NAIC

UNIFORM DATA STANDARD

OPERATIONS MANUAL

P & C

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SECTION I General Information

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# Introduction

## What is UDS?

The NAIC Uniform Data Standard (UDS) is a precisely defined series of data file formats and codes used by Receivers and Funds to exchange data electronically. This manual provides detailed instructions for Receivers and Funds.

* Electronic Communication Protocol
* Defined Computer File Formats

The UDS will:

* Create a cross reference for Receiver and Fund claim numbers and policy information;
* Provide Funds with preliminary claims and claimant information during the transfer of claim data from the insolvent company through the Receiver to the Fund;
* Provide uniform coding structures, in addition to uniform data fields, to expedite translation and processing;
* Provide financial reporting tools that will eliminate redundant reporting requirements;
* Provide detail for Receivers to pursue reinsurance recoveries on a timelier basis.

## The development of the UDS

Since the first insolvency involving a Fund, there has been a need to effectively and efficiently communicate claim information. The effective transfer of data allows the Receiver and the Funds to operate in place of the insolvent company.

Claims information must be shared to determine total liabilities, make claims to reinsurers, allow for distribution to policyholders and creditors, and ultimately, permit closure of the insolvent company. Historically, Receivers created reporting formats to accommodate the Receivers’ individual reporting requirements.

The Funds responded to those requirements in varying degrees of completeness depending upon the Receivers’ respective needs and the availability of the data. This approach created significant variations in consistency and quality of the Funds’ responses.

For example, in 1987, the Indiana Insurance Guaranty Fund was manually reporting claim information to 39 active insolvencies, utilizing 31 separate reporting formats. The reports were very time consuming and were required every six months.

In 1987, the Standard Data Elements Committee of the National Conference of Insurance Guaranty Funds (NCIGF) met to begin development of an automated reporting format for Funds to use in reporting to Receivers. By this time, most Funds employed some form of automation for their internal operations. The committee developed a format utilizing common data fields and system requirements. The Standard Data Elements (SDE) were presented to the NCIGF Board and then to all Funds in 1988.

Some Funds and Receivers began using the SDE approach for new receiverships and expressed an interest in propelling the concept forward. With additional input from Receivers and reinsurers, modifications and usage of SDE continued without formal endorsement throughout 1989 and 1990. More Funds were using SDE and more Receivers were accepting the use of the format.

In 1991, the Rehabilitators and Receivers Task Force, chaired by the Florida Commissioner of Insurance, created the NAIC Database and Agreements Working Group (“NAIC Working Group”). One of the charges of the NAIC Working Group was to evaluate opportunities for improved information transfer from Funds to Receivers and from Receivers to Funds.

The NAIC Working Group, with the support of member and non-member Receivers, Reinsurers, Funds and others, developed a series of options to respond to this charge. Included in the options developed were:

1. A centralized system which would support both claims data and image based retrieval of claim files;
2. A centralized database for all claims data;
3. A claim clearinghouse;
4. Uniform data reporting standards.

After the development of these options, an evaluation was made of the cost effectiveness, ease of implementation, and ongoing use of each option. The NAIC Working Group decided that the **Uniform Data Standard** (“UDS”) was the appropriate starting point, because it was the least costly, easiest to accomplish, and would be required before any of the other more sophisticated options could be considered.

A group of technical personnel from Funds and Receivers was established to develop the UDS. This operating group has become known as the NAIC UDS Technical Support Group (“TSG”). This group is active in the promotion of the UDS for property/casualty insolvencies.

***UDS Version 1*** was approved by the NAIC and implemented effective April 1, 1995. This was the starting point of UDS. The original UDS contained sufficient information to support the need that existed in 1994.

***UDS Version 2.1*** was developed because there was a large increase of insolvencies with workers’ compensation (“WC”) claims. There was a need to update and expand the existing formats. UDS Version 2.1 was approved by the NAIC and implemented effective January 1, 2005.

## How does the UDS operate?

***Data Conversion (Insolvent Company to Receiver’s System)***

Each Receiver will convert the claim data from the insolvent company to their own operating system.

***Data Conversion (Receiver to Fund)***

The Receiver will then convert the claim data to the appropriate UDS format and transmit the data to the Funds. The conversion programs for passing the data from Receiver to Funds will need to be written only one time for each receivership.

***Inception of Insolvency (Receiver to Funds)***

The Receiver will send the “[A](#A_Record),” “[E](#E_Record_Short),” “[F](#F_Record),” “[G](#G_Record),” “[I](#I_Record_Short)” and “[M](#M_Record)” Records to transmit claims data for existing and new claims to the Funds. The [“B” Record](#B_Record_Short)is also sent to the Funds to transmit Unearned/Return Premium claims data.

***Regular Reporting (Fund to Receiver)***

Each Fund will need to create a conversion program only once for their operating system. This conversion program will accommodate both the receipt of the data from and the reporting of data to all receiverships via “[C](#C_Record)*,*”“[I](#I_Record_Short)”and“[M](#M_Record)” Records. The quarterly Financial Information Questionnaire (FIQ) will be covered in the NAIC UDS Financial Manual. This is the “D” Record format.

## What are the benefits of using UDS?

***Uniform Information***

Data interpretation is reduced as the information supplied from each Fund and Receiver for each company liquidated will be the same format using the same data definitions.

***Standardized Coding***

Coverage codes, transaction codes, file location codes and cancellation codes will be uniformly reported by all Funds, reducing translation and conversion issues.

***Reduce/Eliminate Manual Data Entry***

Prior to UDS:

* the Funds received paper claim files;
* the files were reviewed for information required for data entry into their computer system;
* the data was keyed into the system and verified;
* the Funds used the data to prepare Financial Information Questionnaire schedules.

These steps were streamlined in UDS as the information flows from the UDS format to each operating system. This saves a tremendous amount of staff hours, considering the many insolvencies that Receivers and Funds are required to manage concurrently.

***Cross Reference***

UDS includes the insolvent company policy and claim numbers, Receiver claim numbers, and the claim numbers assigned by the Fund, allowing for the creation of flexible cross reference tables within each operation.

***Simplify Reporting***

An additional benefit of UDS is that it allows Funds to report the UDS standardized claim information to the Receiver and satisfy Financial Information Questionnaire reporting requirements. It also allows for electronic reporting, reducing the need to manually create reports for various Receiverships’ requirements.

***Reinsurance Recoveries***

Regular and timely reporting creates the opportunity for Receivers to expedite their reinsurance collections and bring assets to the insolvent company earlier. This will increase the insolvent companies’ investment income affecting future distributions and create additional opportunities to provide Early Access payments to the Funds under Early Access Agreements.

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# General Information About the Operation of UDS

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

## What is the preferred method for transferring data?

Most Receivers and Funds utilize Secure UDS (SUDS) as the preferred method of data transfer. Any electronic data transmitted must be encrypted for security purposes.

## What is the definition of Secure UDS (SUDS)?

Secure UDS (SUDS) is an encrypted platform for transmitting both UDS and non-UDS data from Funds to Receivers and vice-versa.

Data from Funds are "batch" processed nightly and notification is sent to Receivers via email.

Data from Receivers are made available to Funds in real-time and notification is sent to Funds via email.

All communications and data transfers are encrypted and secure. Log files are automatically reviewed on a nightly basis for any unauthorized activity. Furthermore, a 30 day retention/deletion policy is in place for all files on the SUDS platform.

For more information about SUDS, please contact [udshelp@udstsg.com](mailto:udshelp@udstsg.com)*.*

## What information will the Receiver transmit to the Funds?

Loss Claim information (“A” Record, see [Chapter 6](#Chapter_6), *p.6-1*)

Unearned Premium Claim information (“B” Record, see [Chapter 7](#Chapter_7)*, p.7-1*)

Closed Loss Claim information, (“E” Record, see [Chapter](#Chapter_8) 8*, p.8-1*)

Claim Notes, (“F” Record, see [Chapter 9](#Chapter_9)*, p.9-1*)

Payment History, (“G” Record, see [Chapter 10](#Chapter_10)*, p.10-1*)

Image File Index (“I” Record, see [Chapter 11](#Chapter_11)*, p.11-1*)

Medicare Secondary Payer (“M” Record, see [Chapter 12](#Chapter_12)*, p.12-1*)

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.

## 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. Additional data will be transferred as it is made available.

## What information will the Funds transmit to the Receiver?

Loss and Unearned Premium Claim Data (“C” Record, see [Chapter 1](#Chapter_13)3*, p.13-1*)

The quarterly Financial Information Questionnaire (FIQ) will be covered in the NAIC UDS Financial Manual. This is the “D” Record format.

## When does the Fund initiate the transfer of data to the Receivers?

* “C” Record - The initial transmission will be inception to date. Subsequent transmissions will be monthly; however, Receiver and Fund may negotiate a different reporting period;
* “I” Record - The Receiver and Fund will negotiate the reporting period;
* “M” Record - T.B.D.

## 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](#Appendix) 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’s records 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 NCIGF provides a free data mapping tool to assist in producing most 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.

For help with the implementation of UDS, please contact the UDS Help Desk at [udshelp@udstsg.com](mailto:udshelp@udstsg.com).

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# 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 new claim setup 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”](#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 and/or a UDS “B” Record for unearned premium claims. The Fund can then import this record into its appropriate claim processing system.

In the event that the timeliness of payments requires the Fund to set up a claim on its 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 in 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.

## Fields for new claim setup

SEND TO: Name:       FAX Number (   )    -

Email:       Phone (   )    -

FROM: Name:       FAX Number (   )    -

Email:       Phone (   )    -

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**UDS CLAIM/CLAIMANT SET-UP CODING SHEET**

Unearned Premium Claim  Loss Claim  Date of Loss: \_\_\_\_\_\_\_\_

New  Reopen  Additional Claimant

Receiver Name:

Receiver Claim Number:

Insolvent Company Name:

Insolvent Company NAIC Number:

Insolvent Company Claim Number:

Guaranty Fund Claim Number:

Policy Number:

Effective Date: \_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_

Copy of Complaint Attached?  Yes  No Copy of Claim Report Attached?  Yes  No

Insured Name Line #1:

Insured Name Line #2:

Insured Address Line #1:

Insured Address Line #2:

Insured City:       Insured State:    Insured ZIP:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

CLAIMANT: Claimant #:      Claimant Date of Birth:

Claimant Name Line #1:       Coverage Code:

Claimant Name Line #2:

Claimant Address Line #1:

Claimant Address Line #2:

Claimant City:       Claimant State:    Claimant ZIP:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

CLAIMANT: Claimant #:      Claimant Date of Birth:

Claimant Name Line #1:       Coverage Code:

Claimant Name Line #2:

Claimant Address Line #1:

Claimant Address Line #2:

Claimant City:       Claimant State:    Claimant ZIP:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Fund:

Set up in Receiver’s System by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Data Transmitting Procedures

## Transmitting from Receivers to Funds

Priority of data transmissions and delivery schedule will be determined in discussions between the Receiver, Coordinating Committee and individual 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.

# 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**](#SUDS_Definition) **or Secure FTP.**

1. Data must be recorded in standard ASCII code.
2. Records must be fixed length.
3. Delimiter characters must not be used.
4. The last position of each record has been reserved for use as carriage return/line feed (CR/LF) characters if applicable.
5. Files must be MS DOS or Windows compatible.
6. 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.**

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

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# 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

The first step in sending data files from a Receiver to a Fund is to create a file name.  The file name for data being sent is comprised of the fields listed below.  This is a text file and the extension is (.txt).  The next step is to create header and trailer records to verify the integrity of the file being sent.

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

| No. | No. of  Positions | Field Name | Field Positions | Definition |
| --- | --- | --- | --- | --- |
| 1 | 5 | Insolvent Company NAIC Number | 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)  I = Receiver to Fund/Fund to Receiver (Image File Index)  M = Receiver to Fund/Fund to Receiver (Medicare Secondary Payer) |
| 3 | 2 | From State | 7-8 | Two character state code *see* [State Codes table](#state_codes)*, p.16-2* from which the data is sent. Example CA = California |
| 4 | 2 | From Location | 9-10 | Two digit code *see* [File Location Codes](#File_location_codes) table*, p.16-1* 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 Codes table](#state_codes)*, p.16-2* where the data is directed. Example NY = New York |
| 6 | 2 | To Location | 13-14 | Two digit file location code *see* [File Location Codes table](#File_location_codes)*, p.16-1* to identify the specific facility to which the information is directed. Example: 10 = Property/Casualty Guaranty Fund |
| 7 | 3 | Batch Number | 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

The first step in sending data files from a Fund to a Receiver is to create a file name.  The file name for data being sent is comprised of the fields listed below.  This is a text file and the extension is (.txt).  The next step is to create header and trailer records to verify the integrity of the file being sent.

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

| **No.** | **No. of Positions** | **Field Name** | **Field Positions** | **Definition** |
| --- | --- | --- | --- | --- |
| 1 | 5 | Insolvent Company NAIC Number | 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)  I = Receiver to Fund/Fund to Receiver (Image File Index)  M = Receiver to Fund/Fund to Receiver (Medicare Secondary Payer) |
| 3 | 2 | From State | 7-8 | Two character state code *see* [State Codes table](#state_codes)*, p. 16-2* from which the data is sent. Example: NY = New York |
| 4 | 2 | From Location | 9-10 | Two digit code *see* [File Location Codes table](#File_location_codes)*, p.16-1* 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 Codes table](#state_codes)*, p.16-2* where the data is directed. Example: CA = California |
| 6 | 2 | To Location | 13-14 | Two digit file location code *see* [File Location Codes table](#File_location_codes)*, p.16-1* to identify the specific facility to which the information is directed. Example: 01 = Domiciliary Receiver |
| 7 | 3 | Batch Number | 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 | Through 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. 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 | N | R | 21-25 | Insolvent Company NAIC Number |
| 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)  E = Receiver to Fund (Closed Claims) F = Receiver to Fund (Notes) G = Receiver to Fund (Payment History)  I = Receiver to Fund/Fund to Receiver (Image File Index  M = Receiver to Fund/Fund to Receiver (Medicare Secondary Payer |
| 4 | 2 | A | R | 27-28 | From State see [State Codes table, p](#state_codes)*.16-2* |
| 5 | 2 | N | R | 29-30 | From Location see [File Location Codes table, p.](#File_location_codes) *16-1* |
| 6 | 2 | A | R | 31-32 | To State see [[State Codes table, p.](#state_codes)](#state_codes)*16-2* |
| 7 | 2 | N | R | 33-34 | To Location see [[File Location Codes table, p.](#File_location_codes)](#File_location_codes)*16-1* |
| 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 Reporting; this date should be the date of insolvency. On 2nd and subsequent Reporting, this date should be day after the through date on the previous submission |
| 11 | 8 | N | R | 54-61 | Batch Through Date (YYYYMMDD). This date should be the last day of the period reported. |
| 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 | A | R | A = 66-651 | Record Filler Spaces |
|  | B = 436 |  |  | B = 66-501 | Record Filler Spaces |
|  | C = 537 |  |  | C = 66-602 | Record Filler Spaces |
|  | E = 586 |  |  | E = 66-651 | Record Filler Spaces |
|  | F = 1076 |  |  | F = 66-1141 | Record Filler Spaces |
|  | G = 406 |  |  | G = 66-471 | Record Filler Spaces |
|  | I = 1153 |  |  | I = 66-1218 | Record Filler Spaces |
|  | M = 2226 |  |  | M = 66-2291 | 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 | N | R | 21-25 | Insolvent Company NAIC Number |
| 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)  E = Receiver to Fund (Closed Claims)  F = Receiver to Fund (Notes)  G = Receiver to Fund (Payment History)  I = Receiver to Fund/Fund to Receiver (Image File Index)  M = Receiver to Fund/Fund to Receiver (Medicare Secondary Payer) |
| 4 | 2 | A | R | 27-28 | From State see [State Codes table, p](#state_codes)*.16-2* |
| 5 | 2 | N | R | 29-30 | From Location see [File Location Codes table, p.](#File_location_codes) *16-1* |
| 6 | 2 | A | R | 31-32 | To State see [[State Codes table, p.](#state_codes)](#state_codes)*16-2* |
| 7 | 2 | N | R | 33-34 | To Location see [[File Location Codes table, p.](#File_location_codes)](#File_location_codes)*16-1* |
| 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 | N | 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  E = Transaction amount F = Fill with zeroes  G = Transaction amount  I = Fill with zeroes  M = Fill with zeroes 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 | A | R | A = 89-651 | Record Filler Spaces |
|  | B = 413 |  |  | B = 89-501 | Record Filler Spaces |
|  | C = 514 |  |  | C = 89-602 | Record Filler Spaces |
|  | E = 563 |  |  | E = 89-651 | Record Filler Spaces |
|  | F = 1053 |  |  | F = 89-1141 | Record Filler Spaces |
|  | G = 383 |  |  | G = 89-471 | Record Filler Spaces |
|  | I = 1130 |  |  | I = 89-1218 | Record Filler Spaces |
|  | M = 2203 |  |  | M = 89-2291 | 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 should be reviewed to determine if it was directed to the proper entity.
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. If an out-of-balance condition exists, the batch should be rejected.

## 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.

1. Funds should verify that files apply to their states if they receive a transmission from the Receiver. If a Fund discovers a discrepancy in a transmission, it should be reviewed with the transmitting entity.
2. Upon receiving a data transmission from a Fund, Receivers should verify that each claim exists on their system. If a Receiver discovers a discrepancy in a transmission, it should be reviewed with the transmitting entity.
3. Verify that data has been supplied for all required fields. Absence of data should be reviewed with the transmitting entity.
4. Verify the validity of all codes incorporated in the files. Invalid codes should be discussed with the transmitting entity.
5. 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.

SECTION II Receiver Formats

*Print Chapter*

##### 

# “A” Record - Receiver to Fund - Open Loss Claims

The UDS “A” Record is utilized by a Receiver to transmit open loss claim information to a Fund.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description, Relationship to Transaction Codes, Examples Relating to the Business Processes and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout, business process examples and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Relationship to Transaction Codes section includes a link to the Transaction Code Table, which contains the various Transaction Codes used and a detailed description of each code.

The Examples Relating to the Business Processes section includes specific examples of transactions related to the record type outlined in this section of the manual. The examples provide a narrative outlining the business process along with a chart detailing examples of the content of key fields as well as notes providing additional explanation.

The Frequently Asked Question Section provides a list of questions and answers that have frequently been asked by both receivers and guaranty funds related to the record type outlined in this section of the manual.

## 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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 - General layout with brief field descriptions

[Link to “A” Record Layout](#A_Record)

## 6.3 Extended description - Includes detailed field descriptions

[Link to “A” Record Description](#A_Record_Extended)

## 6.4 Relationship to transaction codes

[Link to “A” Record Transaction Codes](#Transaction_Code_A_Record)

## 6.5 Examples relating to business processes

**Example 6.5.3-4**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **File Location State** | **File Location Code** | **Insolvent Company Claim Number** | **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 6.5.6**

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 6.5.19**

Field 19: Claimant Number

| **Insolvent Company 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- 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 6.5.36**

Field 36: Long Claim Number

| **Insolvent Co’s Claim Number** | **Receiver’s Claim Number** | **TPA Claim Number** | **Long Claim Number** | **Note** |
| --- | --- | --- | --- | --- |
| 5897623150SMITH | 24572 | 730-00054352 |  | Long Claim Number is blank because Insolvent Company Claim Number is shorter than 21 characters. |
| 58 20040927-WILLIA | 190GM | 709392100037295883X |  | Long Claim Number is blank because Insolvent Company Claim Number is shorter than 21 characters. |
| 23A87 | 23A87 | 3000052111142420000 | 577R/99BANKS=RW12345678901 | Because Insolvent Company Claim Number exceeds 20 characters, Insolvent Company Claim Number field is populated with unique Receiver Claim Number Long Claim Number is populated with the 28- character claim number. |
| WSH-0052439801 |  | 500-WSH-002071240 | WASHING-0052439801-3AUT0007 | Receiver assigns a unique number to populate Insolvent Company Claim Number field. |

It is very important that the original claim number 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.

## 6.6 Frequently Asked Questions (FAQs)

**Q.1** **I am a Receiver. What order should the records be sorted in a data file?**

**A.1** Any order. The recipient will be able to re-sort them into whatever order is desired.

**Q.2 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.2** With 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". **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.

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; however, Fund responsibility may change once jurisdiction issues are resolved.

**Q.3 I am a Receiver. I have determined that a loss or group of losses is subject to aggregate limits which will potentially affect claim settlements. How should I convey this information to the Fund that is handling the claim?**

**A.3** 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.4 I am a Receiver. 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.4** Correct; you need only to send a “100” transaction code for each existing claimant/coverage combination on the claim which is set up for each claimant on the claim.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage Code** | **Insolvent Company Claim Number** | **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” transaction code which was used previously in the “A” Record is no longer used. A “100” transaction 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.5 I am a Receiver. The Insolvent Company 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.5** The number assigned to the Self-Insured Fund by the state should be used as the Insolvent Company 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.6** **I** am a Receiver. The insolvent company I am 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. Can I just give these a code of “555120”, or “CUSTOM”, and ask the Funds to return their reserves and payments with this value?

**A.6** 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 codes in the UDS Coverage Code Table, you should send a request for a new coverage code to the UDS Help Desk ([udshelp@udstsg.com](mailto: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.7 I am a Receiver. 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.7** 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.8 I am a Receiver. I have received an “A” record and one of the coverage codes is not listed in the manual. What should I do?**

**A.8** 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](mailto: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.9 What is the difference between a long claim number and a short claim number?**

**A.9 Case 1: Claim number is short:**The Insolvent Company Claim Number field (#7 on the “A” and “C” Records) is 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 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.10 I am a Fund. I received an “A” Record that has some missing policy and claim numbers. How do I handle this situation?**

**A.10** 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.11 I am a Receiver. I have just taken down a new estate. There are a** few claims with the insured name blank, and a few with values like “UnknownGL” and “UNK-00034” and “DUMMY”. What should I place in the Insured Name Line 1 field for these claims?

**A.11** 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.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** **I am a Receiver. I have an insured and/or claimant with a non-U.S. mailing address. How do I report the correct address on the UDS “A” Record?**

**A.13** The UDS address fields were originally conceived with U.S. addresses in mind. The United States Postal Service (USPS) provides guidelines for international addressing at:

<https://www.usps.com/send/international-addressing-tips.htm?>

To report foreign addresses, populate UDS “A” Record insured/claimant fields as follows:

UDS Field Description USPS

Field 9/20 Insured/Claimant Name #1 Line 1: Name of addressee

Field 10/21 Insured/Claimant Name #2 Line 1: Name of addressee

Field 11/22 Insured/Claimant Address #1 Line 2: Street address or post office box

number

Field 12/23 Insured/Claimant Address #2 Line 3: City or town name, other principal

Subdivision (such as Province, State, or County)

and Postal Code (if known)

Field 13/24 Insured/Claimant City Line 4: Full Country Name

UDS Field Description Default Value

Field 14/25 Insured/Claimant State FC

Field 15/26 Insured/Claimant ZIP Code Blank

**Q.14 I am a Fund and I have a new claim. Who should I contact to set up this claim?**

**A.14** You should use the form provided in [Chapter 3](#coding_sheet)*, p. 3-3*, to communicate with the Receiver. The Receiver will set up the claim in their system and provide the Fund with a claim number and/or “A” Record. This will ensure that all electronic data sent by the Fund related to this claim number will match the claim number assigned by the Receiver. Communication between the Fund and Receiver concerning new claim setup will eliminate future calls and create a better flow of electronic data.

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*Print Chapter*

# “B” Record - Receiver to Fund - Unearned Premium

The UDS “B” Record is utilized by a Receiver to transmit unearned premium claim information to a Fund.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description, Relationship to Transaction Codes, Examples Relating to the Business Processes and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout, business process examples and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Relationship to Transaction Codes section includes a link to the Transaction Code Table, which contains the various Transaction Codes used and a detailed description of each code.

The Examples Relating to the Business Processes section includes specific examples of transactions related to the record type outlined in this section of the manual. The examples provide a narrative outlining the business process along with a chart detailing examples of the content of key fields as well as notes providing additional explanation.

The Frequently Asked Question Section provides a list of questions and answers that have frequently been asked by both receivers and guaranty funds related to the record type outlined in this section of the manual.

## 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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 - General layout with brief field descriptions

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

## 7.3 Extended description - Includes detailed field descriptions

[Link to “B” Record Description](#B_Record_Extended)

## 7.4 Relationship to transaction codes

[Link to “B” Record Transaction Codes](#Transaction_Code_B_Record)

## 7.5 Examples relating to business processes

**Example 7.5.1**

Return Premium “800” transactions. The purpose of the “800” transaction code 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. All dollar figures, if present, may be changed when an “815” transaction code is later sent for the policy. **Final audit indicator should be “Y” on all “800s.”**

| **Policy Number** | **Trans Code** | **Total Inforce Premium** | **Return Premium Amount** | **Unpaid Premium Amount** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| HOM-77 | 800 | 0000100000 | 000025000+ | 000005000+ | The unaudited Return Premium Amount before final calculation was $250. |
| AUT123 | 800 | 0000050000 | 000000000+ | 000000000+ | No Return Premium Amount has been identified at this time. |
| 22DC55 | 800 | 0000100000 | 000080000+ | 000000000+ | Unaudited anticipated Return Premium Amount is $800. |
| AUT837 | 800 | 0000100000 | 000050000+ | 000060000+ | The Return Premium Amount before final calculation was $500. |
| CA4502 | 800 | 0000100000 | 000004400+ | 000000000+ | The Return Premium Amount before final calculation was $44. |

**Example 7.5.2**

Return Premium “815” transactions. Use the “815” transaction code to send all records for which the return premium data calculation is complete. **All dollar figures should be correct and final. Final audit indicator should be “N” on all “815s.”**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policy Number** | **Trans Code** | **Total Inforce Premium** | **Return Premium Amount** | **Unpaid Premium Amount** | **Notes** |
| HOM-77 | 815 | 0000100000 | 000020000+ | 000005000+ | The Return Premium Amount certified by Receiver is $200 due insured. |
| AUT123 | 815 | 0000050000 | 000020000+ | 000000000+ | The Return Premium Amount certified by Receiver is $200 due insured. |
| 22DC55 | 815 | 0000100000 | 000080000+ | 000000000+ | The Return Premium Amount certified by Receiver is $800 due insured. |
| AUT837 | 815 | 0000100000 | 000010000- | 000060000+ | The Return Premium Amount certified by Receiver is Insured owes $100 to the company. |
| CA4502 | 815 | 0000100000 | 000000100+ | 000004300+ | The Return Premium Amount certified by Receiver is $1.00 due insured. |

## 7.6 Frequently Asked Questions (FAQs)

**Q.1** I am a Receiver. Which policies should I send the Funds in an “800” transaction code feed?

**A.1** You should include any and all policies for which the calculation of return premium is incomplete. Send the records, even if it seems likely that the majority of them will not have any return premium due. **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 a 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.2** Yes, they do. The information is important to give a complete picture and will help in responding to inquiries. The Funds may wish to verify the correctness of the unearned premium calculations. It is not the Funds’ responsibility to collect this premium.

**Q.3** I am a Receiver. I discovered a few hundred policies for which I did not send data in the first feed of “800” transaction codes. Should I send another “800” transaction code feed? The calculations are finalized on these policies.

**A.3** No, it is not necessary to send “800” transaction codes in this scenario. You may simply send the “815” transaction codes with the calculated amounts.

**Q.4 I am a Receiver. What if the claimant is unknown or someone other than the insured?**

**A.4** 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.

**Q.5** **I am a Receiver. I have an insured and/or claimant with a non-U.S. mailing address. How do I report the correct address on the UDS “B” Record?**

**A.5** The UDS address fields were originally conceived with U.S. addresses in mind. The United States Postal Service (USPS) provides guidelines for international addressing at:

<https://www.usps.com/send/international-addressing-tips.htm?>

To report foreign addresses, populate UDS “B” Record insured/claimant fields as follows:

UDS Field Description USPS

Field 8/33 Insured/Claimant Name #1 Line 1: Name of addressee

Field 9/34 Insured/Claimant Name #2 Line 1: Name of addressee

Field 10/35 Insured/Claimant Address #1 Line 2: Street address or post office box

number

Field 11/36 Insured/Claimant Address #2 Line 3: City or town name, other principal

Subdivision (such as Province, State, or County)

and Postal Code (if known)

Field 12/37 Insured/Claimant City Line 4: Full Country Name

UDS Field Description Default Value

Field 13/38 Insured/Claimant State FC

Field 14/39 Insured/Claimant ZIP Code Blank

**Q.6 I am a Fund. I have received a return premium claim directly from a source other than the Receiver. How should I handle this return premium claim?**

**A.6** UDS requires the Fund to first submit the [“Claim/Claimant Set-up Coding Sheet”](#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 and may commence transmitting activity on this claim via UDS.

**Q.7** **I am a Fund. I got a feed that has both “800” and “815” transaction codes 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.7** No. “800” and “815” transaction codes should not be included in the same feed. You should contact the Receiver for clarification.

Q.8 **I am a Fund. I received some “815” transaction codes where the cancellation date is later than the policy expiration date. However, the record shows a credit balance. The Cancellation Code Code is “9,” meaning “Policy not canceled - credit balance.” What do I do?**

**A.8** 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.9 **I am a Fund. I received some “815” transaction codes 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.9**  No. When you get an “815” transaction code, the actual Cancellation Code, for instance, “Pro Rata,” should be determined by the Receiver and its code placed in the Cancellation Code field. You should contact the Receiver for clarification.

Q.10 **I am a Fund. I have received numbers in the fields called “Agent Code” and “Finance Company Code.” To what do those numbers correspond?**

**A.10** 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.

*Print Chapter*

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# “E” Record - Receiver to Fund - Closed Loss Claims

For Informational Purposes Only

The UDS “E” Record is utilized by a Receiver to transmit closed loss claim information to a Fund.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description and Relationship to Transaction Codes. The purpose is to provide valuable information regarding the design of the record layout and to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Relationship to Transaction Code section includes a link to the Transaction Code Table, which contains the various Transaction Codes used and a detailed description of each code.

## 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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](#E_Record_Short) - General layout with brief field descriptions

[Link to “E” Record Layout](#E_Record_Short)

## 8.3 [Extended description](#E_Record_Extended) - Includes detailed field descriptions

[Link to “E” Record Description](#E_Record_Extended)

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*Print Chapter*

# “F” Record - Receiver to Fund - Claim Notes

The UDS “F” Record is utilized by a Receiver to transmit loss claim file notes to a Fund.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Frequently Asked Question Section provides a list of questions and answers that have frequently been asked by both receivers and guaranty funds related to the record type outlined in this section of the manual.

## 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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 - General layout with brief field descriptions

[Link to “F” Record Layout](#F_Record_Short)

## 9.3 Extended description - Includes detailed field descriptions

[Link to “F” Record Description](#F_Extended_Record)

## 9.4 Frequently Asked Questions (FAQs)

**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 you should create a new transaction with the same Note ID Number, with a Note Line Sequence Number of 0002. The Entry 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 re …..hundreds 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 of “12345678901234567890123456789” (29 characters) was entered in the Long Claim Number field on the “A” Record. The Receiver’s unique number of “3312789” was entered in the Insolvent Company Claim Number field on the “A” Record. In the Notes and Payment History Record, which one should be entered in the Insolvent Company Claim Number field?**

**A.2** Enter the entire 29-character 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.

*Print Chapter*

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# “G” Record - Receiver to Fund - Claim Payment History

The UDS “G” Record is utilized by a Receiver to transmit loss claim payment history to a Fund.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description, Relationship to Transaction Codes and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Relationship to Transaction Codes section includes a link to the Transaction Code Table, which contains the various Transaction Codes used and a detailed description of each code.

The Frequently Asked Question Section provides a list of questions and answers that have frequently been asked by both receivers and guaranty funds related to the record type outlined in this section of the manual.

## 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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 “G” Record Layout](#G_Record)

## 10.3 Extended description - Includes detailed field descriptions

[Link to “G” Record Description](#G_Extended_Record)

## 10.4 Relationship to transaction codes

[Link to “G” Record Transaction Codes](#G_Trans_Code)

## 10.5 Frequently Asked Questions (FAQs)

**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](mailto: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.

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*Print Chapter*

# “I” Record - Receiver to Fund/Fund to Receiver - Image File Index

The UDS “I” Record is utilized by Receivers and Funds to transmit electronic images to each other.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description, Examples Relating to Business Processes and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Frequently Asked Question Section provides a list of questions and answers that have frequently been asked by both receivers and guaranty funds related to the record type outlined in this section of the manual.

## 11.1 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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. |

## 11.2 Layout - General layout with brief field descriptions

[Link to “I” Record Layout](#I_Record_Short)

## 11.3 Extended description - Includes detailed field descriptions

[Link to “I” Record Description](#I_Record_Extended)

## 11.4 Examples relating to business processes

The topic of imaging is a relatively new one for the world of liquidation. As such, there are some Funds and some Receivers who do not have imaging capabilities. While others have imaging capabilities, in some cases the Fund and Receiver use different imaging vendors which may cause compatibility issues.

Ideally, all claim files would be fully imaged by a Receiver and the imaged copy and hard copy claim files would be sent by the Receiver to the Fund shortly after liquidation. All Funds would image the claim files as the claims are handled and return a fully imaged file and hard copy claim file to the Receiver once the claim is closed. However, in reality that is not feasible. Each Fund and Receiver should have an agreement for the imaging of files and the disposition of scanned hard copy claim files. The recommendation is that this topic be included in an early meeting between the Receiver and the members of the insolvency coordinating committee.

The following matrix was designed to assist Funds and Receivers in determining standards for imaging.



## 11.5 Frequently Asked Questions (FAQs)

Historically, the Receiver claims ownership of all original documents. These documents contain support for Fund claims for reimbursement of loss and expense from the Receiver. Therefore, the Fund(s) and the Receiver should establish and agree on a disposition of hardcopy after they have been imaged.

**Q.1 What are the acceptable formats for image files?**

**A.1** Image files can be transmitted in several usable formats such as JPG, PDF, TIFF and BMP. However, formats affect the size of files which in turn affect transmission efficiencies. Therefore, the optimal file formats are JPG, PDF and TIFF.

**Q.2 Should I send each page of a multi-page document individually?**

**A.2** Ideally, it is best to send a multi-page document as one image file containing multiple pages accompanied by one “I” record to identify the image file. For example, a transmission of a multi-page document with four (4) pages should be sent as follows:

* One (1) UDS “I” File containing:
  + One (1) Header Record
  + One (1) “I” record
  + One (1) Trailer Record
* One (1) image file that contains four (4) pages

However, if generating a multipage image is not possible, each page of a given document can be sent individually accompanied by one “I” record per page per file. This single file format is less desirable as it affects transmission and requires additional processing by the recipient.

If a single page format is used, the page numbering for each page of a given document image must be in sequential order. For each claim number and document id, the page numbers should be unique. For example, a transmission of a four (4) page document should be sent as follows:

* One (1) UDS “I” File containing:
  + One (1) Header Record
  + Four (4) “I” records
  + One (1) Trailer Record
* Four (4) image files

**Q.3 What order should the image records be sorted in the image data file?**

**A.3** “I” Records and accompanying image files can be sent in any order. The recipient will be able to re-sort them into whatever order is desired.

**Q.4 I am a Fund and I currently send data via CD/DVD. Is this the preferred format? Can I send via email?**

**A.4** Image files are large in size and since each image is accompanied by an “I” Record, the preferred method to transmit the images is via Secure UDS (SUDS) or other secured FTP site. Email is not a secure method of transferring data and should not be used. (See [Media Transfer Specifications](#Media_Transfer_Specs)*, p. 4-1*)

**Q.5 I am a Fund. How far back should the image history go?**

**A.5** There is no set answer to this question. Each Fund has to look at the costs and time constraints to see how much of their history can reasonably be imaged.

**Q.6 Is it possible to have the same claim sent from two different Funds in the same month with images attached?**

**A.6** 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. (See “C” Record FAQ’s, [Section 13.6, Q.4](#C_FAQ_Q4)) If more than one Fund is handling a claim, it is possible to receive images from all Funds involved on a given claim. The “I” Record format provides a required field which will identify the reporting Fund.

**Q.7** **I am a Fund and I have returned all the open paper claim files to the Receiver. I have new documentation for the claims that I have scanned into my imaged files. What do I do with the newly scanned hard copy documents?**

**A.7** The disposition of subsequently scanned hard copy documents should follow any arrangements agreed on by the Fund and Receiver.

**Q.8 I am a Fund. I have imaged all of the paper claim files and subsequent related documents. I have closed files that will no longer be handled by the Fund. Should I send a complete image transmission of the closed file or send only the images created since the previous transmission?**

**A.8** Each Fund and Receiver should have an agreement for the schedule, frequency and medium for transmitting electronic images. The individual arrangements should be followed.

**Q.9** **I am a Fund and I have imaged all of the paper claim files we received from the Receiver. I do not have the space to store the paper files. Can I destroy the paper files and just send the imaged claim files to the Receiver?**

**A.9** Each Fund and Receiver should have an arrangement for the disposition of hard copy files (including file jackets) after they have been scanned. The individual arrangements should be followed.

**Q.10** **I am a Fund that does not have an imaging system. There is a new liquidation and all of their files are imaged files - no paper files. How will my claim examiners work on these files?**

**A.10** The Fund should establish a method of viewing and storing the imaged documents or a process in which the documents are printed. The Receiver might be able to help in this process.

**Q.11** **I am a Receiver and I do not have an imaging system. How do I work with the imaged claim files received from the Funds?**

**A.11** The Receiver should establish a method of viewing and storing the imaged documents or a process in which the documents are printed. The Fund might be able to help in this process.

##### 

*Print Chapter*

# “M” Record - Receiver to Fund/Fund to Receiver - Medicare Secondary Payer

The UDS “M” Record is utilized by Receivers and Funds to transmit Medicare Secondary Payer (MSP) information to satisfy Medicare, Medicaid, SCHIP Extension Act of 2007 (MMSEA Section 111).

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA Section 111) adds mandatory reporting requirements with respect to Medicare beneficiaries who receive settlements, judgments, awards or other payments from liability insurance (including self-insurance), no-fault insurance, or workers’ compensation also referred to as non-group health plans (NGHP). Entities responsible for complying with Section 111 are referred to as Responsible Reporting Entities, or “RREs”. All Insurance Companies, Insurance Companies in Liquidation, and Guaranty Funds may be required to register and report as an RRE.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description, and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

## 12.1 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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. |

MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting User Guide currently requires NGHP to produce a Claim Input File Detail Record (132 Fields) and if necessary a Claim Input Auxiliary Record (105 Fields) on a quarterly basis. The UDS Technical Support Group (UDS TSG) believes the easiest approach to create an ”M” Record that would satisfy UDS reporting requirements would be to utilize the current file layouts mandated by Centers for Medicare & Medicaid Services (CMS) and add six fields to the front of that file layout that identify the specific claim and claimant. The layout of the six fields is located in Sections 12.2 and 12.3 below.

## 12.2 Layout – General layout with brief field descriptions

[Link to “M” Record Layout](#M_Record_Short)

## 12.3 Extended description – Includes detailed field descriptions

[Link to “M” Record Description](#M_Record_Extended)

## 12.4 Frequently Asked Questions (FAQs)

**Q.1 I am a Receiver. What MSP information should I transmit to the Funds?**

**A.1** For each Loss Claim information UDS “A” Record, there should be a UDS “M” Record, if available.

**Q.2 I am a Receiver. What is the frequency of data transmissions to the Fund?**

**A.2** UDS “M” Records should be sent to the Fund as soon as possible after the Order of Liquidation.

**Q.3 I am a Fund. What MSP information should I transmit to the Receiver?**

**A.3** You should transmit UDS “M” Records for which the Receiver has become the Responsible Reporting Entity (RRE). This situation might arise when there is an over-the-cap claim.

**Q.4 I am a Fund. What is the frequency of data transmissions to the Receiver?**

**A.4** When Ongoing Responsibility for Medicals (ORM) has been terminated by the Fund or it was determined there was no Fund coverage and coverage may be available through the Receiver, the Receiver may ask the Fund to provide it with a UDS “M” Record.

The Receivers only need to report on claims in which the Receiver is issuing a payment and only at the time a payment is made. However, the Funds must report when they become an RRE, which for most files is at the time a claim is determined to be a “covered claim” under the Fund’s statute.

SECTION III Fund Formats

*Print Chapter*

##### 

# “C” Record - Fund to Receiver - Loss and UEP

Loss and Unearned Premium Payments, Reserves, Claim Status

The UDS “C” Record is utilized by a Fund to transmit loss and unearned premium claim activity to a Receiver.

Provided within this section of the manual is the following information: Fields, Layout, Extended Description, Relationship to Transaction Codes, Examples Relating to the Business Processes and Frequently Asked Questions. The purpose is to provide valuable information regarding the design of the record layout, business process examples and answers to frequently asked questions to ensure the understanding of the purpose of the record and assistance in the design of the record.

The Fields section provides information to assist in the development of the record, including but not limited to: the order of the fields within the record; the size and position of fields; and, whether fields are alpha or numeric and required or conditionally required.

The Layout section includes a link to the Short Record Description, which provides the field names and short description as well as whether the fields are required, type, size and position.

The Extended Description section includes a link to the Extended Record Description, which provides the field names as well as a detailed extended description of the fields and field default values.

The Relationship to Transaction Codes section includes a link to the Transaction Code Table, which contains the various Transaction Codes used and a detailed description of each code.

The Examples Relating to the Business Processes section includes specific examples of transactions related to the record type outlined in this section of the manual. The examples provide a narrative outlining the business process along with a chart detailing examples of the content of key fields as well as notes providing additional explanation.

The Frequently Asked Question Section provides a list of questions and answers that have frequently been asked by both receivers and guaranty funds related to the record type outlined in this section of the manual.

## 13.1 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 Code 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 Code Relationship |  | Rules for usage of this field in different transaction codes. |
|  | 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. |

## 13.2 Layout - General layout with brief field descriptions

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

## 13.3 Extended description - Includes detailed field descriptions.

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

## 13.4 Relationship to transaction codes

Link to “C” Record [Transaction](#transaction_code_table) Codes

## 13.5 Examples relating to business processes

**Example 13.5.3-4**

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

In the table below, 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** |
| CA | 10 | 605220 | 410 | 20040503 | 000045000+ | Expense payment of 450.00 |
| CA | 10 | 605220 | 310 | 20040504 | 000300000+ | Loss claim 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 table below, 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).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Transaction Location State** | **Transaction Location Code** | **Coverage Code** | **Transaction Code** | **Transaction Date** | **Amount** | **Note** |
| TN | 10 | 965010 | 310 | 20040507 | 000010000+ | Medical loss claim payment of 100.00 |
| TN | 10 | 965010 | 310 | 20040507 | 000010000- | Reversal of 100.00 loss claim 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 |

**Example 13.5.5.1**

Field 5: Coverage Code

In the table below, the Fund has opened and closed a claim, made a supplemental loss claim 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.

Loss Claim Example:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coverage Code** | **Claimant Number** | **Transaction Code** | **Transaction Date** | **Amount** | **Note** |
| 305003 | 00001 | 310 | 20040510 | 000008200+ | Loss claim 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 claim 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 claim 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 table below, the Fund paid and closed an unearned premium claim on May 9, 2004. On May 23, 2004, the Fund made a supplemental payment on the same unearned premium claim. Funds should use high-level (000) coverage codes.

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. |

**Example 13.5.5.2**

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

In the table below, 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Claim Number** | **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+ |

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

In the table below, 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).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Claim Number** | **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+ |

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

In the table below, 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.

| **Claim Number** | **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+ |

**Example 13.5.7**

Field 7, Insolvent Company’s Claim Number:

The Fund must report back the Insolvent Company Claim number exactly as it was received in the “A” Record 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 by making 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insolvent Company Claim Number** | **Receiver Claim Number** | **Fund Claim Number** | **Long Claim Number** | **Note** |
| 5897623150SMITH | 24572 | 99999999998888888888 |  | Long Claim Number is blank because Insolvent Company Claim Number is shorter than 21 characters. |
| 58 20040927-WILLIA | 190GM | 709392100037295883X |  | Insolvent Company Claim Number must have the 3 spaces, exactly as the Receiver supplied it. |
| 23A87 | 23A87 | 3000052111142420000 | 57 7R/99BANKS=RW12345678901 | Insolvent Company Claim Number is populated with the number that Receiver supplied. Long Claim Number was also populated with the 28 character claim number. |
| WSH-0052439801 |  | 500-WSH-002071240 | WASHING-0052439801-3AUT0007 | Fund returns Long Claim Number and unique number that Receiver assigned in lieu of Insolvent Company Claim Number |

**Example 13.5.15**

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 Number 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 Line 2. |

**Example 13.5.17**

Fields 17, 18, and 19 - Approved Usage

|  |  |  |
| --- | --- | --- |
| **Claimant City** | **Claimant State** | **Claimant Zip Code** |
| Corpus Christi | TX | 75165 |

Fields 17, 18, and 19 - Do not combine fields as shown below

|  |  |  |
| --- | --- | --- |
| **Claimant City** | **Claimant State** | **Claimant Zip Code** |
| Corpus Christi TX 75165 | ZZ | 00000000 |

**Example 13.5.26**

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 13.5.29**

Field 29. Recovery Indicator Code - [see Recovery Code Table](#recovery_codes) *on page 16-3*

For all transactions other than actual recovery transactions (those coded “530” or “540”), the Recovery Indicator Code 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 Indicator Code set to 1, which indicates Multiple types are expected on the claim.** Also, the “310” loss claim payment code is set to 1. For the two “530” recovery transactions, one has the indicator set to “3” indicating subrogation received, the other is “4”, indicating a recovery of a deductible.

| **Coverage Code** | **Transaction Code** | **Transaction Date** | **Amount** | **Recovery Indicator**  **Code** | **Note** |
| --- | --- | --- | --- | --- | --- |
| 335012 | 130 | 20040531 | 000011000+ | 1 | Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected. |
| 335012 | 230 | 20040531 | 000000000+ | 1 | Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected. |
| 335003 | 130 | 20040531 | 000000000+ | 1 | Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected. |
| 335003 | 230 | 20040531 | 000020000+ | 1 | Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected. |
| 335003 | 310 | 20040503 | 000100000+ | 1 | Loss claim payment. Potential recovery code for this claim is 1. Multiple codes 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 recovery code needed on UEP. |

**Example 13.5.33**

Field 33. Transaction Comment

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.

|  |  |  |
| --- | --- | --- |
| **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 Claim Payment |
| 310 | 4 3/7 WEEKS PPD | Loss Claim Payment |
| 310 | PPD 8-6-03 THROUGH 8-29-03 RE-ISSUE | Loss Claim Payment |
| 030 | RECOVERY ONLY - ORIGINAL INFO SENT TO RECEIVER | Close Claim |
| 310 | VOID | Void Payment |
| 310 | STOP PAYMENT | Stop Payment |
| 310 | REIMBURSEMENT | Reimbursement Payment |

**Example 13.5.49**

Field 49. Policy Deductible Indicator

The Policy Deductible Indicator specifies whether a policy deductible has been subtracted from a loss claim payment prior to issuance. The indicator is blank in the event of a Workers’ Comp or UEP claim payment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Code** | **Insolvent Co. Claim Number** | **Policy Deductible Indicator** | **Note** |
| 310 | 123-BVA-837465 | Y | Loss claim payment - payment has been made after subtracting policy deductible from the loss amount. |
| 310 | 264-MDP-003249 | N | Loss claim payment - policy deductible has not been applied to this payment. If a deductible exists, Fund may be pursuing it. |
| 820 | 123-BVA-86691 |  | Indicator is blank for UEP claims. |
| 310 | 307-WCO-70605 |  | Indicator is blank for Workers’ Comp claims. |

## 13.6 Frequently Asked Questions (FAQs)

***FAQ’s (Frequently Asked Questions) Relating to the “C” Record***

**Claim-related FAQs:**

**Q.1 I am a Fund and I have a new claim. Who should I contact to set up this claim?**

**A.1** You should use the form provided in [Chapter 3](#coding_sheet)*, p.3-3*, to communicate with the Receiver. The Receiver will set up the claim in their system and provide the Fund with a claim number and/or “A” Record. This will ensure that all electronic data sent by the Fund related to this claim number will match the claim number assigned by the Receiver. Communication between the Fund and Receiver concerning new claim setup will eliminate future calls and create a better flow of electronic data.

**Q.2 What is the difference between a long claim number and a short claim number?**

**A.2 Case 1: Claim number is short:**The Insolvent Company Claim Number field (#7 on the “A” and “C” Records) is 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 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.3** **I am a Receiver. In our new Receivership, we sent “A” Records to Fund Z for 1,500 open claims. In the third month of the liquidation, Fund Z has sent us “C” Records on only 1,300 of these claims. What happened to the other 200? I need to know the reserves.**

**A.3** Some of the claims may not have had coverage reviewed nor been reserved by the Fund. Thus, they may not be tagged as “Open” claims on the Fund’s system. Some may have been transferred to another state Fund without reporting the transfer to the Receiver. The Fund may not have received all electronic or hard copy files. 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.

**Q.4** **I am a Receiver.** **Is it possible that multiple Funds would send us financial transactions on the same claim?**

**A.4** 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.5 I am a Fund. How do I notify the Receiver of the liability when it is above our Fund’s statutory cap?**

**A.5** There are currently three UDS transaction codes that should be used to indicate that the

claim liability exceeds the Fund’s statutory cap. The “090” transaction code should be used to indicate that the claim is reserved at the cap, without indicating an amount by which it’s estimated to exceed that cap. The “091” transaction code should be used to indicate that the claim is reserved at cap and also provide a value for the total estimated claim liability. *The “090” and “091” transaction codes should be reported monthly as long as the claim remains open and its value exceeds the cap.* The “790” transaction code should be used upon settlement of a claim to indicate the exact amount that the settlement exceeds the Fund’s cap.

In each of the following examples, the Fund has a statutory cap of $300,000.

In the first example, a reserve has been established at $300,000 and the total liability is

likely to exceed the cap, but the Fund elects not to disclose an estimate of the total value of the claim in UDS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction**  **Code** | **Coverage**  **Code** | **Amount** | **Note** |
| 130 | 305006 | 30000000+ | Reserve set by Fund. |
| 090 | 305006 | 00000000+ | Indicator that claim is reserved at cap. |

The second example is identical to the first, only the Fund elects to provide the estimated total value of the claim, which is $550,000.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction**  **Code** | **Coverage**  **Code** | **Amount** | **Note** |
| 130 | 305006 | 30000000+ | Reserve set by Fund. |
| 091 | 305006 | 55000000+ | Indicator that claim is reserved at cap, including the estimated total value of this claim. |

In the third example, settlement has been reached on the claim and a cap payment has

been made by the Fund.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction**  **Code** | **Coverage**  **Code** | **Amount** | **Note** |
| 130 | 305006 | 30000000+ | Payment made by Fund. |
| 790 | 305006 | 25000000+ | Amount in excess of Funds’ cap. |

**Q.6 I am a Fund and I want to close a claim. What transaction codes should I use to completely close the claim?**

**A.6** 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” transaction when all claimant/coverages on the claim are closed out. Also send reserve snapshots, “130” transactions and/or “230” transactions in the amount of $0.00, 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” transaction 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.7 I am a Fund. I want to close a claim that was denied due to statutory or court-approved bar date.**

**A.7** Those claims are to be reported with a “031 - Close Due to Bar Date Denial” transaction code.

**Claimant-related FAQs:**

**Q.8** **I am a Fund.** The Receiver sent me a claim with claimants numbered “00001” for Joe and “00003” for Mary. Is it OK to make them 00001 and 00002, respectively?

**A.8** No. When reporting to the Receiver, Funds must report claimant numbers as assigned by the Receiver (00001 and 00003, in this example). This is necessary so that the transactions can be matched back to the correct claimant.

Q.9 **I am a Receiver.** **The name I sent in an “A” record was “Alex Terwilliger.” The Fund sent back a different name, “Alexis Garibaldi” for claimant 00001, in a “C” Record. This makes it harder for us to match back to the claimant on our system. Are they allowed to do this?**

**A.9** Yes. 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.10** **I am a Fund. I have a claimant with a non-U.S. mailing address. How do I report the correct address on the UDS “C” Record?**

**A.10** The UDS address fields were originally conceived with U.S. addresses in mind. The United States Postal Service (USPS) provides guidelines for international addressing at:

<https://www.usps.com/send/international-addressing-tips.htm?>

To report foreign addresses, populate UDS “C” Record claimant fields as follows:

UDS Field Description USPS

Field 13 Claimant Name #1 Line 1: Name of addressee

Field 14 Claimant Name #2 Line 1: Name of addressee

Field 15 Claimant Address #1 Line 2: Street address or post office box number

Field 16 Claimant Address #2 Line 3: City or town name, other principal subdivision

(such as Province, State, or County) and

Postal Code (if known)

Field 17 Claimant City Line 4: Full Country Name

UDS Field Description Default Value

Field 18 Claimant State FC

Field 19 Claimant ZIP Code Blank

**Coverage-related FAQs:**

**Q.11 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.11** You should reject the record and contact the entity which sent it. If both parties are using the current version of the Coverage Code Table, the sender should make a correction or send a request for a new coverage code to the UDS Help Desk ([udshelp@udstsg.com](mailto:udshelp@udstsg.com)*)*. Once the request is received by the UDS Help Desk, it will be forwarded to the appropriate subcommittee for review and handling.

**Q.12 In the Coverage Code Table, there are high level coverage codes that end in 000. Can a Fund or Receiver use these codes or are they just category codes?**

**A.12** The 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. Funds should not send loss claim payments or loss reserves using the high-level “000” codes. These transactions should only be sent under specific coverage codes when they have been determined. The only exception for use of high-level codes by Funds is when reporting information on unearned premium claims.

It is suggested that the Funds’ internal claims processing system not allow a loss claim payment or loss reserve to be entered on a high-level “000” coverage code. With the exception of unearned premium transactions, if the Fund sends high-level “000” codes in the “C” Record the Receiver should reject this batch and contact the Fund.

**Q.13 I am a Fund. I determined that I made a payment on an incorrect coverage code. What should I do?**

**A.13** Any payments made under the wrong coverage code should be reversed out in the current accounting period and re-entered with the correct coverage code. When the next “C” Record batch is sent, the reversals and payments will be included.

| **Coverage Code** | **Transaction**  **Code** | **Transaction**  **Date** | **Amount** | **Check**  **No** | **Note** |
| --- | --- | --- | --- | --- | --- |
| 785005 | 310 | 20090316 | 490000+ | 10100 | Loss claim payment Private Passenger BI |
| 785005 | 310 | 20090316 | 010000+ | 10101 | Loss claim payment Private Passenger BI |
| 785005 | 410 | 20090316 | 035000+ | 10106 | Expense payment Private Passenger BI |
| 785005 | 310 | 20090405 | 490000- | 10100 | Wrong coverage code reversal using same check number |
| 785005 | 310 | 20090405 | 010000- | 10101 | Wrong coverage code reversal using same check number |
| 785005 | 410 | 20090405 | 035000- | 10106 | Wrong coverage code reversal using same check number |
| 815005 | 310 | 20090405 | 490000+ | 10100 | Correct coverage with loss claim payment Private Passenger Motorcycle |
| 815005 | 310 | 20090405 | 010000+ | 10101 | Correct coverage with loss claim payment Private Passenger Motorcycle |
| 815005 | 410 | 20090405 | 035000+ | 10106 | Correct coverage with expense payment Private Passenger Motorcycle |

In the first example, payments were made on the wrong coverage code. The Fund’s next “C” Record batch will contain three reversal transactions using the same check number and three transactions using the correct coverage code. The Fund may also add a note in the comment field indicating a reversal for the wrong coverage code.

**Q.14 I am a Fund/Receiver and the coverage code has changed. What should I do?**

**A.14** Funds: If you determine that a coverage code is incorrect prior to any financial transactions occurring on the claim, you should use the correct coverage code on all your activity for that claimant/coverage, i.e. payments, recoveries, reserve snapshots. If financial transactions have occurred, you should send reversing entries for the incorrect coverage, and report transactions on the correct coverage.

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

Q.15 I am a Receiver. I sent the Fund two open coverage codes on a claimant, Property Damage (875020) and Bodily Injury (875015), with reserves of $1,000 and $2,000, respectively. The Fund sent back two reserve snapshots, one for $5,000 on Construction Defect (875040), and one for $2,000 on Bodily Injury (875015). Should I assume that the Construction Defect (875040) is a replacement for the Property Damage coverage? This raises a concern, because the Construction Defect (875040) might be an additional coverage.

A.15 If it were an additional coverage, then the Fund should have sent you three snapshots, one for each coverage code, with the Property Damage snapshot for $0.00. When you receive a coverage code which is different from the one you sent, you will want to temporarily reject this record and put it on an exception report, after which the Receiver will review the situation and either approve the replacement of the former coverage, or will contact the Fund for further clarification.

**Q.16 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.16** Aggregate limits are tracked by the use of coverage codes. These 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. For example, coverage code 605010 is used for the aggregate for bodily injury claims.

**Reserve-related FAQs:**

**Q.17** **I am a Fund.** A claim is open, and the reserve remains unchanged since last month. I haven’t made any payments this month; do I need to send any UDS records for that claim?

**A.17** Yes, you must send reserve snapshots for each coverage code within each claimant for every open claim each month.

**Q.18 I am a Receiver. The Fund sent us six reserve snapshots, all zero amounts, which cover all the coverage codes on the claim. May I assume the claim is closed?**

**A.18** No. You should not close the claim until you receive the “030” transaction code.

**Q.19 I am a Fund. I made a supplemental payment on a claim using a “320” transaction code, without re-opening or re-closing the claim. Am I required to send reserve snapshots this month?**

**A.19** No. A payment on a closed claim does not change reserves, therefore reserve snapshots are not required. However, the “320” transaction code must be reported.

**Payment-related FAQs:**

**Q.20 I am a Receiver. Is it possible that multiple Funds would report payments on the same claim?**

**A.20** 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.21 I am a Fund. What is an offset?**

**A.21** An offset is that portion of a claim that has been satisfied by an alternative source of recovery, such as another insurance policy. In many states, the Fund statute requires that the claimant exhaust any other available coverage.

In the following example, the Fund has determined that a Commercial Auto-Bodily Injury claim (305003) is valued at $300,000. The Fund statute requires that the claimant exhaust any other available coverage. 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 code 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. The “792” transaction code is informational only and should not be entered as a payment in the Receiver’s system.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transaction**  **Code** | **Coverage**  **Code** | **Claimant** | **Amount** | **Note** |
| 310 | 305003 | 0001 | 20000000+ | Payment made by Fund. |
| 792 | 305003 | 0001 | 10000000+ | Amount satisfied by another recovery source |

**Q.22** **I am a Fund. How do I report when a Fund statutory deductible has been applied?**

**A.22** When making loss claim payments, Funds with a statutory deductible should use a “610” transaction code. This indicates the amount of the applied statutory deductible and alerts the Receiver of a potential claim against the estate of the insolvent company. The statutory deductible is not to be confused with a policy deductible.

In the following example the total amount of the loss is $5,000, and there is a statutory deductible of $100. 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” transaction code. The Receiver can anticipate a claim for $4,900 from the Fund and a $100 claim for the statutory deductible from the claimant.

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

When making unearned premium payments, Funds with a statutory deductible should use an “840” transaction code. This indicates the amount of the applied statutory deductible and alerts the Receiver of a potential claim against the estate of the insolvent company. The statutory deductible is not to be confused with a policy deductible.

In the following example the total amount of the unearned premium is $5,000, and there is a statutory deductible of $100. 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 “840” transaction code. The Receiver can anticipate a claim for $4,900 from the Fund and a $100 claim for the statutory deductible from the claimant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction**  **Code** | **Coverage**  **Code** | **Amount** | **Note** |
| 820 | 305000 | 000490000+ | Total amount of unearned premium $5,000.00 |
| 840 | 305000 | 000010000+ | Statutory deductible of $100.00 |

**Q.23 I am a Fund. I need to report payments that were processed electronically through Automated Clearing House (ACH). Is there a standard that will be used for consistency within the Funds? How will voids or returns be handled?**

**A.23** When payment is by ACH, wire transfers and other non-check payments, an appropriate reference such as the ACH Trace Number should be used. This reference should uniquely identify the payment. Where the reference number is longer than 12 digits/characters, leading characters should be truncated leaving the most indicative 12 right most characters. Voids or other reversals should carry the same reference number as the original payment transaction.

**Q.24 I am a Receiver. I received payments with “ACH” listed as the check number for electronic payments. Is there a standard that will be used for consistency within the Funds? How will voids or returns be handled?**

**A.24** When payment is by ACH, wire transfers and other non-check payments, an appropriate reference such as the ACH Trace Number should be used. This reference should uniquely identify the payment. Where the reference number is longer than 12 digits/characters, leading characters should be truncated leaving the most indicative 12 right most characters. Voids or other reversals should carry the same reference number as the original payment transaction.

**Q.25 I am a Fund.** How do I indicate that a check was voided or a stop payment was issued?

**A.25** A payment transaction with a negative dollar amount in the exact amount of the voided check or the stop payment should be sent. **Include the original check number** and add to the comment field the word “VOID” or “STOP PAYMENT.”

In the following example, the Fund issued a $50 medical payment and voided the check in the same month:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Coverage**  **Code** | **Transaction**  **Code** | **Transaction**  **Date** | **Amount** | **Check**  **No** | **Comment** | **Note** |
| 965010 | 310 | 20030401 | 000005000+ | 12345 |  | 50.00 Medical payment |
| 965010 | 310 | 20030402 | 000005000- | 12345 | VOID | Voiding the 50.00 Medical payment |

In the following example, the Fund issued a $50 medical payment and voided the check in a different reporting period:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Coverage**  **Code** | **Transaction**  **Code** | **Transaction**  **Date** | **Amount** | **Check**  **No** | **Comment** | **Note** |
| 965010 | 310 | 20030712 | 000005000- | 12345 | VOID | Voiding the 50.00 Medical  Payment |

In the following example, the Fund issued a $50 medical payment and stopped payment on the check in the same month:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Coverage**  **Code** | **Transaction**  **Code** | **Transaction**  **Date** | **Amount** | **Check**  **No** | **Comment** | **Note** |
| 965010 | 310 | 20030401 | 000005000+ | 12345 |  | 50.00 Medical payment |
| 965010 | 310 | 20030402 | 000005000- | 12345 | STOP PAYMENT | A stop payment was issued on the 50.00 Medical payment |

In the following example, the Fund issued a $50 medical payment and stopped payment on the check in a different reporting period:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Coverage**  **Code** | **Transaction**  **Code** | **Transaction**  **Date** | **Amount** | **Check**  **No** | **Comment** | **Note** |
| 965010 | 310 | 20030712 | 000005000- | 12345 | STOP PAYMENT | A stop payment was issued on the 50.00 Medical Payment |

**Q.26 I am a Fund. I have issued several claim settlement and expense checks which have not been cashed and are stale-dated. Subsequent attempts to contact the claimants have been unsuccessful. I need to void the original checks and issue a check to the Division of Unclaimed Funds in my state for the total amount of these unclaimed checks. How should I report these transactions in UDS?**

**A.26** There are two ways to report these transactions:

1. One solution is to utilize the General Ledger to void the original payment and issue a payment to the State Division of Unclaimed Funds. Do not record any transactions in your claim system or UDS. Assuming the original settlement and expense checks were reported via UDS, the Receiver has record of these payments and has most likely reported them to any reinsurers involved. The stale-dated and re-issued transactions would have no effect on your ultimate claim against the estate. If these stale-dated and re-issued check transactions are posted to your General Ledger in the same quarterly reporting period, there should be no reconciliation problems with your FIQ’s or Section 1 of your “D” Record submissions. One drawback to this solution would be that you lose the audit trail for the check stale-dated and re-issued in your claim system and UDS. There is also the possibility that upon subsequent file review, the Receiver may delete the original stale-dated check from their system and without supporting evidence of the subsequent check issuance to the Escheat Fund, consider the claim closed without payment. A suggestion would be to send a list of the related detail for the escheated funds to all Receiverships affected, including insolvent company claim number (or policy number for unearned premium claims), insured name and claimant/payee name.
2. The other solution would be to record the void and the reissued check in both your claim system and General Ledger. It is suggested that an “Escheated by Fund” transaction comment be added to the escheat payment transaction for additional clarification and that the stale-dated and escheatment transactions be dated to coincide with the same reporting period. This solution has the advantage of maintaining the audit trail in the claim system and UDS. However, unless further explanation is provided, the issuance of a single check to the Escheat Fund for multiple claim settlements may precipitate an inquiry from the Receiver when the same check number is reported in your UDS “C” Record submissions multiple times. A suggestion would be to send a list of the related detail for the escheated funds to all Receiverships affected, including insolvent company claim number (or policy number for unearned premium claims), insured name and claimant/payee name.

If you report the stale-dated check transactions via UDS, but fail to report the re-issued check transactions to the Escheat Fund, this will result in an understatement of your claim against the estate. Similarly, an overstatement of your claim will result if you report the re-issue to the Escheat Fund, but fail to report the check as stale-dated.

**Q.27 I am a Receiver. I see a “340” transaction code on an inception-to-date file. What is it?**

**A.27** The “340” transaction code was a multi-purpose code that was acceptable in previous versions of the UDS Transaction Codes. It served as the final payment on the claim and also signified that the claim file was closed. According to the current Transaction Codes, this would be replaced by a “310” transaction code for the payment and a “030” transaction code to close the claim.

**Quality control-related FAQs:**

**Q.28** **I am a Fund. I am missing data on UDS required fields for some open claims in my claim system. It might be next quarter until all of the claims data is cleaned up. Should I delay reporting these claims on UDS?**

**A.28** Contact the Receiver for instructions.

**Q.29 I am a Receiver. I received UDS “C” Records that are missing policy and claim numbers. How do I handle this situation?**

**A.29** If any required or conditionally required fields are missing, you should reject the batch and contact the Fund.

**Q.30 I am a Fund. None of the UDS approved transaction codes apply to the transaction I am attempting to submit. Can I assign my own transaction code?**

**A.30** No. 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](mailto:udshelp@udstsg.com)). Once it is received by the UDS Help Desk, your request will be forwarded to the appropriate subcommittee for review and handling.

**Q.31** **I am a Receiver.** **A Fund submitted a file containing transaction codes not found in the UDS manual. When I contacted the Fund, they indicated the codes were for loss claim payments. Should I change our programs to accommodate transaction codes not found in the manual?**

**A.31** No. Files containing transaction codes that have not been approved should be rejected.

**Q.32 I am a Receiver. I received an ITD file from a Fund that uses an obsolete Transaction Code “340” (Final Loss Payment). Should I reject this file?**

**A.32** No. Obsolete Transaction Codes may continue to be submitted by Funds in ITD files for older claims that used these codes before they were discontinued. A full list of discontinued Transaction Codes is contained in [Chapter 14, Discontinued Transaction Codes Table](#Discontinued_Trans).

**Q.33 I am a Receiver. The sum of the Transaction Amount fields does not match the trailer record. What should I do?**

**A.33** You should reject the entire batch and contact the Fund.

**Q.34 I am a Fund. How often should I be sending UDS “C” Records?**

**A.34** The Fund should report monthly with the last date of the reporting period being the last day of the month. Files should be transmitted no later than the 15th of the subsequent month. A Receiver and Fund may negotiate a different reporting period.

**Q.35** In **what order should the records be within the UDS data file?**

**A.35** The records can be in any order. The recipient will be able to re-sort them into whatever order is desired.

**Q.36 I am a Fund and I currently send data via CD/DVD. Is this the preferred format? Can I send via email?**

**A.36** If the Receiver has agreed to receive CD/DVDs, you may continue to use this media. However, the preferred method of transferring data from the Funds to the Receiver is Secure UDS (SUDS) via secure FTP. Email is not a secure method of transferring data and should not be used. [See Chapter 4, Media Specifications.](#Media_Transfer_Specs)

**Recovery-related FAQs:**

**Q.37 I am a Receiver. I received a recovery transaction 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.37** All recoveries are negative transactions because they are reducing the losses for the claim. A recovery can be positive when all or part of a previous recovery is to be reversed. In this case, the Fund should put a note in the Transaction Comment field. If you receive a positive recovery amount and there is no comment in this field you should contact the Fund.

**Q.38 I am a Fund. I received a recovery check, but I have not made any payments on this claim. How should I process this check?**

**A.38** The Fund should contact the Receiver.A recovery entry should not be made in the Fund’s system. This check should be forwarded to the appropriate party identified by the Fund and Receiver.

**Q.39 I am a Fund. I received a recovery check for more than I have paid on this claim. How should I handle this recovery?**

**A.39** In this situation, it is more than likely that there are pre- and post-liquidation payments involved. The Fund should contact the Receiver and determine the total pre-liquidation payments. If the recovery is equal to the total payments, both pre- and post-liquidation, that amount will be divided according to how much was paid by each party. If the amount is less than the total pre- and post-liquidation payments, the recovery will be pro-rated between the two parties.

**Q.40 I am a Receiver. I received a recovery from a Fund, but there are not enough loss claim payments for the claim to offset the recovery. My system does not allow me to take the loss below zero. What should I do?**

**A.40** Contact the Fund to resolve this matter.

**Q.41 I am a Fund. I received a recovery comprised of a portion of both pre- and post-liquidation loss claim payments. The Receiver paid claim losses of $30,000 prior to liquidation date. Since liquidation, the Fund paid additional claim losses of $70,000. The claim is subject to a subrogation recovery, where the third party is responsible for reimbursing 40% of the total paid losses. The Fund pursued recovery and receives a recovery check for $40,000 (40% of the total paid loss including pre- and post-liquidation). How should I record the recovery transaction and subsequent payment to the Receiver for its share of the recovered amount?**

**A.41** Outlined below is the recommended method for recording this recovery. If your Fund is unable to utilize this method, it should contact the UDS Help Desk and the Receiver for further assistance.

The Fund deposits the $40,000 check into its claims account. A $40,000 recovery transaction (the full recovery) is posted to the related claim in the claim system. Using one of the UDS codes created to record a payment to a Receiver representing the pre-liquidation portion of the recovery, a $12,000 “excess recovery” transaction is posted to the related claim in the claim system ([see Recovery Codes](#recovery_codes)). This excess recovery transaction generates a check issued through the claim system payable to the Receiver.

**UDS C Record Entries:**

***Recorded as a Loss Recovery***

|  |  |  |
| --- | --- | --- |
| **Transaction Code** | **Recovery Code** | **Transaction Amount** |
| (Prior to Liquidation) |  | +3000000 |
| 310 |  | +7000000 |
| 530 | 2 | -4000000 |
| 530 | Y | +1200000 |

***Recorded as a DCC Recovery***

|  |  |  |
| --- | --- | --- |
| **Transaction Code** | **Recovery Code** | **Transaction Amount** |
| (Prior to Liquidation) |  | +3000000 |
| 410 |  | +7000000 |
| 540 | 7 | -4000000 |
| 540 | T | +1200000 |

***Recorded as an AO Recovery***

|  |  |  |
| --- | --- | --- |
| **Transaction Code** | **Recovery Code** | **Transaction Amount** |
| (Prior to Liquidation) |  | +3000000 |
| 450 |  | +7000000 |
| 550 | 7 | -4000000 |
| 550 | T | +1200000 |

**Q.42 I am a Fund. I paid $250,000 in indemnity payments on a claim. In addition, I paid $25,000 in Defense and Cost Containment (DCC) Expenses and $5,000 in Adjusting and Other (AO) Expenses related to this same claim. Subsequently, I received an $111,550 large deductible recovery check from the Receiver net of $3,450 deducted for collection fees. Of this amount, $100,000 is related to indemnity payments, $12,000 to DCC Expenses and $3,000 to AO Expenses incurred in handling this claim. How should I record these recoveries and the associated collection fees?**

**Q.42** The treatment depends on whether the Fund intends to record the transactions at the claim file level or strictly as general ledger entries. This decision will most likely be based on the individual Receiver’s preference and/or the Fund’s ability/need to record these transactions at the claim level.

The following example illustrates how a Fund should report the loss claim payments, recoveries and collection fees associated with the large deductible recovery at the claim file level, assuming that the DCC & AO payments are reported through the “C” Record and none are “stripped off” and reported as administrative expense on the “D” Record only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transaction**  **Code** | **Expense**  **Code** | **Recovery**  **Code** | **Transaction**  **Amount** | **Transaction Comment** |
| 310 |  |  | +25000000 |  |
| 410 | 04 |  | +2500000 |  |
| 450 |  |  | +500000 |  |
| 530 |  | 9 | -10000000 | LLDR |
| 540 | 04 | 9 | -1200000 | LLDR |
| 550 |  | 9 | -300000 | LLDR |
| 410 | 07 |  | +345000 | LLDR |

If a Fund receives a recovery larger than the net paid by the Fund, the Receiver should be contacted for clarification. The recovery must be allocated to the correct coverage code and between loss and expense to avoid a negative-paid situation.

It is important to consider that collection and other similar fees are generally not includible as claims against the estate and this may affect the decision to record these fees at the claim level.

If the decision is made to report these recoveries in the general ledger only, refer to the UDS Financial Reporting Manual for further guidance.

**Workers Compensation-related FAQ’s:**

**Q.43 I see all of these tables labeled WCIO. What are these for? Where do I get this information?**

**A.43** 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](http://www.wcio.org/), where the most current codes are maintained, is provided above each table.

*Print Section*

SECTION IV Successful Coordination

# Crucial Fields and Procedures

In the exchange of loss claims data between the Receivers and the Funds, the accuracy and correct usage of certain fields is 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 Claim Number*** is returned in the Fund feed (“C” Record), it must be precisely the same, character by character, as it was received in 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 in the Fund feed (“C” Record), it must be precisely the same as the Claimant Number received in 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 shallestablish the claimant number(s) at the time the claim number is established. *Note: At the Receiver’s 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***, those ending in “00”, **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” transaction code records 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 via UDS.

5. ***File Names*** must follow the format and rules in [Chapter 5](#Chapter_5)*, p.5-1* or the file will be rejected. Receivers use automated systems to load and process the files coming in from Funds.

6. ***Header and Trailer Records*** **must** follow the rules and format set forth in [Chapter](#_Header_and_Trailer_1) 5, *p.5-3*, or the file will be rejected.

7. All ***Transaction Dates*** in the detail records should be within the range of dates specified by the From Date and Through Dates in the file name in the Fund’s feed. All “130” and “230” reserve snapshot transaction codes must have the Transaction Date equal to the Through 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.**

*Print Chapter*

SECTION V References

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# Transaction Codes

## Transaction Codes table

The following table describes the Transaction Codes processed under UDS.

| **Transaction** | **Code** | **Definition** | **Description** | **Record Types** |
| --- | --- | --- | --- | --- |
| **CLAIM STATUS** |  |  |  |  |
| CLOSE | 030 | Closes claim and all claimants. | Claim/Occurrence Level; closes the claim in its entirety. All Fund reserves will be reduced to zero. | C |
| CLOSE DUE TO BAR DATE DENIAL | 031 | Closes claim and all claimants | Claim/Occurrence Level; closes the claim in its entirety. Indicates claim was denied due to statutory or court-approved bar date. | 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 Location Codes,](#state_codes) *p.16-2* and [File Location Codes](#File_location_codes), *p.16-1* | 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’s statutory cap. | Claim/Occurrence or Claimant Level; serves as an indicator that the claim or a claimant could exceed the Fund’s cap and that the Receiver should contact the Fund. Report each month that the claim remains open. | C |
| INCURRED AT CAP WITH AMOUNT | 091 | Either entire claim or a specific claimant exceeds the Fund’s 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’s 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. | 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.  **SNAPSHOT RESERVE REPORTING** A “130” or “230” transaction code 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.  **SNAPSHOT RESERVE REPORTING** A “130” or “230” transaction code 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 claim payment. | Claimant/Coverage Level; process on open claims only.  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  Enter the type of reimbursement (“OVERPAYMENT”, “DUPLICATE”, etc.) in the Transaction Comments field and reflect the amount as a negative <-> entry. | C,G |
| SUPPLEMENTAL  LOSS | 320 | Loss claim payment made after closing. | Claimant/Coverage Level; status of claim still remains closed.  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  Enter the type of reimbursement (“OVERPAYMENT”, “DUPLICATE”, etc.) in the Transaction Comments field and reflect the amount as a negative <-> entry. | C |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PAYMENTS/ EXPENSE** |  |  |  |  |
| DCC EXPENSE | 410 | DCC Expense Payment. | Claimant/Coverage Level; process on open claims only. [See DCC Expense Code table, p](#expense_codes). *16-4*  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  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](#expense_codes). *16-4*  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  Enter the type of reimbursement (“OVERPAYMENT”, “DUPLICATE”, etc.) in the Transaction Comments field and reflect the amount as a negative <-> entry. | C |

| **PAYMENTS/ EXPENSE** |  |  |  |  |
| --- | --- | --- | --- | --- |
| AO (Adjusting and Other) EXPENSE - OPEN CLAIM  DO NOT USE EXPENSE  CODES FOR AO EXPENSES | 450 | Adjusting or claims handling expenses billed by third party administrators (example: TPA expense or adjusting companies). | Claimant/Coverage Level. This category includes claims handling expenses billed by third party administrators (TPAs) to individual claims. This category does not include Defense and Cost Containment (DCC) expenses, which are reported using the “410” transaction code.  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  Enter the type of reimbursement (“OVERPAYMENT”, “DUPLICATE”, etc.) in the Transaction Comments field and reflect the amount as a negative <-> entry. | C |
| AO (Adjusting and Other) EXPENSE - CLOSED CLAIM  DO NOT USE EXPENSE  CODES FOR AO EXPENSES | 470 | Adjusting or claims handling expenses billed by third party administrators (example: TPA expense or adjusting companies). | Claimant/Coverage Level. Status of claim still remains closed.  This category includes claims handling expenses billed by third party administrators (TPAs) to individual claims. This category does not include Defense and Cost Containment (DCC) expenses, which are reported using the “420” transaction code.  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  Enter the type of reimbursement (“OVERPAYMENT”, “DUPLICATE”, etc.) in the Transaction Comments field and reflect the amount as a negative <-> entry. | C |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RECOVERY** |  |  |  |  |
| LOSS RECOVERY | 530 | Any form of loss recovery. | [See Recovery Code table](#recovery_codes), p. *16-3*  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](#expense_codes). *16-4*.  For any DCC expenses (other than claims handling expenses billed by TPAs). 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 (TPAs). 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. Can be used by the Fund when the claim is reported directly to the Fund by the claimant. In both situations, this is an unaudited amount for informational purposes only. | B |
| 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. The Fund may use this code to report return premium not yet paid. | B |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RETURN PREMIUM** |  |  |  |  |
| 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.  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  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 “835” transaction code*.)  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  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 or minimum threshold applied by the Fund on a returnpremium claim. | Claimant Level; the Transaction Amount will reference the dollar amount of statutory deductible or minimum threshold that the Fund applied to the claim. The amount must be equal to or less than the statutory deductible or minimum threshold. If amount is less than the statutory deductible or minimum threshold, 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 payment. All Fund reserves will be reduced to zero. | C |
| RETURN PREMIUM EXPENSE PAYMENTS | 870 | Return Premium expenses  (Return Premium claims handling expenses) | Claimant/Coverage Level; process on open claims only.  **To record a VOID/STOP PAYMENT:**  Enter “VOID” or “STOP PAYMENT” in the Transaction Comment field. Enter the check number with the exact negative <-> entry.  **To reissue:**  Enter “REISSUE” in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.  **To record a reimbursement:**  Enter the type of reimbursement (“OVERPAYMENT”, “DUPLICATE”, etc.) in the Transaction Comments field and reflect the amount as a negative <-> entry. | C |
| NO FUND COVERAGE - RETURN PREMIUM | 899 | No Fund coverage is available under the state statute. | 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. | C |

## Sample Transaction Comment table

The following table provides sample language that could be used to populate the Transaction Comment field.

| **Transaction Code** | **Transaction Comment** | **Note** |
| --- | --- | --- |
| 030 | Closing | This transaction indicates that all claimants and the claim are closed |
| 050 | Reopening Claim due to xxxxxxxxxxxxxxxxxxx | 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 | Outstandling 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 |

## Discontinued Transaction Codes table

The following table describes Transaction Codes that are no longer used in UDS. These codes may only be used in ITD files to the Receiver for a claim wherein the discontinued Transaction Code had been previously utilized.

| **Transaction** | **Code** | **Definition** | **Description** | **Record Types** |
| --- | --- | --- | --- | --- |
| **CLAIM STATUS** |  |  |  |  |
| OPEN | 010 | Opens claim | Claim/Occurrence Level; one such entry will be required for each claim accompanied by a “100” transaction code for each known claimant. | C |
| CWP (CLOSED WITHOUT PAYMENT) | 040 | Closes claim - no loss or LAE payments made for any claimant. | Claim/Occurrence Level; Closes the claim in its entirety. All Fund reserves will be reduced to zero. No other Loss or LAE | C |
| INITIAL LOSS RESERVE | 110 | Reserve supplied after initial claimant/coverage set-up. Can also be used by Funds to add additional coverage transactions to a claimant that has already been established. | Claimant/coverage level; used to establish the initial reserve for a claimant/coverage if no reserve is supplied with a “100” transaction code. Cannot be used to re-open a claimant/coverage. | C |
| CHANGE LOSS RESERVE | 120 | Increases or decreases a loss reserve for an open claimant/coverage. | Claimant/coverage level; an incremental adjustment to the reserves as opposed to a replacement. Can be used to reopen a claimant/coverage after it was closed. Decreases processed with a <-> sign. | C |
| **EXPENSE RESERVE** |  |  |  |  |
| INITIAL EXPENSE RESERVE | 210 | Reserve supplied after initial claimant/coverage set-up, if no reserve supplied with original claimant/coverage submission. | Claimant/coverage level; used to establish the initial expense reserve for a claimant coverage. Processed on open claims only. | C |
| CHANGE EXPENSE RESERVE | 220 | Increases or decreases an existing expense reserve for a claimant/coverage. | Claimant/coverage level; this is an incremental adjustment to the expense reserves as opposed to a replacement. Can be used to reopen a claimant/coverage after it was closed. Decreases processed with a <-> sign. | C |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PAYMENTS - LOSS** |  |  |  |  |
| FINAL LOSS PAYMENT | 340 | Processes the last loss claim payment and closes a specific claimant. | Claimant/coverage level; reduces the Fund loss reserves for a coverage under this claimant to zero. Does not impact outstanding LAE reserves.  **To VOID**: Enter the check number with a negative <-> entry.  **To record a reimbursement:** Enter “REIMBURSEMENT” in the Transaction Comment field and reflect with a negative <-> entry.  **To record an overpayment:**  Enter “OVERPAYMENT” in the Transaction Comment field and reflect with a negative <-> entry. | C,G |
| CWP - CLAIMANT (CLOSED WITHOUT PAYMENT) | 350 | Closes a specific claimant without payment. Same as “340” transaction code. | Same as “340” transaction code. | C,G |
| CLOSE CLAIMANT | 360 | Closes a specific claimant without a payment with this transaction although earlier payments have been made. | Same as “340” transaction code. | C,G |
| **RECOVERY** |  |  |  |  |
| SUBROGATION | 510 | Subrogation | Claimant/coverage level; record recovered amounts as credits  <-> or <+> | C |
| SALVAGE | 520 | Salvage | Claimant/coverage level; record recovered amounts as credits  <-> or <+> | C |
| **INITIAL PREMIUM FILE SET-UP** |  |  |  |  |
| UNEARNED PREMIUM CALCULATION | 810 | Unearned premium calculation based on termination date established by the Liquidation Order. | Claimant level; Unpaid premium data has not been provided with this transaction. Used the Receiver to report an unearned premium claim to the Funds. NOTE: See reference earlier in this Chapter regarding reporting at the claim level. | B |
| **RETURN PREMIUM** |  |  |  |  |
| CALCULATION ADJUSTMENT | 830 | Unearned premium recalculation due to a reevaluation of the claim. | Claimant level; reflects the replacement value made to the unearned premium. | C |

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# 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 added on a regular basis. 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@udstsg.com*](mailto:udshelp@udstsg.com) ). Once a request is received by the UDS Help Desk, it will be forwarded to the UDS Coverage Code Subcommittee for review and handling.

Each type of policy has a coverage code XXXX00. Coverage codes with the “00” 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 a UDS “A” Record when 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 notify 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 |
|  |  |  |  |
| **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 |  |
| 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 |  |
|  |  |  |  |
| **515300** |  | **Excess Workers Compensation** | **2/1/2013** |
| 515305 |  | Indemnity | 2/1/2013 |
| 515310 |  | Medical | 2/1/2013 |
| 515315 |  | Employers Liability | 2/1/2013 |
| 515320 |  | COLA Payments | 2/1/2013 |
| 515325 |  | Vocational Rehab | 2/1/2013 |
| 515340 |  | Interest | 2/1/2013 |
| 515345 |  | Penalty | 2/1/2013 |
| 515350 |  | Reimbursement | 2/1/2013 |
|  |  |  |  |
| **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 |  |
| 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 Defect | 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 Defect | 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 |
| 635055 |  | Identity Theft Expense and Resolution | 8/13/2014 |
| 635060 |  | Equipment Breakdown | 8/13/2014 |
|  |  |  |  |
| **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 |
| 725055 |  | Identity Theft Expense and Resolution | 8/13/2014 |
| 725060 |  | Equipment Breakdown | 8/13/2014 |
|  |  |  |  |
| **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 |  |
| 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 |
|  |  |  |  |
| **885000** |  | **Title Insurance** | **12/1/2008** |
| 885005 |  | Lender’s Policy | 12/1/2008 |
| 885010 |  | Owner’s Policy | 12/1/2008 |
| 885015 |  | Records Only | 12/1/2008 |
|  |  |  |  |
| **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 Defect | 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 |

*Print Chapter*

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# 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:** UDS 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 (AZ, FL, NJ, NY and PA) |
| 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 determine 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 potential recovery on the claim file. The Recovery Indicator Code indicates the actual recovery type received on “500” series UDS transaction codes. |
| SUIT INDICATOR | Indicates if a lawsuit has been initiated on this claim file. |
| 2ND INJURY FUND INDICATOR | Indicates if a recovery from a 2nd Injury Fund is probable on this worker’s compensation claim. |
| FINAL AUDIT INDICATOR | Return Premium Only:  Indicates if the policy is subject to a final audit. |
| PAYEE INDICATOR | Indicates if the number in the PAYEE ID NUMBER field represents the payee’s Federal Identification Number (“F”) or Social Security Number (“S”). |

## 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 |
| R | Excess Recovery - Receiver Large Deductible Recovery |
| S | Excess Recovery - Unknown Recovery |
| T | Excess Recovery - Other Recovery |
| U | Excess Recovery - Net Worth Recovery |
| V | Excess Recovery - Second Injury Recovery |
| W | Excess Recovery - Deductible Recovery |
| X | Excess Recovery - Subrogation Recovery |
| Y | Excess Recovery - Salvage Recovery |
| Z | Excess Recovery - Multiple Recovery |

## 

## DCC Expense Codes (For DCC Expenses only)

*DO NOT USE THESE EXPENSE CODES FOR ADJUSTING AND OTHER (AO) EXPENSES.*

These codes are for Defense and Cost Containment (DCC) expenses and are separated into five categories. 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. These categories are to be used only for expenses related to specific claim files.

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.

Expenses that cannot 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.

| CODE | EXPENSE TYPE | DESCRIPTION |
| --- | --- | --- |
| 01 | Declaratory Judgment/Coverage | This category is 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 the company in interpretation of the policy. This category is not to be used for expenses specifically related to Fund issues.  Examples are:   1. Court Report/Court Reporter 2. Mediation/Arbitration Expense 3. Coverage Attorney Expense |
| 02 | Investigation Expenses | This category is used for expenses related to the investigation of a claim.  Examples are:   1. ISO Reports 2. Investigators 3. DMV/BMV 4. Police Reports |
| 03 | Damage Assessment/Control | This category is used for expenses related to the determination of damages suffered.  Examples are:   1. Independent Medical Evaluations 2. Appraisers 3. Engineering Report |
| 04 | Legal | This category is used for expenses related to the litigation of a claim. All of 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:   1. Defense Attorney Fees and Expenses 2. Plaintiff Attorney Fees and Expenses (not including fees that are part of a judgment) 3. Subrogation Attorney 4. Attorney Ad Litem 5. Mediation/Arbitration 6. Court Reports/Court Reporter 7. Court Filing Fees 8. Workers’ Compensation Board Fees 9. Expert Witness |
| 05 | Other | This generic category is used 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:   1. Cost Containment Charges 2. Life Care Plan 3. Record Reproduction Expense |
| 06 | Penalties and Interest | This category is used for penalties and interest. |
| 07 | Receiver Deductible Collection Fee | This category is used for collection fees retained by the Receiver for large deductible collection. |
| 99 | Pre-2005 Unknown | This category is used 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. |

## WCIO Injury Code

**(Check** [**WCIO website**](http://www.wcio.org) **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](http://www.wcio.org) 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](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013. |
| --- | --- |
| **I** | 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:*** |
| 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:*** |
| 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 |
| **II** | 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 |
| **III** | 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 |
| 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:*** |
| 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:*** |
| 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) |
| **IV** | 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 (Vertebra NOC Trunk); Bone portion of the spinal column |
| **V** | 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:*** |
| 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 |
| 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:*** |
| 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 |
| **VI** | 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 & Body Parts); Applies when more than one major body part has been 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. **IAIABC Note:** Approved for IAIABC EDI jurisdictional reporting as a Permanent Impairment Body Part Code Only |

## 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](http://www.wcio.org) for up-to-date table values. Last Updated 2/18/2013 |
| --- | --- |
| **I** | **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; Electrocution |
| 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 |
| **II** | **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. |
| 66 | Poisoning - Chemical, (Other Than Metals); Man made or organic |
| 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 |
| **III** | **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](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013 |
| --- | --- |
| I | Burn or Scald - Heat or Cold Exposures - Contact With |
| 01 | Chemicals; Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze. |
| 02 | Hot Objects or Substances |
| 03 | Temperature Extremes; Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite. |
| 04 | Fire or Flame |
| 05 | Steam or Hot Fluids |
| 06 | Dust. Gases. Fumes or Vapors; Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke. |
| 07 | Welding Operation; Includes welder’s flash (burns to skin or eyes as a result of exposure to intense light from welding.) |
| 08 | Radiation; Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn. |
| 09 | Contact With. NOC; Not otherwise classified in any other code. Includes cleaning agents and fertilizers. |
| 11 | Cold Objects or Substances |
| 14 | Abnormal Air Pressure |
| 84 | Electrical Current; Includes electric shock, electrocution, and lightning. |
| **II** | **Caught In, Under or Between** |
| 10 | Machine or Machinery; Running or meshing objects, a moving and a stationary object, two or more moving objects |
| 12 | Object Handled; Includes medical hospital bed & parts, wheelchair, clothespin vise. |
| 13 | Caught In, Under or Between, NOC; Not otherwise classified in any other code. |
| 20 | Collapsing Materials (Slides of Earth); Either man made or natural |
| **III** | **Cut, Puncture, Scrape Injured By** |
| 15 | Broken Glass |
| 16 | Hand Tool, Utensil; Not Powered; Includes needle, pencil, knife, hammer, saw, axe, screwdriver. |
| 17 | Object Being Lifted or Handled; Includes being cut, punctured or scraped by a person or object being lifted or handled. |
| 18 | Powered Hand Tool, Appliance; Includes drill, grinder, sander, iron, blender, welding tools, nail gun. |
| 19 | Cut, Puncture, Scrape, NOC; Not otherwise classified in any other code. Includes power actuated tools. |
| **IV** | **Fall, Slip or Trip Injury** |
| 25 | From Different Level (Elevation); Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge. |
| 26 | From Ladder or Scaffolding |
| 27 | From Liquid or Grease Spills |
| 28 | Into Openings; Includes mining shafts, excavations, floor openings, elevator shafts |
| 29 | On Same Level |
| 30 | Slip, or Trip, Did Not Fall; Slip or trip and did not come in contact with the floor or ground. |
| 31 | Fall, Slip or Trip, NOC; Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified. |
| 32 | On Ice or Snow |
| 33 | On Stairs |
| **V** | **Motor Vehicle** |
| 40 | Crash of Water Vehicle |
| 41 | Crash of Rail Vehicle |
| 45 | Collision or Sideswipe With Vehicle; Vehicle collision, both vehicles in motion. |
| 46 | Collision with a Fixed Object; Collision occurring with standing vehicle or stationary object. |
| 47 | Crash of Airplane |
| 48 | Vehicle Upset; Includes overturned or jackknifed |
| 50 | Motor Vehicle, NOC; Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants. |
| **VI** | **Strain or Injury By** |
| 52 | Continual Noise; Injury to ears or hearing due to the cumulative effects of constant or repetitive noise. |
| 53 | Twisting; Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance. |
| 54 | Jumping or Leaping |
| 55 | Holding or Carrying; Applies to objects or people. Includes restraining a person. |
| 56 | Lifting; Includes objects or people. |
| 57 | Pushing or Pulling; Includes objects or people. |
| 58 | Reaching |
| 59 | Using Tool or Machinery |
| 60 | Strain or Injury By, NOC; Not otherwise classified in any other code. |
| 61 | Wielding or Throwing; Physical effort or overexertion from attempts to resist a force applied by an object being handled. |
| 97 | Repetitive Motion; Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome. |
| **VII** | **Striking Against or Stepping On (Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.)** |
| 65 | Moving Part of Machine |
| 66 | Object Being Lifted or Handled |
| 67 | Sanding, Scraping, Cleaning Operation; Includes scratches or abrasions caused by sanding, scraping, cleaning operations. |
| 68 | Stationary Object |
| 69 | Stepping on Sharp Object |
| 70 | Striking Against or Stepping On, NOC; Not otherwise classified in any other code. |
| **VIII** | **Struck or Injured By (Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person.)** |
| 74 | Fellow Worker; Patient or Other Person; Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them. Not an act of crime. |
| 75 | Falling or Flying Object |
| 76 | Hand Tool or Machine in Use |
| 77 | Motor Vehicle; Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes. |
| 78 | Moving Parts of Machine |
| 79 | Object Being Lifted or Handled; Includes dropping object on body part. |
| 80 | Object Handled By Others; Includes another dropping object on injured person’s body part. |
| 81 | Struck or Injured, NOC; Not otherwise classified in any other code. Includes kicked, stabbed, bitten. |
| 85 | Animal or Insect; Includes bite, sting or allergic reaction. |
| 86 | Explosion or Flare Back; Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. “Flare back” involves superheated air and combustible gases at temperatures just below the ignition temperature. |
| **IX** | **Rubbed or Abraded By** |
| 94 | Repetitive Motion; Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister. |
| 95 | Rubbed or Abraded, NOC; Not otherwise classified in any other code. Includes foreign body in ears. |
| **X** | **Miscellaneous Causes** |
| 82 | Absorption. Ingestion or Inhalation, NOC; Not otherwise classified in any other code. Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances. |
| 87 | Foreign Matter (Body) in Eye(s); Injury to eyes resulting from foreign matter that is not otherwise classified in any other code. |
| 88 | Natural Disasters; Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire. |
| 89 | Person in Act of a Crime; Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault. |
| 90 | Other Than Physical Cause of Injury; Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions. |
| 91 | Mold; Includes mildew. |
| 93 | Gunshot; Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot. |
| 96 | Terrorism; An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion. |
| 98 | Cumulative, NOC; Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time. |
| 99 | Other – Miscellaneous, NOC; Not otherwise classified in any other code. |

## 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](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013. |
|  | 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 N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA |
| 04 | Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA |
| 05 | Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |

## Type of Loss

|  |  |
| --- | --- |
| CODE | DESCRIPTION  Refer to [WCIO website](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013. |
|  | WCIO Type of Loss |
| 01 | Trauma |
| 02 | Occupational Disease |
| 03 | Cumulative Injury Other Than Disease |

## Type of Recovery

|  |  |
| --- | --- |
| CODE | DESCRIPTION  Refer to [WCIO website](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013. |
|  | 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 N/A: DE, MI, MN, NCCI, NJ, NY, PA, WI |
| 06 | Joint Coverage - With Subrogation N/A: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI |

## Type of Coverage

|  |  |
| --- | --- |
| CODE | DESCRIPTION  Refer to [WCIO website](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013. |
|  | 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, DE, PA, WI |
| 05 | Excess Benefits N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |
| 06 | Excess Special Compensation N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |

## Type of Settlement

|  |  |
| --- | --- |
| CODE | DESCRIPTION  Refer to [WCIO website](http://www.wcio.org) for up-to-date table values. Last updated 2/18/2013. |
|  | WCIO Type of Settlement |
| 00 | Claim Not Subject to Settlement |
| 01 | Noncompensable, Previously Alleged N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI |
| 03 | Stipulated Award (Insurer/Claimant Settlement) N/A: MA |
| 04 | Findings and Award (Judicial Award) N/A: MA, NY |
| 05 | Dismissal or Take Nothing (Noncompensable) |
| 06 | Compromise Settlement N/A: MA, NY |
| 07 | No Safety Devices N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |
| 08 | Exemplary Damages N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |
| 09 | All Other Settlements N/A: NJ |
| 10 | Aggravation of Prior Work Related Injuries N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |

*Print Glossary*

# Glossary of Definitions

| **Term** | **Definition** |
| --- | --- |
| ACH | Automated Clearing House. This is a system used to electronically process financial items. |
| ACH Trace Number | A unique identifier assigned to each ACH transaction. |
| Adjusting and Other (AO) Expenses | Costs incurred for adjusting or claims handling expenses billed by third parties. An example would be TPAs handling fees paid by a Fund to a TPA on a specific file. |
| 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 | A field which accepts only letters. |
| Alphanumerical Field | A field which accepts letters and/or numbers. |
| Ancillary Receiver | A non-domiciled Receiver who has been appointed in aid of, and in subordination to, the primary Receiver to protect the interests of the non-domiciled claimants. |
| 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 255. 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 | A demand made for payment of the coverage provided by an insurance policy. |
| Claim Number | A unique number used to identify a specific claim file. |
| 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 Code | A specific code that defines the line of business. These codes were developed specifically for use with the UDS. See “High-Level Coverage Code” and “Low-Level Coverage Code.” |
| 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. |
| 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) Number 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. |
| Early Access | The process by which a Receiver distributes a portion of a Fund’s claim prior to the final distribution of an estate’s assets. |
| Early Access Agreement | Agreement between the Receiver and Fund relative to the distribution of assets in advance of final distribution. |
| Early Access Payments | Assets provided under an Early Access Agreement. |
| Exception Reporting | Used by the receiving entity to advise the sending entity of any elements that they were not able to match or for which incorrect field specifications were found. |
| Field | A data element in a table structure. Most fields have certain attributes associated with them. For example, some fields are numeric whereas others are alphanumeric; some are long, while others are short. In addition, every field has a name. A field can be required or conditional. A collection of fields is called a record. |
| File (Data File) | A collection of data. 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 the program required to access the data. |
| File Location Codes | Codes used to designate the location of the 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. |
| Fund | See “Guaranty Fund” |
| Guaranty Fund | Fund created by state law to protect policyholders in the event an insurance company becomes insolvent and/or is placed in liquidation. May also be referred to as Guaranty Association. |
| Header Record | The first record in a file that defines the beginning point of the file as well as information about the contents of the file. This information is used by the sending entity to advise the receiving entity of the type of transmission and data that is being sent. (See [Chapter 5](#Header_Trailer) for an example.) |
| 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 charged to a policy associated with the adjustment, recording, and settlement of claims, other than the loss claim payment itself. The term encompasses allocated loss adjustment expenses (“ALAE”, Disbursements Section 1 in the UDS Financial Manual), identified by a claim file in the insurer’s records, such as attorney’s fees. It also encompasses unallocated loss adjustment expenses (“ULAE”, Disbursements Section 2 in the UDS Financial Manual), which are operating expenses not identified by claim file but functionally associated with settling losses, such as salaries of the claims department. |
| Loss Claim Payments | The total of all policy related benefit/loss claim payments made directly by or on behalf of the Fund to the policyholder/claimant charged directly to a claim recorded with transaction code “310” and “320” during the reporting period. Report in Disbursements Section 1. This would not include DCC or AO expenses. |
| Low-Level Coverage Code | Code for a specific coverage by line of business that does not end with 000. |
| Media | Objects on which data can be stored. These include but are not limited to hard disks, CD-ROMs, DVDs and tapes. |
| [NAIC](http://www.naic.org) | The National Association of Insurance Commissioners (NAIC) is the organization of insurance regulators from the 50 states, the District of Columbia and the five U.S. territories. The NAIC provides a forum for the development of uniform policy when uniformity is appropriate. |
| NAIC Number | 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](http://www.ncigf.org/) | National Conference of Insurance Guaranty Funds provides national assistance and support to the Property & Casualty Guaranty Funds. |
| Numeric Field | A field which accepts numbers only |
| Policy | The written contract of insurance. |
| Policy Effective Date | The effective date of the policy as written by the solvent insurance company. |
| Policy Expiration Date | The expiration date of the policy as written by the solvent insurance company. |
| Policy Number | The unique number used by an insurance company to identify a specific policy. |
| 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. |
| Recovery | An amount of money received from a person or a company as a repayment of loss or expense payments. |
| Reinsurance | Coverage that insurance companies buy to transfer risk to another company to minimize the likelihood of large losses. |
| 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 | Estimated potential liabilities as of the reporting date. Loss claim reserves are reported with a “130” transaction code. Expense reserves are reported with a “230” transaction code. |
| Return 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 repaired, recovered or scrapped property. |
| Second Injury Fund | Insurance fund set up by some states to encourage employers to hire handicapped workers. When 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 Second Injury 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 Cap | Maximum amount payable by a Fund for a covered claim. Amount may vary by Fund statute. |
| 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 (TSG) | 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. |
| Trailer Record | The last record in a file that defines the ending point of the file as well as information about the contents of the file. This information is used by the sending entity to advise the receiving entity of the type of transmission and data that is being sent. (See [Chapter 5](#Header_Trailer) for an example.) |
| Transaction Codes | A 3-digit code for the type of transaction being processed. |
| Unearned Premium (UEP) | That portion of the policy premium not earned as of the date of cancellation. This figure does not take into account the premiums actually paid by the insured (See “Return Premium”). |
| Unearned Premium Claim Payments | The amount paid by the Fund to an insured or other claimant after applying any statutory deductibles recorded with transaction code “820” and “825” during the reporting period. (Disbursements Section 1, see the UDS Financial Manual.) |
| 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 a consistent manner. |
| Vocational Rehab Indicator | Indicates if an indemnity loss includes non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification, and retraining, including on-the-job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses. |
| Workers’ Compensation Insurance Organizations ([WCIO](http://www.wcio.org/)) | 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. |

Appendix

*Print “A” Record - Short*

“A” Record Short - Receiver to Fund - 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 NAIC NUMBER | R | A | 5 | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | FILE LOCATION STATE | R | A | 2 | 7-8 | State to which the physical file and electronic record are being sent*.* [See State Codes table, p](#state_codes)*.16-2* |
| 4 | FILE LOCATION CODE | R | N | 2 | 9-10 | Location code of the entity to which the physical file and electronic record are being sent. [See File Location table, p.](#File_location_codes)*16-1* |
| 5 | COVERAGE CODE | R | N | 6 | 11-16 | Type of loss - [See Coverage Code table](#coverage_code_table), *p.15-2* |
| 6 | POLICY NUMBER | R | A | 20 | 17-36 | Policy Number |
| 7 | INSOLVENT COMPANY 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 Codes table, p](#state_codes)*.16-2* |
| 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 | The effective date of the policy covering the referenced claim. |
| 18 | POLICY EXPIRATION DATE | R | N | 8 | 249-256 | The expiration date of the policy covering the referenced claim. |
| 19 | CLAIMANT NUMBER | R | N | 5 | 257-261 | Number assigned by Receiver to this claimant. |
| 20 | CLAIMANT NAME #1 | R | A | 30 | 262-291 | Claimant’s last name or business name. |
| 21 | CLAIMANT NAME #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 Codes table, p](#state_codes)*.16-2* |
| 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 Codes table, p](#transaction_code_table)*.14-1* |
| 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 to a catastrophic event. |
| 32 | RECOVERY INDICATOR CODE | R | A | 1 | 445 | Potential recovery type. [See Recovery Codes table](#recovery_codes), p. *16-3* |
| 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 Number, if longer than 20 characters |
| 37 | ISSUING COMPANY CODE | C | A | 5 | 508-512 | NAIC number of the insolvent company that issued the policy |
| 38 | SERVICING OFFICE CODE | C | A | 6 | 513-518 | Code for TPA / branch office |
| 39 | CLAIM REPORT DATE | C | N | 8 | 519-526 | Date the claim was reported to the company. YYYYMMDD |
| 40 | CLAIMANT BIRTH DATE | C | N | 8 | 527-534 | Claimant birth date. YYYYMMDD |
| 41 | REPETITIVE PAYMENT INDICATOR | R | A | 1 | 535 | Repetitive payment indicator |
| 42 | WCIO INJURY CODE | C | A | 3 | 536-538 | [See WCIO Injury Code Table, p.](#wcio_injury_code)*16-6* |
| 43 | WCIO PART OF BODY | C | A | 3 | 539-541 | [See WCIO Part of Body table, p.](#_WCIO_Part_of)*16-6* |
| 44 | WCIO NATURE OF INJURY | C | A | 3 | 542-544 | [See WCIO Nature of Injury table,  p.](#nature_of_injury_table)*16-9* |
| 45 | WCIO CAUSE | C | A | 3 | 545-547 | [See WCIO Cause of Injury table,  p.](#cause_of_injury_table)*16-11* |
| 46 | WCIO ACT | C | A | 3 | 548-550 | [See WCIO Act table, p.](#wcio_act_table)*16-14* |
| 47 | WCIO TYPE OF LOSS | C | A | 3 | 551-553 | [See WCIO Type of Loss table, p.](#wcio_type_of_loss_table)*16-14* |
| 48 | WCIO TYPE OF RECOVERY | C | A | 3 | 554-556 | [See WCIO Type of Recovery table, p.](#wcio_type_of_recovery_table)*16-14* |
| 49 | WCIO TYPE OF COVERAGE | C | A | 3 | 557-559 | [See WCIO Type of Coverage table, p.](#wcio_type_of_coverage_table)*16-14* |
| 50 | WCIO TYPE OF SETTLEMENT | C | A | 3 | 560-562 | [See WCIO Type of Settlement table, p.](#wcio_type_of_settlement_table)*16-15* |
| 51 | WCIO VOCATIONAL REHAB INDICATOR | C | A | 1 | 563 | WCIO Vocational 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 Workers' 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 |

*Print “A” Record - Extended*

“A” Record Extended Description - Receiver to Fund - 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 NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. 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 Codes table, p](#state_codes)*.16-2*) 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-case basis. | No default allowed. |
| 4 | FILE LOCATION CODE | With field 3, identifies the entity to which the physical claim file must be delivered. The most commonly used Location Codes are: “01 - Domiciliary Receiver”; “10 - Property/Casualty Guaranty Fund”; and “11 - Workers’ Compensation Security Fund (AZ, FL, NJ, NY and PA).” [See Examples 6.5.3, p.](#Ex_5_5_3)*6-2* | No default allowed. |
| 5 | COVERAGE CODE | This code defines the category of coverage that provided protection for the loss. [See Coverage Code table](#coverage_code_table), p.*15-2.* There should be at least one record with a specific coverage (i.e., 845012) for each claimant on that claim in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. | 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 6.5.6, p.](#Ex_5_5_6)*6-3* | 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 Claim Number is 20 characters or less, it appears here, and field 36, Long Claim Number, must be blank.  If Insolvent Company Claim Number exceeds 20 characters, then the Receiver assigns a unique number in this field, and field 36, Long Claim Number, 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 |
| 10 | INSURED’S NAME LINE #2 | 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.  Exceptions to the above preferred field layout 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 |
| 11 | INSURED’S ADDRESS #1 | 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. | Blank |
| 12 | 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 |
| 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 Codes table, p](#state_codes)*.16-2* | 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. | 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 | 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 6.5.19, p.](#Ex_5_5_19)*6-3* | No default allowed. |
| 20 | CLAIMANT’S NAME LINE #1 | If the claimant is a(n):  Individual: The last name only should be entered here.  Business: The name of the business should be entered here. | UDSUNKNOWN |
| 21 | CLAIMANT’S NAME LINE #2 | If the claimant is a(n):  Individual: The first name, middle initial and any suffixes should be entered here.  Business: 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 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.  Type will be in all upper case letters. | Blank |
| 22 | CLAIMANT’S ADDRESS #1 | The following are acceptable entries in the first address field:  Entire street address of the claimant.  Suite or apartment number only, if entire address does not fit in this field.  C/O name. | Blank |
| 23 | CLAIMANT’S ADDRESS #2 | The following are acceptable entries in the second address field:  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.” | 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 Codes table, p](#state_codes)*.16-2* | 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. | 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 |
| 29 | TRANSACTION CODE | Code that identifies the type of transaction included in the record. [See Transaction Codes table, p.](#transaction_code_table)*14-1* Always = “100”. | 100 |
| 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 code assigned for major catastrophic events, such as hurricanes, floods, tornadoes, etc., or a catastrophic injury. | Blank |
| 32 | RECOVERY INDICATOR CODE | Indicates type of potential recovery associated with this claim. [See Recovery Codes table, p. *16-3*](#recovery_codes) | Zero |
| 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 indicates a possible 2nd Injury Fund involvement in the claim.  N indicates no 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 Number, if longer than 20 characters. Otherwise, blank. See field 7.  [See Example 6.5.36, p.](#Ex_6_5_36)*6-4* | Blank |
| 37 | ISSUING COMPANY CODE | NAIC Number of the insolvent 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. | Blank |
| 39 | CLAIM REPORT DATE | Date that the claim was reported to the company.  May be blank. YYYYMMDD date format. | Blank |
| 40 | CLAIMANT BIRTH DATE | Claimant’s birth date. YYYYMMDD date format.  REQ: If claim is Workers’ Comp or bodily injury. | Blank |
| 41 | REPETITIVE PAYMENT INDICATOR | Y/N INDICATOR  REQ: Must be N if other than Workers’ Comp. Should only be Y on those workers’ comp indemnity coverage records, where repetitive payments are being made at the time of insolvency. | N |
| 42 | WCIO INJURY CODE | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Injury Code Table, p.](#wcio_injury_code)*16-6* | Blank |
| 43 | WCIO PART OF BODY | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Part of Body table, p.](#_WCIO_Part_of)*16-6* | Blank |
| 44 | WCIO NATURE OF INJURY | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Nature of Injury table, p.](#nature_of_injury_table)*16-9* | Blank |
| 45 | WCIO CAUSE | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Cause of Injury table, p.](#cause_of_injury_table)*16-11* | Blank |
| 46 | WCIO ACT | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Act table, p.](#wcio_act_table)*16-14* | Blank |
| 47 | WCIO TYPE OF LOSS | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Loss table, p.](#wcio_type_of_loss_table)*16-14* | Blank |
| 48 | WCIO TYPE OF RECOVERY | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Recovery table, p.](#wcio_type_of_recovery_table)*16-14* | Blank |
| 49 | WCIO TYPE OF COVERAGE | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Coverage table, p.](#wcio_type_of_coverage_table)*16-14* | Blank |
| 50 | WCIO TYPE OF SETTLEMENT | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Settlement table, p.](#wcio_type_of_settlement_table)*16-15* | Blank |
| 51 | WCIO VOCATIONAL REHAB INDICATOR | Y indicates claim includes rehabilitation costs  N indicates claim does not include rehabilitation costs  U indicates Unknown. | U |
| 52 | DESCRIPTION OF INJURY | Short description of accident/incident.  REQ: for Work Comp, blank for non-WC. | Blank |
| 53 | WCAB NUMBER | Number assigned by the Work comp board. | Blank |
| 54 | EMPLOYER WORK PHONE NUMBER | Employer telephone number. No dashes or spaces.  Required if available 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 |

*Print “B” Record - Short*

“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 NAIC NUMBER | R | A | 5 | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | FILE LOCATION STATE | R | A | 2 | 7-8 | State to which the physical file and electronic record are being sent*.* [See State Codes table, p](#state_codes)*.16-2* |
| 4 | FILE LOCATION CODE | R | N | 2 | 9-10 | Location code of the entity to which the physical file and electronic record are being sent. [See File Location table, p.](#File_location_codes)*16-1* |
| 5 | COVERAGE CODE | R | N | 6 | 11-16 | Defines the category of coverage that provided protection for the loss. [See Coverage Code table](#coverage_code_table), *p.15-2* |
| 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. |
| 7 | RECEIVER CLAIM NUMBER | C | A | 20 | 37-56 | Unique number assigned by Receiver to this claim. |
| 8 | INSURED’S NAME LINE #1 | R | A | 30 | 57-86 | Named Insured’s first name. |
| 9 | INSURED’S NAME LINE #2 | C | A | 30 | 87-116 | Named Insured’s first name. |
| 10 | INSURED’S ADDRESS #1 | C | A | 30 | 117-146 | Named Insured’s address. |
| 11 | INSURED’S ADDRESS #2 | C | A | 30 | 147-176 | Continuation of named Insured’s address, if needed. |
| 12 | INSURED’S CITY | C | A | 25 | 177-201 | City of named Insured’s address. |
| 13 | INSURED’S STATE | C | A | 2 | 202-203 | Postal Code for named Insured’s state. [See State Codes table, p](#state_codes)*.16-2* |
| 14 | INSURED’S ZIP CODE | C | A | 9 | 204-212 | Named Insured’s zip code. |
| 15 | DATE OF LOSS | R | N | 8 | 213-220 | The date of entry of an Order of Liquidation. |
| 16 | CLAIMANT NUMBER | R | N | 5 | 221-225 | Number assigned by Receiver to this claimant. |
| 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. |
| 20 | POLICY EXPIRATION DATE | R | N | 8 | 244-251 | The expiration date of the policy covering the referenced claim. |
| 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, or the policy expiration date, if the policy runs full term. |
| 22 | CANCELLATION CODE | R | A | 1 | 260 | Code that identifies the type of policy cancellation. [See Cancellation Codes table, p.](#cancellation_codes)*16-1* |
| 23 | TRANSACTION CODE | R | N | 3 | 261-263 | A three-digit code that identifies the type of transaction for this record. [See Transaction Codes table, p](#transaction_code_table)*.14-8* |
| 24 | TOTAL WRITTEN POLICY PREMIUM | C | N | 10 [(8).XX] | 264-273 | Total premium billed, including endorsements. (Excluding final audit and policy fees.) |
| 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.) |
| 26 | FINAL AUDIT INDICATOR | R | A | 1 | 284 | Y/N indicator to identify if policy is to be audited. “800” transactions should be “Y”. “815” transactions should be “N”. |
| 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. |
| 28 | UNPAID PREMIUM AMOUNT | C | N | 10 [(7).XX-] | 295-304 | Amount owed the insolvent company on current year’s premium. |
| 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 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. |
| 32 | BILLING MODE | C | A | 1 | 325 | A = Agency billed. D = Direct billed. |
| 33 | CLAIMANT’S NAME #1 | C | A | 30 | 326-355 | Claimant’s last name or business name. Can also be used for Finance Company and/or agent. |
| 34 | CLAIMANT’S NAME #2 | C | A | 30 | 356-385 | Claimant’s first name. |
| 35 | CLAIMANT’S ADDRESS #1 | C | A | 30 | 386-415 | Claimant’s address. |
| 36 | CLAIMANT’S ADDRESS #2 | C | A | 30 | 416-445 | Continuation of claimant’s address if needed. |
| 37 | CLAIMANT’S CITY | C | A | 25 | 446-470 | Claimant’s city. |
| 38 | CLAIMANT’S STATE | C | A | 2 | 471-472 | Claimant’s state [See State Codes table, p](#state_codes)*.16-2* |
| 39 | CLAIMANT’S ZIP CODE | C | A | 9 | 473-481 | Claimant’s zip code. |
| 40 | CLAIMANT’S PHONE # | C | A | 20 | 482-501 | Claimant’s Area Code and Phone Number |

*Print “B” Record - Extended*

“B” Record Extended Description - Receiver to Fund - 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 NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. 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 Codes table, p](#state_codes)*.16-2*.) 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-case basis. | No default allowed. |
| 4 | FILE LOCATION CODE | With field 3, identifies the entity to which the physical claim file must be delivered. The most commonly used Location Codes are: “01 - Domiciliary Receiver”; “10 - Property/Casualty Guaranty Fund”; and “11 - Workers’ Compensation Security Fund (AZ, FL, NJ, NY and PA).” [See Examples 6.5.3, p.](#Ex_5_5_3)*6-2* | No default allowed. |
| 5 | COVERAGE CODE | This code defines the category of coverage that provided protection for the loss. [See Coverage Code table](#coverage_code_table), *p.15-2* 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 6.5.3., p.](#Ex_5_5_3)*6-2* | 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 6.5.6., p.](#Ex_5_5_6)*6-3* | 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):  Individual: The last name only should be entered here.  Business: Name of business should be entered here. | UDSUNKNOWN |
| 9 | INSURED’S NAME LINE #2 | 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.  Exceptions to the above preferred field layout 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 |
| 10 | INSURED’S ADDRESS #1 | 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. | 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 Codes table, p](#state_codes)*.16-2* | 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. | Blank |
| 15 | DATE OF LOSS | The date of entry of an Order of Liquidation is to be reflected in this field. The format is YYYYMMDD. | No default allowed |
| 16 | CLAIMANT NUMBER | 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. | 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. | For “800” transactions:  19010101  For “815” transactions:  No default allowed |
| 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. | For “800” transactions:  19010101  For “815” transactions:  No default allowed |
| 21 | CANCELLATION DATE | The cancellation date of the policy used by the Receiver, based on the Court Order or prior cancellation date, or the policy expiration date, if the policy runs full term. The format is YYYYMMDD. | For “800” transactions:  19010101  For “815” transactions:  No default allowed |
| 22 | CANCELLATION CODE | Code that identifies the type of policy cancellation. [See Cancellation Codes Table](#cancellation_codes)*, p. 16-1.* | Blank |
| 23 | TRANSACTION CODE | A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Codes are “800” and “815.” [See Transaction Codes Table](#transaction_code_table)*, p. 14-1.* | No default allowed |
| 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 |
| 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 |
| 26 | FINAL AUDIT INDICATOR | Y/N indicator to identify if policy is to be audited. “800” transactions should be “Y”. “815” transactions should be “N”. | No default allowed |
| 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 |
| 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 |
| 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 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: 2.75% commission would be represented as 00275. | All zeroes |
| 32 | BILLING MODE | A = Agency billed. D = Direct billed. | Blank |
| 33 | CLAIMANT’S NAME #1 | If the claimant is a(n):  Individual: The last name only should be entered here.  Business: The name of the business should be entered here. Can also be used for Finance Company and/or agent. | Insured, or the actual payee if different. Blank if unknown. |
| 34 | CLAIMANT’S NAME #2 | If the claimant is a(n):  Individual: The first name, middle initial and any suffixes should be entered here.  Business: 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 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.  Type will be in all upper case letters. | Insured, or the actual payee if different. Blank if unknown. |
| 35 | CLAIMANT’S ADDRESS #1 | The following are acceptable entries in the first address field:  Entire street address of the claimant.  Suite or apartment number only, if entire address does not fit in this field.  C/O name. | Insured, or the actual payee if different. Blank if unknown. |
| 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”. | Insured, or the actual payee if different. Blank if unknown. |
| 37 | CLAIMANT’S CITY | City of claimant’s address. | Insured, or the actual payee if different. Blank if unknown. |
| 38 | 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 Codes table, p](#state_codes)*.16-2* | Insured, or the actual payee if different. Blank if unknown. |
| 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. | Insured, or the actual payee if different. Blank if unknown. |
| 40 | CLAIMANT PHONE # | Claimant’s Area Code and Phone Number | Blank |

*Print “C” Record - Short*

“C” Record Short - Fund to Receiver - Loss and UEP

| No. | Field Name | Req | Type | Size | Pos | Short Description |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | RECORD TYPE | R | A | 1 | 1 | The value of this field must be “C” |
| 2 | INSOLVENT COMPANY NAIC NUMBER | R | A | 5 | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | TRANSACTION LOCATION STATE | R | A | 2 | 7-8 | State sending transaction - [See State Codes table, p](#state_codes)*.16-2*.  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 must always be the same state as the header and trailer “From State” field. |
| 4 | TRANSACTION LOCATION CODE | R | N | 2 | 9-10 | Entity sending transaction.  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](#File_location_codes), p. *16-1*  Example: 10=P&C Fund, 11=WC Fund, 26=TPA transmitting data directly. |
| 5 | COVERAGE CODE | C | N | 6 | 11-16 | Type of loss - [see Coverage Code table](#coverage_code_table), *p.15-2*  **Loss Claim:**  **030 through 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 through 899**: Coverage code required and must match code from the associated “B” Record. |
| 6 | POLICY NUMBER | R | A | 20 | 17-36 | Policy Number |
| 7 | INSOLVENT COMPANY CLAIM NUMBER | C | 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.  **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. |
| 9 | FUND CLAIM NUMBER | C | A | 20 | 77-96 | Unique number assigned by the Fund to this claim.  **Loss**:  Required for all transaction codes.  **UEP**:  Not required, unless one is assigned by the Fund. |
| 10 | INSURED’S NAME LINE #1 | R | A | 30 | 97-126 | Named Insured’s last name or business name. |
| 11 | INSURED’S NAME LINE #2 | C | A | 30 | 127-156 | Named Insured’s first name. |
| 12 | CLAIMANT NUMBER | C | N | 5 | 157-161 | Number assigned by Receiver to this claimant.  **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 |
| 13 | CLAIMANT NAME LINE #1 | C | A | 30 | 162-191 | Claimant’s last name or business name.  **Loss**:  Required for **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. |
| 14 | CLAIMANT NAME LINE #2 | C | A | 30 | 192-221 | Claimant’s first name. |
| 15 | CLAIMANT ADDRESS #1 | C | A | 30 | 222-251 | Claimant’s address.  **Loss**:  Include if available: **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. |
| 16 | CLAIMANT ADDRESS #2 | C | A | 30 | 252-281 | Continuation of claimant’s address if needed.  **Loss**:  Required for **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790 and 792** when needed to complete a multi-line address. See long description.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. |
| 17 | CLAIMANT CITY | C | A | 25 | 282-306 | Claimant’s city  **Loss**:  Include if available: **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. |
| 18 | CLAIMANT STATE | C | A | 2 | 307-308 | Claimant’s state [See State Codes table, p](#state_codes)*.16-2*  **Loss**:  Include if available: **130, 230, 310, 320, 450, 470, 410, 420, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. |
| 19 | CLAIMANT ZIP CODE | C | A | 9 | 309-317 | Claimant’s zip code. |
| 20 | TRANSACTION CODE | R | N | 3 | 318-320 | [See Transaction Codes table, p](#transaction_code_table)*.14-1*  Required for all transactions and can ONLY be one of the UDS compliant transaction codes. |
| 21 | TRANSACTION DATE | R | N | 8 | 321-328 | Date transaction processed  Required for all transaction codes.  **130 and 230**: this must be the last date of the reporting period. |
| 22 | TRANSACTION AMOUNT | C | N | 12 | 329-340 | Transaction amount  **Loss:**  **030 through 090 and 099** (Claims Status): all zeroes with positive sign.  **091**: estimate of total value of claim, sign positive  **130 and 230** (Reserves): dollar amount of reserve, sign positive. May be all zeroes.  **310 through 470** (Payments): dollar amount of payment, sign positive (sign negative only for voids, stop payments, reimbursements, reversals or overpayments).  **500** **series** (Recoveries): dollar amount of recovery with sign negative. (Sign positive only for a correction).  **610** (Statutory Deductible): dollar amount of statutory deductible that has been applied to this claim. Sign positive.  **790**: (Loss over Cap): the net value of any judgment received by the Fund less payments made by the Fund. Sign positive.  **792**: offset amount, sign positive  **UEP:**  **820, 825** (UEP Payments): Return premium amount paid. Sign positive (negative only for voids, stop payments, reimbursements, reversals or overpayments).  **840** (UEP Deductible): dollar amount of statutory deductible that the Fund applied to the claim. Sign positive (sign negative only for reversal).  **850** (UEP Value above Cap): the net value of the return premium claim in excess of the Fund’s statutory limits. Sign positive.  **870 (**UEP Expense Payments): amount paid for UEP expenses. Sign positive (negative only for reversal).  **860, 899** (UEP Claim Status): zeroes |
| 23 | CHECK NUMBER | C | A | 12 | 341-352 | Check number  **Loss:**  **300 series**: (loss claim payments) Required.  **400 series:** (expense payments) Required.  **500 series**: (recoveries) Required.  All others blank.  **UEP:**  **820, 825, and 870** (payments) Required.  All others blank |
| 24 | PAYEE INDICATOR | C | A | 1 | 353 | F = Federal ID number  S = Social Security Number  **Loss:**  **300 series**: (loss claim payments) Required  **400 series:** (expense payments) If available  All other transaction codes blank  **UEP:**  **820, 825, and 870** (payments) Required.  All other transaction codes blank |
| 25 | PAYEE ID NUMBER | C | N | 9 | 354-362 | Federal ID number or Social Security number  **Loss:**  **300 series**: (loss claim payments) Required.  **400 series:** (expense payments)  Strongly recommended if available.    All other transaction codes blank  **UEP:**  **820, 825, and 870** (payments) Required.  All other transaction codes blank |
| 26 | PAYEE NAME #1 | C | A | 30 | 363-392 | Payee last name or business name.  **Loss:**  **300 series** (loss claim payments): Required.  **400 series** (expense payments): Required  **500 series** (recoveries Payor): Required    **UEP:**  **820, 825, and 870** (payments) Required.  All others blank |
| 27 | PAYEE NAME #2 | C | A | 30 | 393-422 | Payee first name  **Loss:**  **300 series**: (loss claim 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.  **UEP:**  **820, 825, and 870** (payments) Required for individuals and continuations from Payee name #1.  All others blank  Exceptions to the above preferred field layout 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. |
| 28 | CATASTROPHIC LOSS CODE | C | N | 2 | 423-424 | Code assigned to a catastrophic event, if assigned by the Receiver in the “A” Record.  **Loss:**  Required on all transactions for a claim, if provided to the Fund.  **UEP:**  Not required |
| 29 | RECOVERY INDICATOR CODE | R | A | 1 | 425 | Potential recovery type. [See Recovery Codes table](#recovery_codes), p. *16-3*  **Loss:**  **530:** (loss recovery) **Actual** type of recovery received. [See Recovery Codes table](#recovery_codes), p. 16-3  **540: (**expense recovery) **Actual** type of recovery received. [See Recovery Codes table](#recovery_codes), p. *16-3*  **550:** (TPA fee recovery) **Actual** type of recovery received. [See Recovery Codes table](#recovery_codes), p. *16-3*  **All other transactions:** **Potential** recovery indicator code for this claim from the recovery code table. [See Recovery Codes table](#recovery_codes), p. *16-3* |
| 30 | SUIT INDICATOR | R | A | 1 | 426 | Claim in litigation Y / N / U  **Loss:**  Required on all transactions for a claim.  **UEP:**  Not applicable. Defaults to ‘N’ |
| 31 | 2ND INJURY FUND INDICATOR | R | A | 1 | 427 | Potential 2nd Injury Fund involvement  Y / N / U  **Loss:**  Required on all transactions for a claim.  **UEP:**  Not applicable. Defaults to ‘N’ |
| 32 | DATE OF LOSS | R | N | 8 | 428-435 | Date of Loss (Accident Date)  **Loss:**  Required on all transaction codes for a claim. Must fill with 19010101 if correct date cannot be determined.  **UEP:**  Cancellation date |
| 33 | TRANSACTION COMMENT | C | A | 60 | 436-495 | Comments  **Loss:**  Required for 310, 320, 410, 420, 450 and 470 if a void, a stop payment issued, or reimbursement transaction.  **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. |
| 34 | EXPENSE CODE | C | A | 2 | 496-497 | [See Expense Codes table, p. *16-4*](#expense_codes)  (values 01 through 99).  All others blank.  **Loss:**  Required for **410, 420 and 540 only**  **UEP:**  Not applicable |
| 35 | WCIO INJURY CODE | C | A | 3 | 498-500 | [See WCIO Injury Code Table, p.](#wcio_injury_code)*16-6*  For all WCIO codes, fields 35 through 44, below, rule is as follows :  **Loss:**  Recommended for all transaction codes for workers’ compensation claims. Must be blank for all transaction codes for non-WC claims.  **UEP:**  Blank, not applicable |
| 36 | WCIO PART OF BODY | C | A | 3 | 501-503 | [See WCIO Part of Body table, p.](#_WCIO_Part_of)*16-6* |
| 37 | WCIO NATURE OF INJURY | C | A | 3 | 504-506 | [See WCIO Nature of Injury table,  p.](#nature_of_injury_table)*16-9* |
| 38 | WCIO CAUSE | C | A | 3 | 507-509 | [See WCIO Cause of Injury table,  p.](#cause_of_injury_table)*16-11* |
| 39 | WCIO ACT | C | A | 3 | 510-512 | [See WCIO Act table, p.](#wcio_act_table)*16-14* |
| 40 | WCIO TYPE OF LOSS | C | A | 3 | 513-515 | [See WCIO Type of Loss table, p.](#wcio_type_of_loss_table)*16-14* |
| 41 | WCIO TYPE OF RECOVERY | C | A | 3 | 516-518 | [See WCIO Type of Recovery table, p.](#wcio_type_of_recovery_table)*16-14* |
| 42 | WCIO TYPE OF COVERAGE | C | A | 3 | 519-521 | [See WCIO Type of Coverage table, p.](#wcio_type_of_coverage_table)*16-14* |
| 43 | WCIO TYPE OF SETTLEMENT | C | A | 3 | 522-524 | [See WCIO Type of Settlement table, p.](#wcio_type_of_settlement_table)*16-15* |
| 44 | WCIO VOCATIONAL REHAB INDICATOR | C | A | 1 | 525 | WCIO Vocational Rehab Indicator. Does claim include rehabilitation costs? Y / N |
| 45 | TPA CLAIM NUMBER | C | A | 30 | 526-555 | Number assigned by insolvent company’s TPA to this claim.  **Loss:**  Include on all transactions for a claim when applicable.  **UEP:**  Not applicable |
| 46 | LONG CLAIM NUMBER | C | A | 30 | 556-585 | Insolvent Company Claim Number, if longer than 20 characters  **Loss:**  Required for all transaction codes for a claim, where Insolvent Company Claim Number is longer than 20 characters  Otherwise blank.  **UEP:**  Not applicable |
| 47 | SERVICE/BENEFIT FROM DATE | C | N | 8 | 586-593 | Beginning date of service or benefit covered by this payment  **Loss:**  ***Workers’ Comp*** claims:  Required for **300 series** transactions; **400 series** transactions (if available).    Blank on all other transactions.  ***Non-WC claims***: optional on payments.  **UEP:**  Not applicable |
| 48 | SERVICE / BENEFIT THROUGH DATE | C | N | 8 | 594-601 | Ending date of service or benefit covered by this payment  **Loss:**  ***Worker’s Comp*** claims:  Required for **300 series** transactions; **400 series** transactions (if available).  Blank on all other transactions.  ***Non-WC claims***: optional on payments.  **UEP:**  Not applicable |
| 49 | POLICY DEDUCTIBLE INDICATOR | C | A | 1 | 602 | Policy deductible applied to this payment Y / N  **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:** Not applicable  **All other transaction codes:** Blank  **UEP:**  Not applicable |

*Print “C” Record - Extended*

“C” Record Extended Description - Fund 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 NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. | 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 Codes table, p](#state_codes)*.16-2*  All transactions MUST have the same state as the header and trailer “From State” field. [See Example 13.5.3-4, p.](#Ex_10_5_34)*13-2*  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 must always be the same state as the header and trailer “From State” field. [See Examples 13.5.3-4](#Ex_10_5_34), p.*13-2* | No default allowed. |
| 4 | TRANSACTION LOCATION CODE | The two-character code selected from the [File Location table, p](#File_location_codes)*.16-1*  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.  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](#File_location_codes), p. *16-1*  Example: 10=P&C Fund, 11=WC Fund, 26=TPA transmitting data directly. [See Examples 13.5.3-4](#Ex_10_5_34), p.*13-2* | No default allowed. |
| 5 | COVERAGE CODE | This code defines the category of coverage that provided protection for the loss. [See Coverage Code table](#coverage_code_table), *p.15-2*  **Loss Claim:**  **030 through 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 through 899**: Coverage code required and must match code from the associated “B” Record.  [See example 13.5.5.1 and example 13.5.5.2](#Ex_10_5_5), p.*13-4* [and](#Ex_10_5_5) *p.13-5* | 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 |
| 7 | INSOLVENT COMPANY 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.    **Loss**:  Required for all transaction codes.  Exactly as received on “A” record or as provided by the Receiver.  **UEP:**  Not required. | No default allowed. |
| 8 | RECEIVER CLAIM NUMBER | The unique number that the Receiver assigned to identify this specific claim against this insolvent company.  **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. | Blank |
| 9 | FUND CLAIM NUMBER | The unique number that the fund assigned (if any) to identify this specific claim against this insolvent company.  **Loss**:  Required for all transaction codes.  **UEP**:  Not required, unless one is assigned by the Fund. | 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. | UDSUNKNOWN |
| 11 | INSURED’S NAME LINE #2 | 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.  Exceptions to the above preferred field layout 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 |
| 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  REQUIRED only on ALL Claimant Level Transactions  **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 | Blank for Claim Level Transactions  No default allowed for Claimant Level Transactions |
| 13 | CLAIMANT NAME LINE #1 | If the claimant is a(n):  Individual: The last name only should be entered here.  Business: The name of the business should be entered here.  **Loss**:  Required for **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. | No default allowed for loss claims.  Blank for UEP. |
| 14 | CLAIMANT NAME LINE #2 | If the claimant is a(n):  Individual: The first name, middle initial and any suffixes should be entered here.  Business: 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 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.  Type will be in all upper case letters. | Blank |
| 15 | CLAIMANT ADDRESS #1 | The following are acceptable entries in the first address field:  Entire street address of the claimant.  Suite or apartment number only, if entire address does not fit in this field.  C/O name.  [See Example 13.5.15, p.](#Ex_10_5_16)*13-6*  **Loss**:  Include if available: **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. | Blank |
| 16 | CLAIMANT ADDRESS #2 | The following are acceptable entries in the second address field:  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’s Address Line #1”.  [See Example 13.5.15, p.](#Example_13_5_15)*13-6*  **Loss**:  Required for **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790 and 792**  when needed to complete a multi-line address. See long description.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. | Blank |
| 17 | CLAIMANT CITY | City of claimant’s address.  **Loss**:  Include if available: **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. | Blank |
| 18 | CLAIMANT STATE | The two-character code used by the U.S. Post Office to identify the state of residence for this claimant. (Ex: Montana - MT). If the claimant resides in a foreign country, use FC for the state code. [See State Codes table, p](#state_codes)*.16-2*  **Loss**:  Include if available: **130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792**.  **UEP**:  Required for all transactions if it was given on the “B Record” or provided by the Receiver. | Blank |
| 19 | CLAIMANT ZIP CODE | The standard zip code used by the U.S. Post Office.  Shorter values should be left justified and padded with zeroes. | Blank |
| 20 | TRANSACTION CODE | Transaction code selected from the [See Transaction Codes table, p](#transaction_code_table)*.14-1*, identifying the type of transaction for this record.  Required for all transactions and can ONLY be one of the UDS compliant transaction codes. | No default allowed. |
| 21 | TRANSACTION DATE | The date the transaction was processed by the Fund in the format YYYYMMDD.  Required for all transaction codes.  **130 and 230**: this must be the last date of the reporting period. | No default allowed. |
| 22 | TRANSACTION AMOUNT | 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-)    The field is zero filled to the left.  [See Section 13.4 for Relation to Transaction Codes](#_10.4_Relationship_to)  **Loss:**  **030 through 090 and 099** (Claims Status): all zeroes with positive sign.  **091**: estimate of total value of claim, sign positive  **130 and 230** (Reserves): dollar amount of reserve, sign positive. May be all zeroes.  **310 through 470** (Payments): dollar amount of payment, sign positive (sign negative only for voids, stop payments, reimbursements, reversals or overpayments).  **500** **series** (Recoveries): dollar amount of recovery with sign negative. (Sign positive only for a correction).  **610** (Statutory Deductible): dollar amount of statutory deductible that has been applied to this claim. Sign positive.  **790**: (Loss over Cap): the net value of any judgment received by the Fund less payments made by the Fund. Sign positive.  **792**: offset amount, sign positive  **UEP:**  **820, 825** (UEP Payments): Return premium amount paid. Sign positive (negative only for voids, stop payments, reimbursements, reversals or overpayments).  **840** (UEP Deductible): dollar amount of statutory deductible that the Fund applied to the claim. Sign positive (sign negative only for reversal).  **850** (UEP Value above Cap): the net value of the return premium claim in excess of the Fund’s statutory limits. Sign positive.  **870 (**UEP Expense Payments): amount paid for UEP expenses. Sign positive (negative only for reversal).  **860, 899** (UEP Claim Status): zeroes | All Zeroes |
| 23 | CHECK NUMBER | The number of the check for this transaction.  REQUIRED for all payment transactions.  **Loss:**  **300 series**: (loss claim payments) Required.  **400 series:** (expense payments) Required.  **500 series**: (recoveries) Required.  All others blank.  **UEP:**  **820, 825, and 870** (payments) Required.  All others blank  **ACH:**  The ACH Trace number should be used. This reference should uniquely identify the payment. Where the reference number is longer than 12 digits/characters, leading characters should be truncated leaving the most indicative 12 right most characters. Voids or other reversals should carry the same reference number as the original payment transaction. | Blank if not a payment. |
| 24 | PAYEE INDICATOR | F - Federal ID number. S - Social Security number.  **Loss:**  **300 series**: (loss claim payments) Required  **400 series:** (expense payments) If available  All other transaction codes blank  **UEP:**  **820, 825, and 870** (payments) Required.  All other transaction codes blank | Blank |
| 25 | PAYEE ID NUMBER | Federal ID number or Social Security number  **Loss:**  **300 series**: (loss claim payments) Required.  **400 series:** (expense payments)  Strongly recommended if available.    All other transaction codes blank  **UEP:**  **820, 825, and 870** (payments) Required.  All other transaction codes blank | Blank |
| 26 | PAYEE NAME #1 | Required for payment transactions.  If the Payee is :  Individual: The last name only should be entered here.  Business: The name of the business should be entered here.  Long Payee Name: The first 30 characters of the Payee name on the check should be entered here  [*See Example 13.5.26, p.*](#Ex_10_5_26)13-7  **Loss:**  **300 series** (loss claim payments): Required.  **400 series** (expense payments): Required  **500 series** (recoveries Payor): Required    **UEP:**  **820, 825, and 870** (payments) Required.  All others blank | No Default Allowed for a payment  Blank for non-payment transactions |
| 27 | PAYEE NAME #2 | If the payee is:  Individual: The first name, middle initial and any suffixes should be entered here.  Business: This field should be blank.  Long Payee Name: The remaining characters of the Payee name on the check should be entered here  [*See Example 13.5.26, p.*](#Ex_10_5_26)13-7  **Loss:**  **300 series**: (loss claim 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.  **UEP:**  **820, 825, and 870** (payments) Required for individuals and continuations from Payee name #1.  All others blank  Exceptions to the above preferred field layout 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 |
| 28 | CATASTROPHIC LOSS CODE | Code assigned to a catastrophic event or injury, if assigned by the Receiver in the “A” Record.  **Loss:**  Required on all transactions for a claim, if provided to the Fund.  **UEP:**  Not required | Blank |
| 29 | RECOVERY INDICATOR CODE | Potential Recovery Type Indicator or, in the case of a recovery transaction code, the specific recovery type. [See Example 13.5.29, p.](#Ex_10_5_29)*13-7*. [See Recovery Codes table](#recovery_codes), p. *16-3*  **Loss:**  **530:** (loss recovery) **Actual** type of recovery received. [See Recovery Codes table](#recovery_codes), p. *16-3*  **540: (**expense recovery) **Actual** type of recovery received. [See Recovery Codes table](#recovery_codes), p. *16-3*  **550:** (TPA fee recovery) **Actual** type of recovery received. [See Recovery Codes table](#recovery_codes), p. *16-3*  **All other transactions:** **Potential** recovery indicator code for this claim from the recovery code table. [See Recovery Codes table](#recovery_codes), p. *16-3* | 0 |
| 30 | SUIT INDICATOR | Y indicates claim is in litigation. N indicates claim has no suit. U indicates unknown.  **Loss:**  Required on all transactions for a claim.  **UEP:**  Not applicable. Defaults to ‘N’ | **UEP:** Not applicable. Defaults to ‘N’  **All others:** ‘U’ |
| 31 | 2ND INJURY FUND INDICATOR | Y indicates a 2nd Injury Fund claim. N indicates no 2nd Injury Fund claim. U indicates unknown.  **Loss:**  Required on all transactions for a claim.  **UEP:**  Not applicable. Defaults to ‘N’ | **UEP:** Not applicable. Defaults to ‘N’  **All others:** ‘U’ |
| 32 | DATE OF LOSS | The date the loss occurred. In case of a loss over time, the initial date of occurrence of the incident.  **Loss:**  Required on all transaction codes for a claim. Must fill with 19010101 if correct date cannot be determined.  **UEP:**  Cancellation date | 19010101 |
| 33 | TRANSACTION COMMENT | This field allows the Fund to provide the Receiver a message regarding the specific transaction being reported.  [*See Example 13.5.33, p.*](#Ex_10_5_33)13-8  **Loss:**  Required for 310, 320, 410, 420, 450 and 470 if a void, a stop payment issued, or reimbursement transaction.  **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. | Blank |
| 34 | EXPENSE CODE | This field includes all ‘DCC’ (defense and cost containment) payments. [See Expense Codes table, p.](#expense_codes)*16-4* for breakdown.  **Loss:**  Required for expense payments in this category.  **410, 420 and 540 only**  **UEP:**  Not applicable | 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.](#wcio_injury_code)*16-6*. Shorter values left-justified, filled with spaces on the right.  For all WCIO codes, fields 35 through 44, below, rule is as follows :  **Loss:**  Recommended for all transaction codes for workers’ compensation claims. Must be blank for all transaction codes for non-WC claims.  **UEP:**  Blank, not applicable | Blank |
| 36 | WCIO PART OF BODY | WCIO Coding for Workers’ Comp Claims. [See WCIO Part of Body table, p.](#_WCIO_Part_of)*16-6*. Shorter values left-justified. | Blank |
| 37 | WCIO NATURE OF INJURY | WCIO Coding for Workers’ Comp Claims. [See WCIO Nature of Injury table, p.](#nature_of_injury_table)*16-9*. Shorter values left-justified. | Blank |
| 38 | WCIO CAUSE | WCIO Coding for Workers’ Comp Claims. [See WCIO Cause of Injury table, p.](#cause_of_injury_table)*16-11*. Shorter values left-justified. | Blank |
| 39 | WCIO ACT | WCIO Coding for Workers’ Comp Claims. [See WCIO Act table, p.](#wcio_act_table)*16-14*. Shorter values left-justified. | Blank |
| 40 | WCIO TYPE OF LOSS | WCIO Coding for Workers’ Comp Claims. [See WCIO Type of Loss table, p.](#wcio_type_of_loss_table)*16-14*. Shorter values left-justified. | Blank |
| 41 | WCIO TYPE OF RECOVERY | WCIO Coding for Workers’ Comp Claims. [See WCIO Type of Recovery table, p.](#wcio_type_of_recovery_table)*16-14*. Shorter values left-justified. | Blank |
| 42 | WCIO TYPE OF COVERAGE | WCIO Coding for Workers’ Comp Claims. [See WCIO Type of Coverage table, p.](#wcio_type_of_coverage_table)*16-14*. Shorter values left-justified. | Blank |
| 43 | WCIO TYPE OF SETTLEMENT | WCIO Coding for Workers’ Comp Claims. [See WCIO Type of Settlement table, p.](#wcio_type_of_settlement_table)*16-15*. Shorter values left-justified. | Blank |
| 44 | WCIO VOCATIONAL REHAB INDICATOR | WCIO Coding for Workers’ Comp Claims. Does claim include rehabilitation costs? Y/N | Blank |
| 45 | TPA CLAIM NUMBER | Unique Number assigned by the insolvent company’s TPA to this claim.  **Loss:**  Include on all transactions for a claim when applicable.  **UEP:**  Not applicable | Blank |
| 46 | LONG CLAIM NUMBER | Insolvent Company Claim Number, if longer than 20 characters.  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.  **Loss:**  Required for all transaction codes for a claim, where Insolvent Company Claim Number is longer than 20 characters  Otherwise blank.  **UEP:**  Not applicable | Blank |
| 47 | SERVICE / BENEFIT FROM DATE | Beginning date of service or benefit covered by this payment  REQUIRED for workers’ comp payment transactions  **Loss:**  ***Workers’ Comp*** claims:  Required for **300 series** transactions; **400 series** transactions (if available).    Blank on all other transactions.  ***Non-WC claims***: optional on payments.  **UEP:**  Not applicable | Blank  WC Payment Transaction - No Default Allowed |
| 48 | SERVICE / BENEFIT THROUGH DATE | Ending date of service or benefit covered by this payment  May be the same as beginning date  REQUIRED for workers’ comp payment transactions  **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:**  Not applicable | Blank  WC Payment Transaction - No Default Allowed |
| 49 | POLICY DEDUCTIBLE INDICATOR | Policy deductible applied to this payment Y / N  [*See Example 13.5.49*](#Ex_10_5_49)*, p.*13-8  **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:** Not applicable  **All other transaction codes:** Blank  **UEP:**  Not applicable | N  Blank for Workers’ Comp and UEP. |

*Print “E” Record - Short*

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

**Optional Format - 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 NAIC NUMBER | R | A | 5 | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | FILE LOCATION STATE | R | A | 2 | 7-8 | State to which the physical file and electronic record are being sent*.* [See State Codes table, p](#state_codes)*.16-2* |
| 4 | FILE LOCATION CODE | R | N | 2 | 9-10 | Location code of the entity to which the physical file and electronic record are being sent. [See File Location table, p.](#File_location_codes)*16-1* |
| 5 | COVERAGE CODE | R | N | 6 | 11-16 | Type of loss - [See Coverage Code table](#coverage_code_table), *p.15-2* |
| 6 | POLICY NUMBER | R | A | 20 | 17-36 | Policy Number |
| 7 | INSOLVENT COMPANY 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 Codes table, p](#state_codes)*.16-2* |
| 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 | The effective date of the policy covering the referenced claim. |
| 18 | POLICY EXPIRATION DATE | R | N | 8 | 249-256 | The expiration date of the policy covering the referenced claim. |
| 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 Codes table, p](#state_codes)*.16-2* |
| 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 Codes table, p](#transaction_code_table)*.14-1* |
| 30 | TRANSACTION AMOUNT | R | N | 12 [(9).xx-] | 431-442 | Outstanding reserve for claimant/coverage.  Must be zero for closed claims |
| 31 | CATASTROPHIC LOSS CODE | C | N | 2 | 443-444 | Code assigned to a catastrophic event |
| 32 | RECOVERY INDICATOR CODE | R | A | 1 | 445 | Potential recovery type. [See Recovery Codes table](#recovery_codes), p. *16-3* |
| 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 Number, if longer than 20 characters |
| 37 | ISSUING COMPANY CODE | R | A | 5 | 508-512 | NAIC number of the insolvent 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 to the company. 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.](#wcio_injury_code)*16-6* |
| 43 | WCIO PART OF BODY | C | A | 3 | 539-541 | [See WCIO Part of Body table, p.](#_WCIO_Part_of)*16-6* |
| 44 | WCIO NATURE OF INJURY | C | A | 3 | 542-544 | [See WCIO Nature of Injury table,  p.](#nature_of_injury_table)*16-9* |
| 45 | WCIO CAUSE | C | A | 3 | 545-547 | [See WCIO Cause of Injury table,  p.](#cause_of_injury_table)*16-11* |
| 46 | WCIO ACT | C | A | 3 | 548-550 | [See WCIO Act table, p.](#wcio_act_table)*16-14* |
| 47 | WCIO TYPE OF LOSS | C | A | 3 | 551-553 | [See WCIO Type of Loss table, p.](#wcio_type_of_loss_table)*16-14* |
| 48 | WCIO TYPE OF RECOVERY | C | A | 3 | 554-556 | [See WCIO Type of Recovery table, p.](#wcio_type_of_recovery_table)*16-14* |
| 49 | WCIO TYPE OF COVERAGE | C | A | 3 | 557-559 | [See WCIO Type of Coverage table, p.](#wcio_type_of_coverage_table)*16-14* |
| 50 | WCIO TYPE OF SETTLEMENT | C | A | 3 | 560-562 | [See WCIO Type of Settlement table, p.](#wcio_type_of_settlement_table)*16-15* |
| 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 Workers' 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 |

*Print “E” Record - Extended*

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

**Optional Format - 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 NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. 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 Codes table, p](#state_codes)*.16-2*) 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-case basis. | No default allowed. |
| 4 | FILE LOCATION CODE | With field 3, identifies the entity to which the physical claim file must be delivered. The most commonly used Location Codes are: “01 - Domiciliary Receiver”; “10 - Property/Casualty Guaranty Fund”; and “11 - Workers’ Compensation Security Fund (AZ, FL, NJ, NY and PA).” [See Examples 6.5.3, p.](#Ex_5_5_3)*6-2* | No default allowed. |
| 5 | COVERAGE CODE | This code defines the category of coverage that provided protection for the loss. [See Coverage Code table](#coverage_code_table), p.*15-2.* There should be at least one record with a specific coverage (i.e., 845012) for each claimant on that claim in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. | 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 6.5.6, p.](#Ex_5_5_6)*6-3* | 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 Claim Number is 20 characters or less, it appears here, and field 36, Long Claim Number, must be blank.  If Insolvent Company Claim Number exceeds 20 characters, then the Receiver assigns a unique number in this field, and field 36, Long Claim Number, 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 |
| 10 | INSURED’S NAME LINE #2 | 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.  Exceptions to the above preferred field layout 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 |
| 11 | INSURED’S ADDRESS #1 | 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. | Blank |
| 12 | 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 |
| 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 Codes table, p](#state_codes)*.16-2* | 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. | 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 | 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 6.5.19, p.](#Ex_5_5_19)*6-3* | No default allowed. |
| 20 | CLAIMANT’S NAME LINE #1 | If the claimant is a(n):  Individual: The last name only should be entered here.  Business: The name of the business should be entered here. | UDSUNKNOWN |
| 21 | CLAIMANT’S NAME LINE #2 | If the claimant is a(n):  Individual: The first name, middle initial and any suffixes should be entered here.  Business: 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 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.  Type will be in all upper case letters. | Blank |
| 22 | CLAIMANT’S ADDRESS #1 | The following are acceptable entries in the first address field:  Entire street address of the claimant.  Suite or apartment number only, if entire address does not fit in this field.  C/O name. | Blank |
| 23 | CLAIMANT’S ADDRESS #2 | The following are acceptable entries in the second address field:  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.” | 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 Codes table, p](#state_codes)*.16-2* | 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. | 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 |
| 29 | TRANSACTION CODE | Code that identifies the type of transaction included in the record. [See Transaction Codes table, p](#transaction_code_table)*.14-1* Always = “100”. | 100 |
| 30 | TRANSACTION AMOUNT | Will be zero for closed claims. | 0 |
| 31 | CATASTROPHIC LOSS CODE | The code assigned for major catastrophic events, such as hurricanes, floods, tornadoes, etc., or a catastrophic injury. | Blank |
| 32 | RECOVERY INDICATOR CODE | Indicates type of potential recovery associated with this claim. [See Recovery Codes table, p. *16-3*](#recovery_codes) | 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 indicates a possible 2nd Injury Fund involvement in the claim.  N indicates no 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 Number, if longer than 20 characters. Otherwise, blank. See field 7.  [See Example 6.5.36, p.](#Ex_6_5_36)*6-3* | Blank |
| 37 | ISSUING COMPANY CODE | NAIC Number of the insolvent 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. | Blank |
| 39 | CLAIM REPORT DATE | Date that the claim was reported to the company.  May be blank. YYYYMMDD date format. | Blank |
| 40 | CLAIMANT BIRTH DATE | Claimant’s birth date. YYYYMMDD date format.  REQ: If claim is Workers’ Comp or bodily injury. | 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 for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Injury Code Table, p.](#wcio_injury_code)*16-6* | Blank |
| 43 | WCIO PART OF BODY | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Part of Body table, p.](#_WCIO_Part_of)*16-6* | Blank |
| 44 | WCIO NATURE OF INJURY | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Nature of Injury table, p.](#nature_of_injury_table)*16-9* | Blank |
| 45 | WCIO CAUSE | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Cause of Injury table, p.](#cause_of_injury_table)*16-11* | Blank |
| 46 | WCIO ACT | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Act table, p.](#wcio_act_table)*16-14* | Blank |
| 47 | WCIO TYPE OF LOSS | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Loss table, p.](#wcio_type_of_loss_table)*16-14* | Blank |
| 48 | WCIO TYPE OF RECOVERY | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Recovery table, p.](#wcio_type_of_recovery_table)*16-14* | Blank |
| 49 | WCIO TYPE OF COVERAGE | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Coverage table, p.](#wcio_type_of_coverage_table)*16-14* | Blank |
| 50 | WCIO TYPE OF SETTLEMENT | WCIO Coding for Workers’ Comp Claims. Shorter values left-justified.  REQ: Required for Workers’ Comp claims. Blank for non-WC. [See WCIO Type of Settlement table, p.](#wcio_type_of_settlement_table)*16-15* | Blank |
| 51 | WCIO VOCATIONAL REHAB INDICATOR | Y indicates claim includes rehabilitation costs  N indicates claim does not include rehabilitation costs  U indicates Unknown. | U |
| 52 | DESCRIPTION OF INJURY | Short description of accident/incident.  REQ: for Work Comp, blank for non-WC. | Blank |
| 53 | WCAB NUMBER | Number assigned by the Work comp board. | Blank |
| 54 | EMPLOYER WORK PHONE NUMBER | Employer telephone number. No dashes or spaces.  Required if available 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 |

*Print “F” Record - Short*

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

**Optional Format - For Informational Purposes Only**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Field Name | Req | | Type | | Size | | Pos | | Description |
| 1 | RECORD TYPE | | R | | A | | 1 | | 1 | The value of this field must be “F” |
| 2 | INSOLVENT COMPANY NAIC NUMBER | | R | | A | | 5 | | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | FILE LOCATION STATE | | R | | A | | 2 | | 7-8 | State to which the physical file and electronic record are being sent.[See State Codes table, p](#state_codes)*.16-2* |
| 4 | FILE LOCATION CODE | | R | | N | | 2 | | 9-10 | Location code of the entity to which the physical file and electronic record are being sent. [See File Location table, p.](#File_location_codes)*16-1* |
| 5 | INSOLVENT COMPANY CLAIM NUMBER | | R | | A | | 30 | | 11-40 | Unique number assigned by the insolvent company to this claim. |
| 6 | RECEIVER CLAIM NUMBER | | C | | A | | 20 | | 41-60 | Unique number assigned by Receiver to this claim. |
| 7 | CLAIMANT NUMBER | R | | N | | 5 | | 61-65 | | Number assigned by Receiver to this claimant. |
| 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 number for this note  See [FAQ’s, p.](#_8.6_FAQ’s)*9-2* |
| 10 | NOTE LINE SEQUENCE NUMBER | R | | N | | 4 | | 78-81 | | For this note id, sequence number for this line  Example: Line 3 of Note ID Number 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 Number, if longer than 20 characters |
| 13 | TPA CLAIM NUMBER | C | | A | | 30 | | 1112-1141 | | Number assigned by insolvent company’s TPA to this claim |

*Print “F” Record - Extended*

“F” Record Extended Description - Receiver to Fund - Claim Notes

**Optional Format - 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 “F”. | “F” |
| 2 | INSOLVENT COMPANY NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. 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 Codes table, p](#state_codes)*.16-2*) 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-case basis. | No default allowed. |
| 4 | FILE LOCATION CODE | With field 3, identifies the entity to which the physical claim file must be delivered. The most commonly used Location Codes are: “01 - Domiciliary Receiver”; “10 - Property/Casualty Guaranty Fund”; and “11 - Workers’ Compensation Security Fund (AZ, FL, NJ, NY and PA).” [See Examples 6.5.3, p.](#Ex_5_5_3)*6-2* | No default allowed. |
| 5 | 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 Claim Number is 20 characters or less, it appears here, and field 36, Long Claim Number, must be blank.  If Insolvent Company Claim Number exceeds 20 characters, then the Receiver assigns a unique number in this field, and field 36, Long Claim Number, is populated with the insolvent company’s claim number. | 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. | Must be unique. |
| 7 | CLAIMANT NUMBER | 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. If notes are maintained at the claim level, you may use 00000 as the Claimant Number. | 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 number for this note. The value should be right justified and padded with leading zeroes. | No default allowed. |
| 10 | NOTE LINE SEQUENCE NUMBER | For this note id, sequence number for this line. The value should be right justified and padded with leading zeroes.  Example: Line 3 of Note ID Number 96 for claimant #2:  0002 is used when line sequence 0001 exceeded 1000 characters. | No default allowed. |
| 11 | ENTRY TEXT | Text - 1000 characters. Shorter values are left justified and padded with blanks. | No default allowed. |
| 12 | LONG CLAIM NUMBER | Insolvent Company Claim Number, if longer than 20 characters. Otherwise, blank. See field 7.  [See Example 6.5.36, p.](#Ex_6_5_36)*6-3* | Blank |
| 13 | TPA CLAIM NUMBER | Unique Number assigned by the insolvent company’s TPA to this claim. | Blank |

*Print “G” Record - Short*

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

**Optional Format - 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 “G”. |
| 2 | INSOLVENT COMPANY NAIC NUMBER | R | A | 5 | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | FILE LOCATION STATE | R | A | 2 | 7-8 | State to which the physical file and electronic record are being sent. *See* [State Codes table](#state_codes)*, p. 16-2* |
| 4 | FILE LOCATION CODE | R | N | 2 | 9-10 | Location code of the entity to which the physical file and electronic record are being sent. [See File Location table, p.](#File_location_codes)*16-1* |
| 5 | COVERAGE CODE | C | N | 6 | 11-16 | Type of loss - [See Coverage Code table](#coverage_code_table), *p.15-2* |
| 6 | POLICY NUMBER | R | A | 20 | 17-36 | Policy Number |
| 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 | Named Insured’s last name or business name. |
| 10 | INSURED’S NAME LINE #2 | C | A | 30 | 117-146 | Named Insured’s first name. |
| 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 Claim Payment.  410 for Expense Payment.  820 for Return Premium.  [See Transaction Codes table, p](#transaction_code_table)*.*14-1 |
| 16 | CHECK AMOUNT | R | N | 12 | 223-234 | Payment Amount. |
| 17 | CHECK NUMBER | R | N | 12 | 235-246 | Check number. |
| 18 | PAYEE NAME LINE #1 | R | A | 30 | 247-276 | Payee last name or business name. |
| 19 | PAYEE NAME LINE #2 | R | A | 30 | 277-306 | Payee first name or continuation of Payee Line #1, if necessary. |
| 20 | PAYEE ID NUMBER | C | N | 9 | 307-315 | Federal ID number or Social Security number. |
| 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 | Beginning date of service or benefit covered by this payment. |
| 23 | SERVICE /BENEFIT TO DATE | C | N | 8 | 344-351 | 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 | 412-441 | Insolvent Company Claim Number, if longer than 20 characters. |
| 26 | TPA CLAIM NUMBER | C | A | 30 | 442-471 | Number assigned by insolvent company’s TPA to this claim. |

*Print “G” Record - Extended*

“G” Record Extended Description - Receiver to Fund - Claim Payment History

**Optional Format - 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 “G”. | “G” |
| 2 | INSOLVENT COMPANY NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. 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 Codes table, p](#state_codes)*.16-2*) 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-case basis. | No default allowed. |
| 4 | FILE LOCATION CODE | With field 3, identifies the entity to which the physical claim file must be delivered. The most commonly used Location Codes are: “01 - Domiciliary Receiver”; “10 - Property/Casualty Guaranty Fund”; and “11 - Workers’ Compensation Security Fund (AZ, FL, NJ, NY and PA).” [See Examples 6.5.3, p.](#Ex_5_5_3)*6-2* | No default allowed. |
| 5 | COVERAGE CODE | This code defines the category of coverage that provided protection for the loss. [See Coverage Code table](#coverage_code_table), p.*15-2.* There should be at least one record with a specific coverage (i.e., 845012) for each claimant on that claim in the Receiver’s system. The more general “nnn000” level code may be used only if the more specific level absolutely cannot be determined. | 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 6.5.6, p.](#Ex_5_5_6)*6-3* | 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 Claim Number is 20 characters or less, it appears here, and field 36, Long Claim Number, must be blank.  If Insolvent Company Claim Number exceeds 20 characters, then the Receiver assigns a unique number in this field, and field 36, Long Claim Number, 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 |
| 10 | INSURED’S NAME LINE #2 | 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.  Exceptions to the above preferred field layout 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 |
| 11 | CLAIMANT NUMBER | 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 6.5.19, p.](#Ex_5_5_19)*6-3* | No default allowed. |
| 12 | CLAIMANT NAME LINE #1 | If the claimant is a(n): Individual: the last name only should be entered here. Business: Name of business should be entered here. | No default allowed. |
| 13 | CLAIMANT NAME LINE #2 | If the claimant is a(n):  Individual: The first name, middle initial and any suffixes should be entered here.  Business: 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 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.  Type will be in all upper case letters. | 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 Claim 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 00002765200-). The field is zero filled to the left. | All Zeroes |
| 17 | CHECK NUMBER | Check number. The value should be right justified and padded with leading zeroes.  **ACH:**  The ACH Trace number should be used. This reference should uniquely identify the payment. Where the reference number is longer than 12 digits/characters, leading characters should be truncated leaving the most indicative 12 right most characters. Voids or other reversals should carry the same reference number as the original payment transaction. | No default allowed. |
| 18 | PAYEE NAME LINE #1 | Payee last name or business name. If the payee is:  Individual: The last name only should be entered here.  Business: The name of the business should be entered here.  Long Payee Name: The first 30 characters of the Payee name on the check should be entered here. | No default allowed. |
| 19 | PAYEE NAME LINE #2 | Payee first name or continuation of Payee Line #1, if necessary.  Business: 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 Number, if longer than 20 characters. Otherwise, blank. See field 7.  [See Example 6.5.36, p.](#Ex_6_5_36)*6-3* | Blank |
| 26 | TPA CLAIM NUMBER | Unique Number assigned by the insolvent Company’s TPA to this claim. | Blank |

*Print “I” Record - Short*

“I” Record Short - Receiver to Fund/Fund to Receiver - Image File Index

| No. | Field Name | Req | Type | Size | Pos | Short Description |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | RECORD TYPE | R | A | 1 | 1 | The value of this field must be “I” |
| 2 | INSOLVENT COMPANY  NAIC NUMBER | R | N | 5 | 2-6 | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |
| 3 | FROM LOCATION STATE | R | A | 2 | 7-8 | State of the source sending the imaged files.  *See* [State Codes table](#state_codes)*, p. 16-2* |
| 4 | FROM LOCATION CODE | R | N | 2 | 9-10 | Location of the source sending the Imaged files i.e. 01=Receiver 10=Fund [See Location Code table, p](#File_location_codes) 16-1 |
| 5 | INSOLVENT COMPANY CLAIM NUMBER | R | A | 20 | 11-30 | Unique number assigned by the insolvent company to this claim |
| 6 | RECEIVER CLAIM NUMBER | C | A | 20 | 31-50 | Unique number assigned by Receiver to the claim |
| 7 | TPA CLAIM NUMBER | C | A | 30 | 51-80 | Number assigned by insolvent company’s TPA to this claim |
| 8 | LONG CLAIM NUMBER | C | A | 30 | 81-110 | Insolvent Company Claim Number, if longer than 20 characters |
| 9 | FUND CLAIM NUMBER | C | A | 20 | 111-130 | Unique number assigned by the Fund to this claim. Required if originator is the Fund. |
| 10 | ALTERNATE INDEX 1 | C | A | 50 | 131-180 | Alternate Index |
| 11 | ALTERNATE INDEX 2 | C | A | 50 | 181-230 | Alternate Index |
| 12 | ALTERNATE INDEX 3 | C | A | 50 | 231-280 | Alternate Index |
| 13 | ALTERNATE INDEX 4 | C | A | 50 | 281-330 | Alternate Index |
| 14 | DOCUMENT ID | C | A | 30 | 331-360 | Unique document identifier (Default blank) |
| 15 | DOCUMENT PAGE NUMBER | C | N | 9 | 361-369 | Page number within DOCUMENT ID (Default Blank) |
| 16 | CAPTURE DATE | R | N | 8 | 370-377 | Date that the document was scanned YYYYMMDD |
| 17 | CAPTURE TIME | C | N | 8 | 378-385 | Time that the document was scanned HHMMSSSS (Military time) |
| 18 | FOLDER TYPE | C | A | 6 | 386-391 | Code that describes the contents and/or structure of the folder |
| 19 | DOCUMENT TYPE | C | A | 30 | 392-421 | Way to group similar documents, i.e. Medical Bills |
| 20 | DOCUMENT DESCRIPTION OR COMMENT | C | A | 128 | 422-549 | Document Description or Comment i.e. “Denial letter from ABC Insurance sent to claimant and attorney” |
| 21 | POLICY NUMBER | C | A | 20 | 550-569 | Policy Number |
| 22 | DATE OF LOSS / INJURY | C | N | 8 | 570-577 | Date of loss (Accident Date) for loss claims.  YYYYMMDD |
| 23 | INSURED’S NAME LINE #1 | C | A | 30 | 578-607 | Named Insured’s last name or business name. |
| 24 | INSURED’S NAME LINE #2 | C | A | 30 | 608-637 | Named Insured’s first name. |
| 25 | CLAIMANT NUMBER | C | N | 5 | 638-642 | Number assigned by Receiver to this claimant. |
| 26 | CLAIMANT NAME LINE #1 | C | A | 30 | 643-672 | Claimant’s last name or business name |
| 27 | CLAIMANT NAME LINE #2 | C | A | 30 | 673-702 | Claimant’s first name |
| 28 | DOCUMENT PATH | R | A | 256 | 703-958 | Document’s full path (If path exists, it must begin with and end with ‘\’.) |
| 29 | DOCUMENT FILENAME | R | A | 256 | 959-1214 | Document’s physical file name, full filename including suffix |
| 30 | FILE TYPE | R | A | 4 | 1215-1218 | Document file type i.e. TIF, PDF, JPG etc…. |

*Print “I” Record - Extended*

“I” Record Extended Description - Receiver to Fund/Fund to Receiver - Image File Index

| 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 “I”. | “I” |
| 2 | INSOLVENT COMPANY  NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |  |
| 3 | FROM LOCATION STATE | State of the source sending the imaged files. [See State Codes table, p](#state_codes)*.16-2* |  |
| 4 | FROM LOCATION CODE | Location of the source sending the Imaged files i.e. 01=Receiver 10=Fund [See Location Code table, p.](#File_location_codes) 16-1 |  |
| 5 | INSOLVENT COMPANY CLAIM NUMBER | The unique number that the insolvent company assigned to this claim. |  |
| 6 | RECEIVER CLAIM NUMBER | The unique number that the Receiver assigned to identify this specific claim against this insolvent company. |  |
| 7 | TPA CLAIM NUMBER | Unique number assigned by the insolvent company’s TPA to this claim |  |
| 8 | LONG CLAIM NUMBER | Insolvent Company Claim Number, if longer than 20 characters |  |
| 9 | FUND CLAIM NUMBER | Unique number assigned by the Fund to this claim. Required if originator is the Fund. |  |
| 10 | ALTERNATE INDEX 1 | Alternate Index |  |
| 11 | ALTERNATE INDEX 2 | Alternate Index |  |
| 12 | ALTERNATE INDEX 3 | Alternate Index |  |
| 13 | ALTERNATE INDEX 4 | Alternate Index |  |
| 14 | DOCUMENT ID | Unique document identifier | Blank |
| 15 | DOCUMENT PAGE NUMBER | Page number within DOCUMENT ID | Blank |
| 16 | CAPTURE DATE | Date that document was scanned YYYYMMDD |  |
| 17 | CAPTURE TIME | Time that document was scanned HHMMSSSS (Military time) |  |
| 18 | FOLDER TYPE | Code that describes the contents and/or structure of the folder |  |
| 19 | DOCUMENT TYPE | Way to group similar documents, i.e. Medical Bills |  |
| 20 | DOCUMENT DESCRIPTION OR COMMENT | Document Description or Comment i.e. “Denial letter from ABC Insurance sent to claimant and attorney” |  |
| 21 | POLICY NUMBER | The unique number the insolvent insurance company assigned to this specific policy/certificate of insurance. |  |
| 22 | DATE OF LOSS / INJURY | Date of loss (Accident Date) for loss claims.  YYYYMMDD |  |
| 23 | 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 |  |
| 24 | INSURED’S NAME LINE #2 | 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.  Exceptions to the above preferred field layout 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. |  |
| 25 | CLAIMANT NUMBER | Number assigned by Receiver to this claimant. The value should be right justified and padded with leading zeroes. If notes are maintained at the claim level, you may use 00000 as the Claimant Number. |  |
| 26 | CLAIMANT NAME LINE #1 | If the claimant is a(n):  Individual: The last name only should be entered here.  Business: The name of the business should be entered here. |  |
| 27 | CLAIMANT NAME LINE #2 | If the claimant is a(n):  Individual: The first name, middle initial and any suffixes should be entered here.  Business: This field should be blank. |  |
| 28 | DOCUMENT PATH | Document’s full path (If path exists, it must begin with and end with ‘\’.) |  |
| 29 | DOCUMENT FILENAME | Document’s physical file name, full filename including suffix |  |
| 30 | FILE TYPE | Document file type i.e. TIF, PDF, JPG etc…. |  |

*Print “M” Record - Short*

“M” Record Short - Receiver to Fund/Fund to Receiver – Medicare Secondary Payer

| No. | Field Name | Req | Type | Size | Pos | Short Description |
| --- | --- | --- | --- | --- | --- | --- |
| a | RECORD TYPE | R | A | 1 | 1 | The value of this field must be “M” |
| b | INSOLVENT COMPANY NAIC NUMBER | R | N | 5 | 2-6 | This is the Insolvent Company’s NAIC number. |
| c | INSOLVENT COMPANY CLAIM NUMBER | R | A | 20 | 7-26 | Unique claim number assigned by the Insolvent Company |
| d | RECEIVER CLAIM NUMBER | R | A | 20 | 27-46 | Unique claim number assigned by the Receiver |
| e | FUND CLAIM NUMBER | C | A | 20 | 47-66 | Unique claim number assigned by the Fund |
| f | CLAIMANT NUMBER | R | N | 5 | 67-71 | Number assigned by Receiver to this claimant |

MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting User Guide currently requires NGHP to produce a Claim Input File Detail Record (132 Fields) and if necessary a Claim Input Auxiliary Record (105 Fields) on a quarterly basis. The UDS Technical Support Group (UDS TSG) believes the easiest approach to create an ”M” Record that would satisfy UDS reporting requirements would be to utilize the current file layouts mandated by Centers for Medicare & Medicaid Services (CMS) and add the six fields listed above to the front of that file layout that identify the specific claim and claimant.

*Print “M” Record - Extended*

“M” Record Extended Description - Receiver to Fund/Fund to Receiver – Medicare Secondary Payer

| No. | Field Name | Extended Description | Default to |
| --- | --- | --- | --- |
| a | 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 “M”. | “M” |
| b | INSOLVENT COMPANY NAIC NUMBER | The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes. |  |
| c | INSOLVENT COMPANY CLAIM NUMBER | The unique number that the insolvent company assigned to this claim. |  |
| d | RECEIVER CLAIM NUMBER | The unique number that the Receiver assigned to identify this specific claim against this insolvent company. |  |
| e | FUND CLAIM NUMBER | Unique number assigned by the Fund to this claim. Required if originator is the Fund. |  |
| f | CLAIMANT NUMBER | Number assigned by Receiver to this claimant. The value should be right justified and padded with leading zeroes. If notes are maintained at the claim level, you may use 00000 as the Claimant Number. |  |

MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting User Guide currently requires NGHP to produce a Claim Input File Detail Record (132 Fields) and if necessary a Claim Input Auxiliary Record (105 Fields) on a quarterly basis. The UDS Technical Support Group (UDS TSG) believes the easiest approach to create an ”M” Record that would satisfy UDS reporting requirements would be to utilize the current file layouts mandated by Centers for Medicare & Medicaid Services (CMS) and add the six fields listed above to the front of that file layout that identify the specific claim and claimant.