receiver based on the Court Order or prior cancellation date. The format is YYYYMMDD.
22	CANCELLATION TYPE	R	A	1	260	Code that identifies the type of policy cancellation. See Cancellation Type Table, p.13-1
23	TRANSACTION CODE	R	N	3	261-263	A three-digit code that identifies the type of transaction for this record. see Transaction Code table, p.11-1
24	TOTAL WRITTEN POLICY PREMIUM	C	N	10 [(8).XX]	264-273	Total premium billed, including endorsements. (Excluding final audit and policy fees.) Right justified, decimal implied, and zero filled to the left.
25	TOTAL INFORCE POLICY PREMIUM	C	N	10 [8).XX]	274-283	Total in-force policy premium. Endorsements are annualized. Excluding final audit and policy fees.) Right justified, decimal implied, and zero filled to the left.

No.	Field Name	Req	Type	Size	Pos	Short Description
26	FINAL AUDIT INDICATOR	R	A	1	284	Y/N indicator to identify if policy is to be audited. Indicator must be <u>N</u> if Return Premium Amount field is other than zero.
27	RETURN PREMIUM AMOUNT (Amount Owed The Insured/Claimant)	C	N	10 [(7).XX-]	285-294	Return premium as calculated by the Receiver or from final audit report. The Receiver's calculation includes any unpaid premium amounts. The field value should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.
28	UNPAID PREMIUM AMOUNT	C	N	10 [(7).XX-]	295-304	Amount owed the insolvent company on current year's premium. Same format as total written policy premium. The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.
29	FINANCE COMPANY CODE	C	A	5	305-309	Code for the premium finance company, if any. Table of codes must be provided by Receiver.
30	AGENT CODE	C	A	10	310-319	Code for the identification of the agent. Table of codes must be provided by Receiver.
31	AGENT'S COMMISSION RATE	C	N	5 [(3).XX]	320-324	Percent commission company paid agent. Right justified, decimal implied and zero filled to left. Example: 2% commission - 2.00
32	BILLING MODE	C	A	1	325	A = Agency billed. D – Direct billed.
33	CLAIMANT'S NAME #1	C	A	30		If the claimant is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.
34	CLAIMANT'S NAME #2	C	A	30		If the claimant is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Notes:) Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual's last name from the name, the entire name may be placed in "Claimant's Name Line #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.
35	CLAIMANT'S ADDRESS #1	C	A	30		The following are acceptable entries in the first address field: 1) Entire street address of Claimant; 2) Suite or apartment number only, if entire address does not fit in this field. 3) C/O name.

No.	Field Name	Req	Type	Size	Pos	Short Description
36	CLAIMANT'S ADDRESS #2	C	A	30		The following are acceptable entries in the second address field: 1) Blank if address is in "Claimant's" Address Line #1". 2) Street address if the suite or apartment number is in "Claimant's" Address Line #1." 3) Entire street address if a "C/O" name is in "Claimant's" Address Line # 1"
37	CLAIMANT'S CITY	C	A	25		City of the Claimant's address.
38	CLAIMANT'S STATE	C	A	2		The two digit code used by the U.S. Post Office to identify each state.
39	CLAIMANT'S ZIP CODE	C	A	9		The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.
40	CLAIMANT'S PHONE #	C	A	20		Claimant's Area Code and Phone Number

“B” Record Extended Description – Receiver to Funds – Unearned Premium Claims

No.	Field Name	Extended Description	Default To
1	RECORD TYPE	The identifier for the various types of records that will be exchanged in the uniform reporting format. The code for this record will be “B”.	“B”
2	INSOLVENT COMPANY	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.	No default allowed.
3	FILE LOCATION STATE	The two-letter U.S. Post Office code (i.e., Montana – MT see state code table, p.13-2.) of the state Fund which is responsible by statute for this claim. With field 4, the state Fund to which the claim file must be delivered. Foreign jurisdiction is to be resolved on a case-by-base basis.	No default allowed.
4	FILE LOCATION CODE	With field 3, identifies the entity to which the physical claim file must be delivered. See Example 5.5.3., p.5-2	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See Coverage Code table, p.12-2 There should be one record with a specific coverage (i.e., 845012), for each coverage, open or closed, on that claimant in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. See Example 5.5.3., p.5-2	No default allowed.
6	POLICY NUMBER	The unique number that the insolvent insurance company assigned to the specific policy of insurance. Shorter values are left justified and padded with blanks. See example 5.5.6., p.5-2	UDSUNKNOWN
7	RECEIVER CLAIM NUMBER	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.	No default allowed. Must be Unique
8	INSURED’S NAME LINE #1	If the insured is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.	UDSUNKNOWN
9	INSURED’S NAME LINE #2	If the insured is a(n) <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual’s last name from the name, the entire name may be placed in “Insured’s Name Line #1.” Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix. Type will be in all upper case letters.	Blank

No.	Field Name	Extended Description	Default To
10	INSURED'S ADDRESS #1	The following are acceptable entries in the first address field: Entire street address of insured. Suite or apartment number <u>only</u> , if entire address does not fit in this field. C/O name.	Blank
11	INSURED'S ADDRESS #2	The following are acceptable entries in the second address field: Blank if address is in "Insured's Address Line #1". Street address if the suite or apartment number is in "Insured's Address Line #1". Entire street address if a "C/O" name is in "Insured's Address Line #1".	Blank
12	INSURED'S CITY	City of the named insured's address.	Blank
13	INSURED'S STATE	The two-digit code used by the U.S. Post Office to identify each state. see state code table, p.13-2	Blank
14	INSURED'S ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.	Blank
15	DATE OF LOSS	The date the loss occurred. In case of a loss over time, the initial date of occurrence of the incident. The format is YYYYMMDD.	19010101
16	CLAIMANT NUMBER	The sequential number that has been assigned by the Receiver. The first claimant number will always be 00001; the next claimant number will be 00002 and each additional claimant is incremented sequentially.	No default allowed.
17	PAYEE INDICATOR	F = Federal ID, S = Social Security Number	Blank
18	PAYEE ID	Federal ID number or Social Security number.	Blank
19	POLICY EFFECTIVE DATE	The effective date of the policy covering the referenced claim as was written by the carrier prior to insolvency. The format is YYYYMMDD.	19010101
20	POLICY EXPIRATION DATE	The expiration date of the policy covering the referenced claim as was written by the carrier prior to insolvency. The format is YYYYMMDD.	19010101
21	CANCELLATION DATE	The cancellation date of the policy used by the Receiver based on the Court Order or prior cancellation date. The format is YYYYMMDD.	19010101
22	CANCELLATION TYPE	Code that identifies the type of policy cancellation. <i>See Cancellation Type Table.</i>	Blank
23	TRANSACTION CODE	A three-digit code that identifies the type of transaction for this record. <i>See Transaction Code Table.</i>	No default allowed

No.	Field Name	Extended Description	Default To
24	TOTAL WRITTEN POLICY PREMIUM	Total premium billed, including endorsements. (Excluding final audit and policy fees.) Right justified, decimal implied, and zero filled to the left.	All zeroes – sign blank
25	TOTAL INFORCE POLICY PREMIUM	Total in-force policy premium. Endorsements are annualized. Excluding final audit and policy fees.) Right justified, decimal implied, and zero filled to the left.	All zeroes – sign blank
26	FINAL AUDIT INDICATOR	Y/N indicator to identify if policy is to be audited. Indicator must be <u>N</u> if Return Premium Amount field is other than zero.	N
27	RETURN PREMIUM AMOUNT (Amount Owed The Insured/Claimant)	Return premium as calculated by the Receiver or from final audit report. The Receiver’s calculation includes any unpaid premium amounts. The field value should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.	All zeroes – sign blank
28	UNPAID PREMIUM AMOUNT	Amount owed the insolvent company on current year’s premium. Same format as total written policy premium. The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.	All zeroes – sign blank
29	FINANCE COMPANY CODE	Code for the premium finance company, if any. Table of codes must be provided by Receiver.	Blank
30	AGENT CODE	Code for the identification of the agent. Table of codes must be provided by Receiver.	Blank
31	AGENT’S COMMISSION RATE	Percent commission company paid agent. Right justified, decimal implied and zero filled to left. Example: 2% commission – 2.00.	All zeroes – sign blank
32	BILLING MODE	A = Agency billed. D – Direct billed.	Blank
33	CLAIMANT’S NAME #1	If the claimant is a(n): <u>Individual</u> : the last name only should be entered here. <u>Business</u> : Name of business should be entered here.	Blank
34	CLAIMANT’S NAME #2	If the claimant is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Notes:) Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual’s last name from the name, the entire name may be placed in “Claimant’s Name Line #1.” Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, middle initial, suffix.	Blank
35	CLAIMANT’S ADDRESS #1	The following are acceptable entries in the first address field: 1) Entire street address of Claimant; 2) Suite or apartment number only, if entire address does not fit in this field. 3) c/o name.	Blank
36	CLAIMANT’S ADDRESS #2	The following are acceptable entries in the second address field: 1) Blank if address is in “Claimant’s Address Line #1”. 2) Street address if the suite or apartment number is in the “Claimant’s Address Line #1”. 3) Entire street address if a “c/o” name is in “Claimant’s Address Line #1”.	Blank

No.	Field Name	Extended Description	Default To
37	CLAIMANT'S CITY	City of Claimant's address.	Blank
38	CLAIMANT'S STATE	State code of claimant's address. The two digit code used by the U.S. Post Office to identify each state. see state code table, p.13-2	Blank
39	CLAIMANT'S ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.	Blank
40	CLAIMANT PHONE #	Claimant's Area Code and Phone Number	Blank

“C” Record Short – Funds to Receiver – Loss and UEP

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
1	RECORD TYPE	R	A	1	1	Required for all transaction codes.	The value of this field must be “C”
2	INSOLVENT COMPANY	R	N	5	2-6	Required for all transaction codes.	NAIC Number
3	TRANSACTION LOCATION STATE	R	A	2	7-8	Required for all transaction codes. 080, 081: designates the state code for the Fund/Receiver to which the file is being transferred. ALL other transactions (including reserve snapshots): designates the state code for the Fund that processed this transaction. This <u>must</u> always be the same state as the header and trailer “From State” field.	State sending transaction – see state code table, p.13-2
4	TRANSACTION LOCATION CODE	R	N	2	9-10	Required for all transaction codes. 080, 081: designates the entity code to which the file is being transferred. ALL other transactions (including reserve snapshots): designates the entity code for the Fund or TPA that processed this transaction. This must always be the same entity code as the header and trailer “From Location” field. See File Location Code table, p. 13-1 Example: 10=P&C Fund, 11=WC Fund, 26=TPA transmitting data directly	Entity sending transaction
5	COVERAGE CODE	C	N	6	11-16	Loss Claim: 030 thru 099 No coverage code required. 792: No coverage code required. Required for all other transactions. High-Level coverage code NOT permissible for any claim loss transactions. UEP Claim: 820 thru 899: Coverage code required and must match code from the associated B record.	Type of loss – see Coverage Code table, p.12-2

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
6	POLICY NUMBER	R	A	20	17-36	Required for all transaction codes	Policy / Certificate Number
7	INSOLVENT CO'S CLAIM NUMBER	C	A	20	37-56	Loss: Required for all transaction codes. Exactly as received on "A" record or as provided by the Receiver. UEP: Not required.	Unique number assigned by the insolvent company to this claim
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Loss: Required for all transaction codes, if it was given on the "A" record or as provided by the Receiver. UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.	Unique number used in Receiver's system for this claim
9	FUND CLAIM NUMBER	C	A	20	77-96	Loss: Required for all transaction codes. UEP: Not required, unless one is assigned by the Fund.	Unique number assigned by the Fund to this claim
10	INSURED'S NAME LINE #1	R	A	30	97-126	Required for all transaction codes.	Insured last name or business name
11	INSURED'S NAME LINE #2	C	A	30	127-156	Required for all transaction codes where insured is an individual (not a business).	Insured first name. Business name cannot continue on this line.
12	CLAIMANT NUMBER	C	N	5	157-161	Loss: Required for 130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792. Required on 090 and 091 if at the claimant level. UEP: Required	Number assigned by Receiver to this claimant

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
13	CLAIMANT NAME LINE #1	C	A	30	162-191	<p>Loss: Required for 130, 230, 310, 320, 410, 420, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Claimant last name or business name
14	CLAIMANT NAME LINE #2	C	A	30	192-221	<p>Loss: If claimant is an individual, required for 130, 230, 310, 320, 410, 420, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Claimant first name. Business name cannot continue on this line.
15	CLAIMANT ADDRESS #1	C	A	30	222-251	<p>Loss: Include if available: 130, 230, 310, 320, 410, 420, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Claimant address
16	CLAIMANT ADDRESS #2	C	A	30	252-281	<p>Loss: Required for 130, 230, 310, 320, 410, 420, 530, 540, 610, 790 and 792 where needed to complete a multi-line address. See long description.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Continuation of claimant address if needed

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
17	CLAIMANT CITY	C	A	25	282-306	<p>Loss: Include if available: 130, 230, 310, 320, 410, 420, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Claimant city
18	CLAIMANT STATE	C	A	2	307-308	<p>Loss: Include if available: 130, 230, 310, 320, 410, 420, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Claimant State see state code table, p.13-2
19	CLAIMANT ZIP CODE	C	A	9	309-317	<p>Loss: Include if available: 130, 230, 310, 320, 410, 420, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the "B Record" or provided by the Receiver.</p>	Claimant zip 5-digit zip code left justified with 4 spaces.
20	TRANSACTION CODE	R	N	3	318-320	Required for all transactions and can ONLY be one of the UDS compliant transaction codes.	see Transaction Code table, p.11-1
21	TRANSACTION DATE	R	N	8	321-328	Required for all transaction codes. 130 and 230: this <u>must</u> be the last date of the reporting period.	Date transaction processed

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
22	TRANSACTION AMOUNT	C	N	12	329-340	<p>Loss:</p> <p>030 thru 090 and 099: all zeroes with positive sign.</p> <p>091: estimate of total value of claim, sign positive</p> <p>130 and 230: dollar amount of reserve, sign positive. May be all zeroes.</p> <p>310 thru 470: (payments): dollar amount of payment or reversal, sign positive (sign negative only for voids, reimbursements, or overpayments).</p> <p>500 series (recoveries): dollar amount of recovery with sign negative. (Sign positive only for a correction).</p> <p>610: dollar amount of statutory deductible that has been applied to this claim. Sign positive.</p> <p>790: (loss over cap): the net value of any judgment received by the Fund less payments made by the Fund. Sign positive.</p> <p>792: offset amount, sign positive</p> <p>UEP:</p> <p>820, 825: Return premium amount paid. Sign positive (negative only for reversal).</p> <p>840 (UEP deductible applied): dollar amount of statutory deductible that the Fund applied to the claim. Sign positive (sign negative only for reversal).</p> <p>850: UEP value above CAP the net value of the return premium claim after the Fund has made payments to its statutory limits. Sign positive.</p> <p>870: UEP expense amount paid. Sign positive (negative only for reversal).</p> <p>860, 899: zeroes</p>	Transaction amount

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
23	CHECK NUMBER	C	A	12	341-352	Loss: 300 series: (loss payments) Required. 400 series: (expense payments) Required. 500 series: (recoveries) Required. All others blank. UEP: 820, 825, and 870 (payments) Required. All others blank	Check number
24	PAYEE INDICATOR	C	A	1	353	Loss: 300 series: (loss payments) 400 series: (expense payments) If Available All others blank UEP: 820, 825, and 870 (payments) Required. All others blank	F = Federal ID number S = Social Security Number
25	PAYEE ID NUMBER	C	N	9	354-362	Loss: 300 series: (loss payments) Required. 400 series: (expense payments) Strongly Recommended if Available All others blank UEP: 820, 825, and 870 (payments) Required. All others blank	Federal ID number or Social Security number

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
26	PAYEE NAME #1	C	A	30	363-392	<p>Loss: 300 series (loss payments): Required. 400 series (expense payments): Required 500 series (recoveries Payor): Required</p> <p>.</p> <p>UEP: 820, 825, and 870 (payments) Required. All others blank</p>	Payee last name or business
27	PAYEE NAME #2	C	A	30	393-422	<p>Loss: 300 series: (loss payments) Required for individuals and continuations from Payee name #1. 400 series (expense payments) Required for individuals and continuations from Payee name #1. 500 series (recoveries Payor): Required for individuals and continuations from Payee name #1.</p> <p>UEP: 820, 825, and 870 (payments) Required for individuals and continuations from Payee name #1. All others blank</p>	Payee first name

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
28	CATASTROPHIC LOSS CODE	C	N	2	423-424	<p>Loss: Required on all transactions for a claim, if claim meets criteria specified in the Receiver's catastrophic event table which was provided to the Fund.</p> <p>UEP: Not required</p>	Code assigned by insolvent company to a catastrophic event or injury
29	RECOVERY INDICATOR CODE	R	A	1	425	<p>Loss: 530: loss recovery. Actual type of recovery received. See Recovery Code table, p. 13-3 540: expense recovery. Actual type of recovery received. See Recovery Code table, p. 13-3 All other transactions: Potential recovery indicator code for this claim from the recovery code table. See Recovery Code table, p. 13-3</p>	Potential / Actual Recovery type code. See Recovery Code table, p. 13-3
30	SUIT INDICATOR	R	A	1	426	<p>Loss: Required on all transactions for a claim.</p> <p>UEP: Not required</p>	Claim in litigation Y / N / U
31	2 ND INJURY FUND INDICATOR	R	A	1	427	<p>Loss: Required on all transactions for a claim.</p> <p>UEP: Not required</p>	Potential 2 nd Injury Fund involvement Y / N / U
32	DATE OF LOSS	R	N	8	428-435	<p>Loss: Required on all transaction codes for a claim. Must fill with 19010101 if correct date cannot be determined.</p> <p>UEP: Liquidation date</p>	Date of loss (Accident Date) For loss claims. Cancellation or termination date for UEP.

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
33	TRANSACTION COMMENT	C	A	60	436-495	<p>Loss: Required for 310, 320, 410, and 420 if a void, a stop payment issued, or reimbursement transaction.</p> <p>UEP: Required for 820, 825 and 870 if a void, stop payment or reimbursement transaction. Required on 860 – to specify why this UEP claim was closed without payment. Required on 899 - to specify the reason why there is no coverage.</p>	Comments
34	EXPENSE CODE	C	A	2	496-497	<p>Loss: 410 and 420 and 540 only:</p> <p>UEP: Not required</p>	See Expense Code table, p. 13-4 (values 01 thru 05). All others blank.
35	WCIO INJURY CODE	C	A	3	498-500	<p>For all WCIO codes, fields 35 thru 44, below, rule is as follows :</p> <p>Loss: Required for all transaction codes for worker’s compensation claims. Must be blank for all transaction codes for non-WC claims.</p> <p>UEP: Blank, all transaction codes</p>	See WCIO Injury Code Table, p.13-7
36	WCIO PART OF BODY	C	A	3	501-503	See field 35	see WCIO Part of Body table, p. 13-6
37	WCIO NATURE OF INJURY	C	A	3	504-506	See field 35	see WCIO Nature of Injury table, p.13-10
38	WCIO CAUSE	C	A	3	507-509	See field 35	see WCIO Cause of Injury table, p.13-12
39	WCIO ACT	C	A	3	510-512	See field 35	see WCIO Act table, p.13-14
40	WCIO TYPE OF LOSS	C	A	3	513-515	See field 35	see WCIO Type of Loss table, p.13-14
41	WCIO TYPE OF RECOVERY	C	A	3	516-518	See field 35	see WCIO Type of Recovery table, p.13-14
42	WCIO TYPE OF COVERAGE	C	A	3	519-521	See field 35	see WCIO Type of Coverage table, p.13-14

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
43	WCIO TYPE OF SETTLEMENT	C	A	3	522-524	See field 35	see WCIO Type of Settlement table, p.13-14
44	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	525	See field 35	WCIO Voc Rehab Indicator Y /N/U
45	TPA CLAIM NUMBER	C	A	30	526-555	Loss: Include on all transactions for a claim when available. UEP: Blank	Number assigned by insolvent company's TPA to this claim
46	LONG CLAIM NUMBER	C	A	30	556-585	Loss: Required for all transaction codes for a claim, where insolvent company claim number is longer than 20 characters Otherwise blank. UEP: Blank	Insolvent Company Claim No., if longer than 20 characters
47	SERVICE / BENEFIT FROM DATE	C	N	8	586-593	Loss: Worker's Comp claims: Required for 300 series transactions. 400 series if available. Blank on all other transactions. Non-WC claims: optional on payments. UEP: Blank on all transactions	Service / Benefit from date

No.	Field Name	Req	Type	Size	Pos	Transaction Type Relationship	Short Description
48	SERVICE / BENEFIT THRU DATE	C	N	8	594-601	<p>Loss: Worker's Comp claims: Required for 300 series transactions. 400 series if available.</p> <p>Blank on all other transactions.</p> <p>Non-WC claims: optional on payments.</p> <p>UEP: Blank on all transactions</p>	Service / Benefit thru date
49	POLICY DEDUCTIBLE INDICATOR	C	N	1	602	<p>Loss: 300 series: For non-Workers Comp: Should be "Y" if a policy deductible was applied, "N" if that is not the case. For WC: Should be blank.</p> <p>All other transaction codes: Blank</p> <p>UEP: Blank</p>	Deductible applied to this payment Y / N

“C” Record Extended Description – Funds to Receiver – Loss and UEP

No.	Field Name	Extended Description	Defaults To
1	RECORD TYPE	The identifier for the various types of records that will be exchanged in the uniform reporting format. The code for this record will be “C”.	“C”
2	INSOLVENT COMPANY	The unique 5 digit number assigned by the NAIC to the insolvent company for data tracking purposes.	No default allowed.
3	TRANSACTION LOCATION STATE	The two-character code used by the U.S. Post Office to identify the sending state for the batch (example: MT= Montana). see state code table, p.13-2 All transactions MUST have the same state as the header and trailer “From State” field. See Example 10.5.3-4, p.10-2 Exceptions: Transaction types 080 and 081 – File Transfer Transaction Codes MUST have the code for the receiving state. See examples 10.5.4, p.10-2	No default allowed.
4	TRANSACTION LOCATION CODE	The two-character code selected from the File Location table, p.13-1 to identify the sending entity for the batch (example: 10= P&C Guaranty Fund). All transactions MUST have these same entity codes as the header and trailer “FROM LOCATION CODE” field. Exceptions: Transaction types 080 and 081 – File Transfer Transaction Codes MUST have the code for the receiving entity. See examples 10.5.4, p.10-2	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. see Coverage Code table, p.12-2 Loss Claim: No transactions with High-Level Coverage Codes (ending with 000) will be accepted. UEP: UEP (Unearned Premium) payment transactions with High-Level Coverage Codes (ending with 000) will be accepted See example 10.5.5.1 and example 10.5.5.2, 10-3 and 10-4	Blank, claim level. No default allowed at a claimant level.
6	POLICY NUMBER	The unique number the insolvent insurance company assigned to this specific policy/certificate of insurance. This field MUST be returned EXACTLY as transmitted in the “A” record or EXACTLY as communicated to the Fund by the Receiver for first reports.	UDSUNKNOWN

No.	Field Name	Extended Description	Defaults To
7	INSOLVENT CO'S CLAIM NUMBER	The unique number that the insolvent company assigned to this claim. This field MUST be returned EXACTLY as transmitted in the "A" record or EXACTLY as communicated to the Fund by the Receiver for first reports	No default allowed.
8	RECEIVER CLAIM NUMBER	The unique number that the Receiver assigned to identify this specific claim against this insolvent company. This field MUST be returned EXACTLY as transmitted in the "A" record or EXACTLY as communicated to the Fund by the Receiver for first reports <u>REQUIRED if it was supplied by Receiver.</u>	Blank
9	FUND CLAIM NUMBER	The unique number that the fund assigned (if any) to identify this specific claim against this insolvent company. . <u>REQUIRED if the a unique claim number was assigned to this claim by the Fund.</u>	Blank
10	INSURED'S NAME LINE 1	If the insured is a(n): Individual: The last name only should be entered here. Business: Name of business should be entered here. If your system cannot separate an individual's last name from the first name, the entire name may be placed in this field.	UDSUNKNOWN
11	INSURED'S NAME LINE 2	If the insured is a(n): <u>Individual:</u> The first name, initial and any suffixes should be entered here. <u>Business:</u> This field should be blank.	Blank
12	CLAIMANT NUMBER	The 5 digit sequential number assigned to each party that appears to have a claim against the insolvent company under this claim. This field MUST be returned EXACTLY as transmitted in the "A" record or EXACTLY as communicated to the Fund by the Receiver for first reports This field should always be 5 digits right justified and zero filled – Example: 00001 <u>REQUIRED only on ALL Claimant Level Transactions</u>	Blank for Claim Level Transactions No default allowed for Claimant Level Transactions

No.	Field Name	Extended Description	Defaults To
13	CLAIMANT NAME LINE #1	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in this field</p>	No default allowed for loss claims. Blank for U/P.
14	CLAIMANT NAME LINE #2	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The first name, middle initial and any suffixes should be here.</p> <p><u>Business</u>: This field should be blank.</p>	Blank
15	CLAIMANT ADDRESS #1	<p>The following are acceptable entries in the first address field:</p> <p>Entire street address of the claimant.</p> <p>Suite or apartment number <u>only</u>, if entire address does not fit in this field.</p> <p>C/O name.</p> <p>See Example 10.5.15, p.10-5</p>	Blank.
16	CLAIMANT ADDRESS #2	<p>The following are acceptable entries in the second address field:</p> <p>Blank if entire street address is in "Claimant Address Line #1".</p> <p>Street address if the suite or apartment number is in "Claimant's Address Line #1".</p> <p>Entire street address if a "C/O" name is in "Claimant's Address Line #1".</p> <p>See Example 10.5.15, p.10-5</p>	Blank
17	CLAIMANT CITY	City of claimants' address.	Blank
18	CLAIMANT STATE	<p>The two-character code used by the U.S. Post Office to identify the state of residence for this claimant. (Ex: Montana – MT). see state code table, p.13-2</p>	Blank
19	CLAIMANT ZIP CODE	<p>The standard zip code used by the U.S. Post Office.</p> <p>Shorter values should be left justified and padded with blanks. May be used for foreign address codes.</p>	Blank
20	TRANSACTION CODE	Transaction code selected from the see Transaction Code table, p.11-1 , identifying the type of transaction for this record.	No default allowed.
21	TRANSACTION DATE	<p>The date the transaction was processed by the Fund.</p> <p>Reserve snapshots MUST have the last date of the reporting period in this field</p>	No default allowed.

No.	Field Name	Extended Description	Defaults To
22	TRANSACTION AMOUNT	<p>The dollar value of the specific transaction being processed. The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. (Example: a payment of \$27,650.25 would be shown as 00002765025+). (Example: a payment of \$27,652.00 would be shown as 00002765200+) (Example: a recovery of \$27,652.00 would be shown as 00002765200-)</p> <p>The field is zero filled to the left. See Section 10.4 for Relation to Transaction Types</p>	All Zeroes – sign blank
23	CHECK NUMBER	<p>The number of the check for this transaction.</p> <p>REQUIRED for payment transactions, including voids.</p>	Blank if not a payment.
24	PAYEE INDICATOR	F – Federal ID number. S – Social Security number.	Blank
25	PAYEE ID NUMBER	Federal ID number or Social Security number	Blank
26	PAYEE NAME #1	<p>Required for payment transactions.</p> <p>If the Payee is :</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here.</p> <p><u>Long Payee Name</u>: The first 30 characters of the Payee name on the check should be entered here See Example 10.5.26, p.10-6</p>	<p>No Default Allowed for a payment</p> <p>Blank for non-payment transactions</p>
27	PAYEE NAME #2	<p>If the payee is:</p> <p><u>Individual</u>: The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business</u>: This field should be blank.</p> <p><u>Long Payee Name</u>: The remaining characters of the Payee name on the check should be entered here See Example 10.5.26, p.10-6</p>	Blank
28	CATASTROPHIC LOSS CODE	Code assigned by Insolvent Company to a catastrophic event or injury.	Blank
29	RECOVERY INDICATOR CODE	Potential Recovery Type Indicator or, in the case of a recovery transaction code, the specific recovery type. See example 10.5.29, p.10-6 See Recovery Code table, p. 13-3	0

No.	Field Name	Extended Description	Defaults To
30	SUIT INDICATOR	<u>Y</u> indicates claim is in litigation. <u>N</u> indicates claim indicates no known suit on this claim.	N
31	2 ND INJURY FUND INDICATOR	<u>Y/N</u> indicator to identify a potential 2 nd Injury Fund involvement in the claim.	N
32	DATE OF LOSS	The date the loss occurred. In case of a loss over time, the initial date of occurrence of the incident.	19010101
33	TRANSACTION COMMENT	This field allows the Fund to provide the Receiver a message regarding the specific transaction being reported. See examples 10.5.33, p.10-7	Blank
34	EXPENSE CODE	This field includes all 'DCC' (defense and cost containment) payments. See Expense Code table, p.13-4 for breakdown. Required for expense payments in this category. 410 and 420 and 540 only.	Blank
35	WCIO INJURY CODE	Identifies under which provision of the law benefits are paid or expected to be paid. See WCIO Injury Code Table, p.13-7 . Shorter values left-justified, filled with spaces on the right.	Blank
36	WCIO PART OF BODY	WCIO CODING – WC CLAIMS see WCIO Part of Body table, p.13-7 . Shorter values left-justified.	Blank
37	WCIO NATURE OF INJURY	WCIO CODING – WC CLAIMS see WCIO Nature of Injury table, p.13-10 . Shorter values left-justified.	Blank
38	WCIO CAUSE	WCIO CODING – WC CLAIMS see WCIO Cause of Injury table, p.13-12 . Shorter values left-justified.	Blank
39	WCIO ACT	WCIO CODING – WC CLAIMS see WCIO Act table, p.13-14 . Shorter values left-justified.	Blank
40	WCIO TYPE OF LOSS	WCIO CODING – WC CLAIMS see WCIO Type of Loss table, p.13-14 . Shorter values left-justified.	Blank
41	WCIO TYPE OF RECOVERY	WCIO CODING – WC CLAIMS see WCIO Type of Recovery table, p.13-14 . Shorter values left-justified.	Blank
42	WCIO TYPE OF COVERAGE	WCIO CODING – WC CLAIMS see WCIO Type of Coverage table, p.13-14 . Shorter values left-justified.	Blank
43	WCIO TYPE OF SETTLEMENT	WCIO CODING – WC CLAIMS see WCIO Type of Settlement table, p.13-14 . Shorter values left-justified.	Blank
44	WCIO VOCATIONAL REHAB INDICATOR	WCIO CODING – WC CLAIMS Y/N	Blank
45	TPA CLAIM NUMBER	Unique Number assigned by the insolvent Company's TPA to this claim.	Blank

No.	Field Name	Extended Description	Defaults To
46	LONG CLAIM NUMBER	Insolvent Company Claim No., if longer than 20 BYTES. Otherwise, blank. See field 7. This field MUST be returned EXACTLY as transmitted in the "A" record or EXACTLY as communicated to the Fund by the Receiver for first reports	Blank
47	SERVICE / BENEFIT FROM DATE	Beginning date of service or benefit covered by this payment REQUIRED for workers comp payment trans	Blank WC Payment Transaction – No Default Allowed
48	SERVICE / BENEFIT THRU DATE	Ending date of service or benefit covered by this payment May be the same as beginning Date REQUIRED for workers comp payment trans	Blank WC Payment Transaction – No Default Allowed
49	POLICY DEDUCTIBLE INDICATOR	Deductible applied to this payment (Y or N) Non-Workers Comp claims only. See example 10.5.49, p.10-7	N Blank for Workers Comp.

“E” Record Short - Receiver to Fund - Closed Claims

For Informational Purposes Only

No.	Field Name	Req	Type	Size	Pos	Short Description
1	RECORD TYPE	R	A	1	1	The value of this field must be “E”
2	INSOLVENT COMPANY	R	N	5	2-6	NAIC Number
3	FILE LOCATION STATE	R	A	2	7-8	State to which the electronic record is being sent. see state code table, p.13-2
4	FILE LOCATION CODE	R	N	2	9-10	State Fund to which electronic record is being sent. see File Location table, p.13-1
5	COVERAGE CODE	R	N	6	11-16	Type of loss – see Coverage Code table, p.12-2
6	POLICY NUMBER	R	A	20	17-36	Policy Number
7	INSOLVENT CO'S CLAIM NUMBER	R	A	20	37-56	Unique number assigned by the insolvent company to this claim
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to this claim
9	INSURED'S NAME LINE #1	R	A	30	77-106	Named Insured's last name or business name
10	INSURED'S NAME LINE #2	R	A	30	107-136	Named Insured's first name
11	INSURED'S ADDRESS #1	R	A	30	137-166	Named Insured's address
12	INSURED'S ADDRESS #2	R	A	30	167-196	Continuation of named Insured's address if needed.
13	INSURED'S CITY	R	A	25	197-221	City of named Insured's address
14	INSURED'S STATE	R	A	2	222-223	Postal Code for named Insured's state. see state code table, p.13-2
15	INSURED'S ZIP CODE	R	A	9	224-232	Named Insured's zip code.
16	DATE OF LOSS	R	N	8	233-240	Date of loss (Accident Date)
17	POLICY EFFECTIVE DATE	R	N	8	241-248	Policy effective date
18	POLICY EXPIRATION DATE	R	N	8	249-256	Policy expiration date
19	CLAIMANT NUMBER	R	N	5	257-261	Number assigned by Receiver to this claimant
20	CLAIMANT NAME LINE #1	R	A	30	262-291	Claimant's last name or business name
21	CLAIMANT NAME LINE #2	R	A	30	292-321	Claimant's first name
22	CLAIMANT ADDRESS #1	R	A	30	322-351	Claimant's address
23	CLAIMANT ADDRESS #2	R	A	30	352-381	Continuation of claimant's address if needed
24	CLAIMANT CITY	R	A	25	382-406	Claimant's city
25	CLAIMANT STATE	R	A	2	407-408	Claimant's state see state code table, p.13-2
26	CLAIMANT ZIP CODE	R	A	9	409-417	Claimant's zip code
27	CLAIMANT ID INDICATOR	C	A	1	418	F = Federal ID number S = Social Security Number
28	CLAIMANT ID NUMBER	C	N	9	419-427	Claimant's Federal ID number or Social Security number
29	TRANSACTION CODE	R	N	3	428-430	Always = “100”. see Transaction Code table, p.11-1
30	TRANSACTION AMOUNT	R	N	12 [(9).xx-]	431-442	Must be zero for closed claims
31	CATASTROPHIC LOSS CODE	C	N	2	443-444	Code assigned by insolvent company to a catastrophic event
32	RECOVERY INDICATOR CODE	R	A	1	445	Potential recovery type. See Recovery Code table, p. 13-3
33	SUIT INDICATOR	R	A	1	446	Claim in litigation Y / N / U

No.	Field Name	Req	Type	Size	Pos	Short Description
34	2ND INJURY FUND INDICATOR	R	A	1	447	Potential 2nd Injury Fund involvement Y / N / U
35	TPA CLAIM NUMBER	C	A	30	448-477	Number assigned by insolvent company's TPA to this claim
36	LONG CLAIM NUMBER	C	A	30	478-507	Insolvent Company Claim No., if longer than 20 characters
37	ISSUING COMPANY CODE	R	A	5	508-512	NAIC number of the company that issued the policy
38	SERVICING OFFICE CODE	R	A	6	513-518	Code for TPA / branch office
39	CLAIM REPORT DATE	C	N	8	519-526	Date the claim was reported
40	CLAIMANT BIRTH DATE	C	N	8	527-534	Claimant birth date
41	REPETITIVE PAYMENT INDICATOR	C	A	1	535	Repetitive payment indicator
42	WCIO INJURY CODE	C	A	3	536-538	See WCIO Injury Code Table, p.13-7
43	WCIO PART OF BODY	C	A	3	539-541	see WCIO Part of Body table, p.13-7
44	WCIO NATURE OF INJURY	C	A	3	542-544	see WCIO Nature of Injury table, p.13-10
45	WCIO CAUSE	C	A	3	545-547	see WCIO Cause of Injury table, p.13-12
46	WCIO ACT	C	A	3	548-550	see WCIO Act table, p.13-14
47	WCIO TYPE OF LOSS	C	A	3	551-553	see WCIO Type of Loss table, p.13-14
48	WCIO TYPE OF RECOVERY	C	A	3	554-556	see WCIO Type of Recovery table, p.13-14
49	WCIO TYPE OF COVERAGE	C	A	3	557-559	see WCIO Type of Coverage table, p.13-14
50	WCIO TYPE OF SETTLEMENT	C	A	3	560-562	see WCIO Type of Settlement table, p.13-14
51	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	563	WCIO Voc Rehab Indicator Y / N Whether Claim Includes Rehabilitation Costs
52	DESCRIPTION OF INJURY	C	A	64	564-627	Short description of accident/incident
53	WCAB NUMBER	C	A	12	628-639	Number assigned by the work comp board
54	EMPLOYER WORK PHONE NUMBER	C	N	10	640-649	Employer telephone number
55	AGGREGATE POLICY INDICATOR	R	A	1	650	Aggregate Policy Indicator Y / N / U
56	DEDUCTIBLE POLICY INDICATOR	R	A	1	651	Deductible Policy Indicator Y /N /U

“E” Record Extended Description - Receiver to Fund - Closed Claims

For Informational Purposes Only

No.	Field Name	Extended Description	Default To
1	RECORD TYPE	The identifier for the various types of records that will be exchanged in the uniform reporting format. The code for this record will be “E”.	“E”
2	INSOLVENT COMPANY	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.	No default allowed.
3	FILE LOCATION STATE	The two-letter U.S. Post Office code (i.e., Montana – MT see state code table, p.13-2) of the state Fund which is responsible by statute for this claim. With field 4, the state Fund to which the electronic claim file must be delivered. Foreign jurisdiction is to be resolved on a case-by-base basis.	No default allowed.
4	FILE LOCATION CODE	With field 3, identifies the entity to which the electronic file must be delivered. (See Examples 5.5.3, p.5-2)	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See Coverage Code table, p.12-2 . There should be one record with a specific coverage (i.e., 845012), for each coverage, open or closed, on that claimant in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. See example 5.5.3, p.5-2	No default allowed.
6	POLICY NUMBER	The unique number that the insolvent insurance company assigned to the specific policy of insurance. Shorter values are left justified and padded with blanks. See example 5.5.6, p.5-2	UDSUNKNOWN
7	INSOLVENT COMPANY CLAIM NUMBER	The unique number that the insolvent company assigned to each claim. Shorter values are left justified and padded with blanks. If insolvent company’s claim No. is 20 characters or less, it appears here, and field 36, Long Claim No., must be blank. If Insolvent company’s claim No. exceeds 20 characters, then the Receiver assigns a unique number in this field, and field 36, Long Claim No., is populated with the insolvent company’s claim number.	No default allowed. Must be unique.
8	RECEIVER CLAIM NUMBER	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.	Must be Unique
9	INSURED’S NAME LINE #1	If the insured is a(n): Individual: The last name only should be entered here. Business: Name of business should be entered here.	UDSUNKNOWN

No.	Field Name	Extended Description	Default To
10	INSURED'S NAME LINE #2	<p>If the insured is a(n) Individual: The first name, middle initial and any suffixes should be entered here. Business: This field should be blank.</p> <p>Exceptions to the above preferred field lay-out are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Insured's Name Line #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p> <p>Type will be in all upper case letters.</p>	Blank
11	INSURED'S ADDRESS #1	<p>The following are acceptable entries in the first address field: Entire street address of insured. Suite or apartment number only, if entire address does not fit in this field. C/O name.</p>	Blank
12	INSURED'S ADDRESS #2	<p>The following are acceptable entries in the second address field: Blank if address is in "Insured's Address Line #1". Street address if the suite or apartment number is in "Insured's Address Line #1". Entire street address if a "C/O" name is in "Insured's Address Line #1".</p>	Blank
13	INSURED'S CITY	City of the named insured's address.	Blank
14	INSURED'S STATE	The two-digit code used by the U.S. Post Office to identify each state. see state code table, p.13-2	Blank
15	INSURED'S ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.	Blank
16	DATE OF LOSS	The date the loss occurred. In case of a loss over time, the initial date of occurrence of the incident. The format is YYYYMMDD.	19010101
17	POLICY EFFECTIVE DATE	The effective date of the policy covering the referenced claim as was written by the carrier prior to insolvency. The format is YYYYMMDD.	19010101
18	POLICY EXPIRATION DATE	The expiration date of the policy covering the referenced claim as was written by the carrier prior to insolvency. The format is YYYYMMDD.	19010101
19	CLAIMANT NUMBER	<p>The number assigned by the Receiver to each party that appears to have a claim against the insolvent company under the referenced policy within a specific incident. The value should be right justified and padded with leading zeroes. Note: 00000 is invalid and must be given a different integer. See Example 5.5.19, p.5-2</p>	No default allowed.

No.	Field Name	Extended Description	Default To
20	CLAIMANT'S NAME LINE #1	<p>If the claimant is a(n):</p> <p>Individual: The last name only should be entered here.</p> <p>Business: The name of the business should be entered here.</p>	UDSUNKNOWN
21	CLAIMANT'S NAME LINE #2	<p>If the claimant is a(n):</p> <p>Individual: The first name, middle initial and any suffixes should be entered here.</p> <p>Business: This field should be blank.</p> <p>Notes Exceptions to the above preferred field lay-out are as follows:</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name Line #1". Use a space to separate the parts of a name. DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p> <p>Type will be in all upper case letters.</p>	Blank
22	CLAIMANT'S ADDRESS #1	<p>The following are acceptable entries in the first address field:</p> <p>Entire street address of the claimant. Suite or apartment number only, if entire address does not fit in this field. C/O name.</p>	Blank
23	CLAIMANT'S ADDRESS #2	<p>The following are acceptable entries in the second address field:</p> <p>Blank if entire street address is in "Claimant Address Line #1". Street address if the suite or apartment number is in "Claimant's Address Line #1". Entire street address if a "C/O" name is in "Claimant Address Line #1".</p>	Blank
24	CLAIMANT'S CITY	City of claimant's address.	Blank
25	CLAIMANT'S STATE	State code of claimant's address. The two-character code used by the U.S. Post Office to identify each state. see state code table, p.13-2	Blank
26	CLAIMANT'S ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with blanks. May be used for foreign address codes.	Blank
27	CLAIMANT ID INDICATOR	F – Federal ID number. S – Social Security number.	Blank
28	CLAIMANT ID NUMBER	Claimant's Federal ID number or Social Security number.	Blank

No.	Field Name	Extended Description	Default To
29	TRANSACTION CODE	Code that identifies the type of transaction included in the record. see Transaction Code table, p.11-1 Always = "100".	Never
30	TRANSACTION AMOUNT	Will be zero for closed claims.	No default allowed.
31	CATASTROPHIC LOSS CODE	The standard code assigned for major catastrophic events, such as hurricanes, floods, tornadoes, etc., or a catastrophic injury.	Blank
32	RECOVERY INDICATOR CODE	See Recovery Code table, p. 13-3 - Indicates type of potential recovery associated with this claim.	U
33	SUIT INDICATOR	Y indicates a suit exists and is active. N indicates no suit on this claim. U indicates Unknown.	U
34	2ND INJURY FUND INDICATOR	Y/N indicator to identify a possible 2nd Injury Fund involvement in the claim. U indicates Unknown.	U
35	TPA CLAIM NUMBER	Unique Number assigned by the insolvent Company's TPA to this claim.	Blank
36	LONG CLAIM NUMBER	Insolvent Company Claim No., if longer than 20 characters. Otherwise, blank. See field 7. See Example 5.5.36, p.5-3	Blank
37	ISSUING COMPANY CODE	NAIC Number of the company that issued the policy. May be different from field 2 because a merger may have occurred pre-insolvency.	Blank
38	SERVICING OFFICE CODE	Code for TPA/ branch office from table supplied by Receiver. REQ: Required if available.	Blank
39	CLAIM REPORT DATE	Date that the claim was reported. May be blank. YYYYMMDD date format.	Blank
40	CLAIMANT BIRTH DATE	Claimant's birth date. YYYYMMDD date format.	Blank
41	REPETITIVE PAYMENT INDICATOR	Y/N INDICATOR REQ: Must be N if other than Workers Comp. Should only be Y on those worker's comp indemnity coverage records, where repetitive payments are being made at the time of insolvency.	N
42	WCIO INJURY CODE	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. See WCIO Injury Code Table, p.13-7	Blank
43	WCIO PART OF BODY	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Part of Body table, p.13-7	Blank

No.	Field Name	Extended Description	Default To
44	WCIO NATURE OF INJURY	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Nature of Injury table, p.13-10	Blank
45	WCIO CAUSE	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Cause of Injury table, p.13-12	Blank
46	WCIO ACT	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Act table, p.13-14	Blank
47	WCIO TYPE OF LOSS	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Loss table, p.13-14	Blank
48	WCIO TYPE OF RECOVERY	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Recovery table, p.13-14	Blank
49	WCIO TYPE OF COVERAGE	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Coverage table, p.13-14	Blank
50	WCIO TYPE OF SETTLEMENT	WCIO CODING – WC CLAIMS. Shorter values left-justified. REQ: Required for workers comp claims. Blank for non-WC. see WCIO Type of Settlement table, p.13-14	Blank
51	WCIO VOCATIONAL REHAB INDICATOR	Y/N INDICATOR U indicates Unknown.	U
52	DESCRIPTION OF INJURY	INJURY DESCRIPTION REQ: Optional for Work Comp, blank for non-WC.	Blank
53	WCAB NUMBER	Number assigned by the Work comp board REQ: Optional for Work Comp, blank for non-WC.	Blank
54	EMPLOYER WORK PHONE NUMBER	EMPLOYER TELEPHONE NUMBER. NO DASHES OR SPACES REQ: Optional for Work Comp, blank for non-WC.	Blank
55	AGGREGATE POLICY INDICATOR	This policy has a maximum amount that can be paid per policy period, no matter how many separate accidents might occur. Y / N / U	U
56	DEDUCTIBLE POLICY INDICATOR	This policy has a deductible, that is, some amount of a covered loss that must be paid out of pocket by the insured. Y / N / U	U

“F” Record Short – Receiver to Fund – Claim Notes

No.	Field Name	Req	Type	Size	Pos	Description
1	RECORD TYPE	R	A	1	1	The value of this field must be “F”
2	NAIC NUMBER	R	N	5	2-6	The unique number assigned by the NAIC to the insolvent company for data tracking purposes
3	FILE LOCATION STATE	R	A	2	7-8	State to which the physical file and electronic record are being sent. see state code table, p.13-2
4	FILE LOCATION CODE	R	N	2	9-10	State Fund to which the physical file and electronic record are being sent. see File Location table, p.13-1
5	INSOLVENT CO'S CLAIM NUMBER	R	A	30	11-40	The unique number that the insolvent company assigned to each claim. Shorter values are left justified and padded with blanks. Must always be the Insolvent Company's Claim Number, regardless of whether or not that number exceeds 20 characters in length. Do Not populate with Receiver Claim No.
6	RECEIVER CLAIM NUMBER	O	A	20	41-60	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks
7	CLAIMANT NUMBER	R	N	5	61-65	Claimant No. Default to 00000
8	ENTRY DATE	R	N	8	66-73	Format: YYYYMMDD Date entry was made
9	NOTE ID NUMBER	R	N	4	74-77	For this claimant, for this date, sequence No. for this note See FAQ's, p.8-2
10	NOTE LINE SEQUENCE NUMBER	R	N	4	78-81	For this note id, sequence No. for this line Example: Line 3 of Note ID No. 96 for claimant #2 0002 is used when line sequence 0001 exceeded 1000 characters
11	ENTRY TEXT	R	A	1000	82-1081	Text
12	LONG CLAIM NUMBER	C	A	30	1082-1111	Insolvent Company Claim No., if longer than 20 characters
13	TPA CLAIM NUMBER	C	A	30	1112-1140	Number assigned by insolvent company's TPA to this claim

“F” Record Extended Description – Receiver to Funds – Claim Notes

No	Field Name	Extended Description	Default To
1	RECORD TYPE	The identifier for the various types of records that will be exchanged in the uniform reporting format. The code for this record will be “F”.	“F”
2	INSOLVENT COMPANY NAIC NUMBER	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.	No default allowed.
3	FILE LOCATION STATE	The two-letter U.S. Post Office code (i.e., Montana – MT see state code table, p. 13-2) of the state Fund which is responsible by statute for this claim. With field 4, the state Fund to which the physical claim file must be delivered. Foreign jurisdiction is to be resolved on a case-by-base basis.	No default allowed.
4	FILE LOCATION CODE	With field 3, identifies the entity to which the physical claim file must be delivered. See Examples 5.5.3, p. 5-2	No default allowed.
5	INSOLVENT CO'S CLAIM NUMBER	The unique number that the insolvent company assigned to each claim. Shorter values are left justified and padded with blanks. Must always be the Insolvent Company's Claim Number, regardless of whether or not that number exceeds 20 characters in length. Do Not populate with Receiver Claim No.	No default allowed. Must be Unique
6	RECEIVER CLAIM NUMBER	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.	No default allowed. Must be Unique
7	CLAIMANT NUMBER	The sequential number that has been assigned by the Receiver.	No default allowed.
8	ENTRY DATE	Format: YYYYMMDD – Date entry was made.	19010101
9	NOTE ID NUMBER	For this claimant, for this date, and sequence no. for this note.	No default allowed.
10	NOTE LINE SEQUENCE NUMBER	For this note id, sequence no. for this line. Example: Line 3 of Note ID No. 96 for claimant #2: 0000000002 is used when line sequence 0000000001 exceeded 1000 characters.	No default allowed.
11	ENTRY TEXT	Text – 1000 characters.	No default allowed.
12	LONG CLAIM NUMBER	Insolvent Company Claim No., if longer than 20 characters. Otherwise, blank. See field 7. See Example 5.5.36, p.5-3	Blank
13	TPA CLAIM NUMBER	Unique Number assigned by the insolvent Company's TPA to this claim.	Blank

“G” Record Short – Receiver to Fund – Claim Payment History

No.	Field Name	Req	Type	Size	Pos	Short Description
1	RECORD TYPE	R	A	1	1	The value of this field must be “G”.
2	INSOLVENT COMPANY	R	N	5	2-6	The unique number assigned by the NAIC to the insolvent company for data tracking purposes.
3	FILE LOCATION STATE	R	A	2	7-8	State to which the physical file and electronic record are being sent. see state code table, p. 13-2
4	FILE LOCATION CODE	R	N	2	9-10	State Fund to which the physical file and electronic record are being sent. see file location table, p.13-1
5	COVERAGE CODE	C	N	6	11-16	This code defines the category of coverage that provided protection for the loss. see Coverage Code table, p.12-2
6	POLICY NUMBER	R	A	20	17-36	The unique number that the insolvent insurance company assigned to specific policies of insurance that they issued. Shorter values are left justified and padded with blanks.
7	INSOLVENT COMPANY CLAIM NUMBER	R	A	30	37-66	Unique number assigned by the insolvent company to this claim.
8	RECEIVER CLAIM NUMBER	C	A	20	67-86	Unique number assigned by Receiver to this claim
9	INSURED’S NAME LINE #1	R	A	30	87-116	Insured last name or business name
10	INSURED’S NAME LINE #2	C	A	30	117-146	If the insured is a(n): Individual: The first name, initial and any suffixes should be entered here. Business: This field should be blank.
11	CLAIMANT NUMBER	R	N	5	147-151	Number assigned by Receiver to this claimant
12	CLAIMANT NAME LINE #1	R	A	30	152-181	Claimant last name or business name
13	CLAIMANT NAME LINE #2	C	A	30	182-211	Claimant first name
14	CHECK DATE	R	N	8	212-219	Format: YYYYMMDD The date the check was processed.
15	TRANSACTION CODE	R	N	3	220-222	Must be one of the following: 310 for Loss Payment. 410 for Expense Payment. 820 for Return Premium.

No.	Field Name	Req	Type	Size	Pos	Short Description
16	CHECK AMOUNT	R	N	12	223-234	Payment Amount: The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. (Example: a payment of \$27,650.25 would be shown as 00002765025+). (Example: a reversal of \$27,652.00 would be shown as 00002765200-) The field is zero filled to the left.
17	CHECK NUMBER	R	N	12	235-246	Check number. The value should be right justified and padded with leading zeroes.
18	PAYEE NAME LINE #1	R	A	30	247-276	Payee last name or business name. If the payee is: <u>Individual</u> : The last name only should be entered here. <u>Business</u> : The name of the business should be entered here. <u>Long Payee Name</u> : The first 30 characters of the Payee name on the check should be entered here.
19	PAYEE NAME LINE #2	R	A	30	277-306	Payee first name or continuation of Payee Line #1, if necessary. <u>Business</u> : This field should be blank.
20	PAYEE ID NUMBER	C	N	9	307-315	
21	INVOICE NUMBER	C	A	20	316-335	Invoice number to which this payment was applied
22	SERVICE /BENEFIT FROM DATE	C	N	8	336-343	Format: YYYYMMDD. Beginning date of service or benefit covered by this payment
23	SERVICE /BENEFIT TO DATE	C	N	8	344-351	Format: YYYYMMDD. Ending date of service or benefit covered by this payment
24	PAYMENT COMMENT	C	A	60	352-411	This is the check comment, description or explanation.
25	LONG CLAIM NUMBER	C	A	30	412-421	Insolvent Company Claim No., if longer than 20 characters
26	TPA CLAIM NUMBER	C	A	30	422-451	Number assigned by insolvent company's TPA to this claim

“G” Record Extended Description – Receiver to Funds – Claim Payment History

No	Field Name	Extended Description	Default To
1	RECORD TYPE	The identifier for the various types of records that will be exchanged in the uniform reporting format. The code for this record will be “G”.	“G”
2	INSOLVENT COMPANY	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.	No default allowed.
3	FILE LOCATION STATE	The two-letter U.S. Post Office code (i.e., Montana – MT see state code table, p.13-2.) of the state Fund which is responsible by statute for this claim. With field 4, the state Fund to which the physical claim file must be delivered. Foreign jurisdiction is to be resolved on a case-by-base basis.	No default allowed.
4	FILE LOCATION CODE	With field 3, identifies the entity to which the physical claim file must be delivered. See Examples 5.5.3, p.5-2	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See Coverage Code table, p.12-2 There should be one record with a specific coverage (i.e., 845012), for each coverage, open or closed, on that claimant in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. See example 5.5.3, p.5-2	No default allowed.
6	POLICY NUMBER	The unique number that the insolvent insurance company assigned to the specific policy of insurance. Shorter values are left justified and padded with blanks. See example 5.5.6, p.5-2	UDSUNKNOWN
7	INSOLVENT COMPANY CLAIM NUMBER	Unique number assigned by the insolvent company to this claim.	No default allowed. Must be Unique.
8	RECEIVER CLAIM NUMBER	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.	No default allowed. Must be Unique
9	INSURED’S NAME LINE #1	If the insured is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.	UDSUNKNOWN

No	Field Name	Extended Description	Default To
10	INSURED'S NAME LINE #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank.</p> <p>Exceptions to the above preferred field lay-out are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Insured's Name Line #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p> <p>Type will be in all upper case letters.</p>	Blank
11	CLAIMANT NUMBER	The sequential number that has been assigned by the Receiver.	No default allowed.
12	CLAIMANT NAME LINE #1	If the claimant is a(n): <u>Individual</u> : the last name only should be entered here. <u>Business</u> : Name of business should be entered here.	No default allowed.
13	CLAIMANT NAME LINE #2	If the claimant is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Notes:) Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual's last name from the name, the entire name may be placed in "Claimant's Name Line #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, middle initial, suffix.	Blank
14	CHECK DATE	Format: YYYYMMDD. The date the check was processed.	19010101
15	TRANSACTION CODE	Must be one of the following: 310 for Loss Payment 410 for Expense Payment 820 for Return Premium	No default allowed.
16	CHECK AMOUNT	Payment Amount: The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. (Example: a payment of \$27,650.25 would be shown as 00002765025+). (Example: a reversal of \$27,652.00 would be shown as 000027652-). The field is zero filled to the left.	All Zeroes – sign blank
17	CHECK NUMBER	Check number. The value should be right justified and padded with leading zeroes.	No default allowed.
18	PAYEE NAME LINE #1	Payee last name or business name. If the payee is: <u>Individual</u> : The last name only should be entered here. <u>Business</u> : The name of the business should be entered here. <u>Long Payee Name</u> : The first 30 characters of the Payee name on the check should be entered here.	No default allowed.

No	Field Name	Extended Description	Default To
19	PAYEE NAME LINE #2	Payee first name or continuation of Payee Line #1, if necessary. <u>Business:</u> This field should be blank.	Blank
20	PAYEE ID	Federal ID number or Social Security number.	Blank
21	INVOICE NUMBER	Invoice number to which this payment was applied.	Blank
22	SERVICE/BENEFIT FROM DATE	Format: YYYYMMDD. Beginning date of service or benefit covered by this payment.	19010101
23	SERVICE/BENEFIT TO DATE	Format: YYYYMMDD. Ending date of service or benefit covered by this payment.	19010101
24	PAYMENT COMMENT	This is the check comment, description or explanation.	Blank
25	LONG CLAIM NUMBER	Insolvent Company Claim No., if longer than 20 characters. Otherwise, blank. See field 7. .See Example 5.5.36, p.5-3	Blank
26	TPA CLAIM NUMBER	Unique Number assigned by the insolvent Company's TPA to this claim.	Blank