

NAIC
UNIFORM DATA STANDARD
OPERATIONS MANUAL
P & C

PLEASE NOTE: To ensure that you are using the most current version of the UDS Operations Manual – P & C, please download from <https://www.ncigf.org/resources/uds/>

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SECTION I General Information

Chapter 1

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](#)," "[E](#)," "[F](#)," "[G](#)," "[I](#)" and "[M](#)" Records to transmit claims data for existing and new claims to the Funds. The "[B](#) Record" 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,” “I” and “M” 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.

Chapter 2

General Information About the Operation of UDS

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

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.

What information will the Receiver transmit to the Funds?

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

Unearned Premium Claim information ("B" Record, see [Chapter 7, p.7-1](#))

Closed Loss Claim information, ("E" Record, see [Chapter 8, p.8-1](#))

Claim Notes, ("F" Record, see [Chapter 9, p.9-1](#))

Payment History, ("G" Record, see [Chapter 10, p.10-1](#))

Image File Index ("I" Record, see [Chapter 11, p.11-1](#))

Medicare Secondary Payer ("M" Record, see [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 13, 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](#) 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.

[Print Chapter](#)

Chapter 3

New Claim Setup

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

It is essential that the Fund report 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”, 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

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

[Print Chapter](#)

Chapter 4

Data Transmitting Procedures

Transmitting from Receivers to Funds

Priority of data transmissions and delivery schedule will be determined in discussions between the Receiver, 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 or Secure FTP.**

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

SPECIFICATION DESCRIPTION Compact Disc

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

2. **CD / DVD Media.**

- a) Data must be recorded in standard ASCII code.
- b) Records must be fixed length.
- c) Delimiter characters must not be used.

- d) The last position of each record has been reserved for use as carriage return/line feed (CR/LF) characters if applicable.
- e) Files must be MS DOS or Windows compatible.

[Print Chapter](#)

Chapter 5

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 1/01/2018 for the Fremont estate. The batch is 001. File Name: 21040ACA01NY1000120180101.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, 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 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, 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, p. 16-1 to identify the specific facility to which the information is directed. Example: 10 = Property/Casualty Guaranty Fund

No.	No. of Positions	Field Name	Field Positions	Definition
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, 2018 = 20180101

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 5/15/2018 for the Fremont estate. The batch is 001. File Name:
21040CNY10CA01001201805152018040120180430201820182018.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, 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, 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, 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, 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, 2018 = 20180515
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 2018, the date would be April 1, 2018 in the format YYYYMMDD. Example: April 1, 2018 = 20180401.

No.	No. of Positions	Field Name	Field Positions	Definition
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 2018, the date would be April 30, 2018 in the format YYYYMMDD. Example: April 30, 2018 = 20180430.

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. 16-2
5	2	N	R	29-30	From Location see File Location Codes table, p. 16-1
6	2	A	R	31-32	To State see State Codes table, p. 16-2
7	2	N	R	33-34	To Location see File Location Codes table, p. 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 B = 436 C = 537 E = 586 F = 1076 G = 406 I = 1153 M = 2226	A	R	A = 66-651 B = 66-501 C = 66-602 E = 66-651 F = 66-1141 G = 66-471 I = 66-1218 M = 66-2291	Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces

Trailer Record format

No.	No. of Positions	Alpha/Numeric	Req. Field	Field Positions	Field Descriptions
1	20	A	R	1-20	Value of this field should be "TRAILER"
2	5	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. 16-2
5	2	N	R	29-30	From Location see File Location Codes table, p. 16-1
6	2	A	R	31-32	To State see State Codes table, p. 16-2
7	2	N	R	33-34	To Location see File Location Codes table, p. 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 B = 413 C = 514 E = 563 F = 1053 G = 383 I = 1130 M = 2203	A	R	A = 89-651 B = 89-501 C = 89-602 E = 89-651 F = 89-1141 G = 89-471 I = 89-1218 M = 89-2291	Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces Record Filler Spaces

UDS Batch Validation - Header and Trailer

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

1. The file name 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](#)

Chapter 6

“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.

Abbreviation	Heading Name:	Values are:	Meaning:
		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](#)

6.3 *Extended description - Includes detailed field descriptions*

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

6.4 *Relationship to transaction codes*

[Link to "A" Record Transaction Codes](#)

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	20180503	File going to Pennsylvania P&C Fund.
PA	11	37485960	100	20180506	File going to Pennsylvania Workers' Comp Fund
PA	10	20 3948576	100	20180503	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.

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	20180509	Transfer policy number as is.
UNK ?	UNK ?	100	20180523	Transfer policy number as is.
Is blank	UDSUNKNOWN	100	20180510	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 #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 a few states that have both a WC Fund and a P&C Fund. 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). 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). 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 #1 field for these claims?

A.11 If the insured name is blank, you should place the value “UDSUNKNOWN” in the Insured’s Name #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/international/preparing-international-shipments.htm>

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

<u>UDS Field</u>	<u>Description</u>	<u>USPS</u>
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
<u>UDS Field</u>	<u>Description</u>	<u>Default Value</u>
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 UDS requires the Fund to first submit the [“Claim/Claimant Set-up Coding Sheet”, p. 3-3](#), via E-mail (or fax, if necessary), to the proper contact person at the Receiver’s office. Next, the Receiver must assign new claim/claimant numbers and enter them on the form. The Receiver will then set up the claim in the Receiver’s system. 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.

Chapter 7

“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.

Abbreviation	Heading Name:	Values are:	Meaning:
		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](#)

7.3 Extended description - Includes detailed field descriptions

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

7.4 Relationship to transaction codes

[Link to "B" Record Transaction Codes](#)

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.

Policy Number	Trans Code	Total Inforce Premium	Return Premium Amount	Unpaid Premium Amount	Notes
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.
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. Do I need to send UDS “B” Records for these transactions?

A.2 No, you do not. 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/international/preparing-international-shipments.htm>

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

<u>UDS Field</u>	<u>Description</u>	<u>USPS</u>
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
<u>UDS Field</u>	<u>Description</u>	<u>Default Value</u>
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”, 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 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](#)

Chapter 8

“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.

Abbreviation	Heading Name:	Values are:	Meaning:
	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 - General layout with brief field descriptions***

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

8.3 ***Extended description - Includes detailed field descriptions***

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

Chapter 9

[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.

Abbreviation	Heading Name:	Values are:	Meaning:
	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](#)

9.3 *Extended description - Includes detailed field descriptions*

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

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	20181216	0002	0001	Claimant Jones' atty. Rosalind Hernandez phoned rehundreds of characters here.....am closing tod
00003	20181216	0002	0002	ay as final pymt has been made.

In this example, the second note for this claimant on 12/16/2018 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.
- Q.3 I am a Fund. I have been requested by a Receiver to send them claim notes. What file format should I use?**
- A.3** If your system is capable of creating UDS "F" Records and the Receiver is willing to accept them, this format would be appropriate for exchanging claim notes. This is not a requirement and should be mutually agreed upon by both parties prior to submission.

[Print Chapter](#)

Chapter 10

“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.

Abbreviation	Heading Name:	Values are:	Meaning:
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](#)

10.3 *Extended description - Includes detailed field descriptions*

[Link to “G” Record Description](#)

10.4 *Relationship to transaction codes*

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

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@udstsq.com). Once your request is received by the UDS Help Desk, your request will be forwarded to the appropriate subcommittee for review and handling.

Chapter 11

“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.

Abbreviation	Heading Name:	Values are:	Meaning:
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](#)

11.3 ***Extended description - Includes detailed field descriptions***

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

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.

"I" Record - Decision Matrix				
RECEIVER IMAGING SYSTEM	FUND IMAGING SYSTEM	INITIAL HARD COPY RETURNED	CLAIM FILE CLOSED	ACTION
YES	YES	YES	YES	Images were made upon startup, and subsequent activity has been transferred to Receiver. No additional image transmission is required.
			NO	Claim file is not closed. Fund will continue to send subsequent images to Receiver.
		NO	YES	Fund should image the hard copy and return both the hard copy and the image to the Receiver.
			NO	Fund should image the hard copy and return both the hard copy and the image to the Receiver. Fund will continue to send subsequent images to Receiver.
YES	NO	YES	YES	The Fund has no imaging system and the hard copy has already been returned. No further action is needed by the Fund. 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.
			NO	The Fund has no imaging system; the hard copy should be retained by the Fund for settling of claim.
		NO	YES	The Fund has no imaging system and the hard copy has been retained for settling of claim; the hard copy should be returned to the Receiver.
			NO	The Fund has no imaging system and the hard copy has been retained for settling of claim. The Fund will administer the claim until it is closed. 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.
NO	YES	YES	YES	The Receiver has no imaging system and the initial hard copy has been returned by the Fund. All subsequent documentation should be returned to the Receiver. 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.
			NO	The Receiver has no imaging system and the initial hard copy has been returned by the Fund. All subsequent documentation should be returned to the Receiver until the claim is closed.
		NO	YES	The Receiver has no imaging system. The hard copy has been retained by the Fund for settling of claims, and the claim is now closed. The Fund should return the hard copy file to the Receiver.
			NO	The Receiver has no imaging system. The hard copy has been retained by the Fund for settling of claims. The Fund will administer the claims until it is closed. 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.

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 UDS "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. What is the preferred format for sending images? Can I send via email?

A.4 Image files are large in size and since each image is accompanied by a UDS "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, p. 4-1](#)) The recommended format for UDS "I" Records sent via SUDS is two separate files. First, a UDS text file, also called an index file, containing the UDS "I" Record metadata. This should be accompanied by a zip file containing the actual image files. The UDS

"I" Record Path given in the index file should match the directory structure in the zip file. If you are sending UDS "I" Records on a hard drive or other physical media, then there is no need to zip the image files. In this case the image files can be placed directly on the physical media. When sending physical media, the media needs to be encrypted and the password and/or keys to unlock the drive should be sent separately from the physical media.

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 I am a Fund. Will images only include files scanned before the insolvency or can they also include new image files scanned after the date of insolvency?

A.6 In some cases, only files scanned before insolvency will be sent. However, some Receivers will continue to scan new mail and correspondence and send these images as well. The capture date can be used to determine when an image was scanned. The Coordinating Committee for an insolvency can also provide guidance on how an estate will be handling new mail and correspondence and can send a notification to the Funds if newly scanned files will be sent. One of the UDS "I" Record alternate indexes can be used to identify new email. Also, it is best practice to send new files in separate batches from the pre-liquidation files. These details can be communicated to the Funds via the Coordinating Committee as necessary.

Q.7 I am a Receiver. Is it possible to have the same claim sent from two different Funds in the same month with images attached?

A.7 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](#)) If more than one Fund is handling a claim, it is possible to receive images from all Funds involved on a given claim. The UDS "I" Record format provides a required field which will identify the reporting Fund.

Q.8 I am a Fund. 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.8 The disposition of subsequently scanned hard copy documents should follow any arrangements agreed on by the Fund and Receiver.

Q.9 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.9 Each Fund and Receiver should have an agreement for the schedule, frequency and medium for transmitting electronic images. The individual arrangements should be followed. If a Receiver requires all images be returned, then all images should be returned. Likewise, if the Fund cannot distinguish new images from previously sent images then all images should be sent. The capture date can be a good way to separate pre-liquidation images from post-liquidation images.

- Q.10 I am a Fund. 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.10** 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.11 I am a Fund. I do 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.11** 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.12 I am a Receiver. I do not have an imaging system. How do I work with the imaged claim files received from the Funds?**
- A.12** 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.
- Q.13 Can more than one UDS "I" Record detail line in the index file reference the same image file?**
- A.13** This is allowed and can be a way to reduce the volume of the zip file. However, not all claims systems support multiple records per image. The Receiver and Fund will need to communicate to reach a resolution if this does not work with one of their respective claims systems.
- Q.14 What is the recommended naming convention for the UDS "I" Record Zip File?**
- A.14** The zip files name should be the same as the name of the UDS "I" Record's index file with the only difference being that it will end with the zip extension (.zip) instead of the text file extension (.txt).

Chapter 12

“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](#)

12.3 *Extended description – Includes detailed field descriptions*

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

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](#)

Chapter 13

“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.

Abbreviation	Heading Name:	Values are:	Meaning:
		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](#)

13.3 *Extended description - Includes detailed field descriptions.*

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

13.4 *Relationship to transaction codes*

[Link to "C" Record Transaction 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	20180503	000045000+	Expense payment of 450.00
CA	10	605220	310	20180504	000300000+	Loss claim payment of 3000.00
CA	10	605220	540	20180528	000045000-	Expense recovery of

						450.00
CA	10	605220	130	20180531	000087500+	Loss Reserve Snapshot of 875.00
CA	10	605220	230	20180531	000000000+	Expense Reserve Snapshot of 0.00
CA	10	605220	310	20180514	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 5/15/2018. 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	20180507	000010000+	Medical loss claim payment of 100.00
TN	10	965010	310	20180507	000010000-	Reversal of 100.00 loss claim payment
TN	10		030	20180508		Tennessee P&C closes claim
FL	11		080	20180515		File transferred to Florida Comp Fund
TN	10	965005	130	20180531	000000000+	Loss reserve snapshot indemnity
TN	10	965005	230	20180531	000000000+	Expense reserve snapshot indemnity
TN	10	965010	130	20180531	000000000+	Loss reserve snapshot medical
TN	10	965010	230	20180531	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	20180510	000008200+	Loss claim payment: must be low-level (non 000) coverage code
305015	00001	410	20180510	000038726+	Expense payment: must be low-level (non 000) coverage code
305015	00001	310	20180510	000129500+	Loss claim payment: must be low-level (non 000) coverage code
		030	20180511	000000000+	Close claim - No coverage code needed
305015	00001	420	20180513	000064250+	Supplemental expense payment: must be low-level (non 000) coverage code
		050	20180517	000000000+	Reopen claim - no coverage code needed.
305003	00001	310	20180517	000600000+	Loss claim payment: must be low-level (non 000) coverage code
305015	00001	530	20180520	000129500-	Subrogation received: must be low-level (non 000) coverage code
305015	00001	540	20180521	000038726-	Expense recovery: must be low-level (non 000) coverage code
305003	00001	130	20180531	000022000+	Loss reserve snapshot: must be low-level (non 000) coverage code
305015	00001	130	20180531	000000000+	Loss reserve snapshot: must be low-level (non 000) coverage code
305015	00001	230	20180531	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, 2018. On May 23, 2018, 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	20180509	000128752+	Fund payment: high-level coverage code required.
5479-CNX985HO	635000	00001	825	20180523	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	20180630	000010000+
13456	635005	00001	230	20180630	000004500+
13456	635010	00001	130	20180630	000000000+
13456	635010	00001	230	20180630	000000000+
13456	635005	00002	130	20180630	000000000+
13456	635005	00002	230	20180630	000000000+
13456	635010	00002	130	20180630	000000000+
13456	635010	00002	230	20180630	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 6/30/2018. Because no "030" (close claim) transaction was sent, reserve snapshots are sent the following month (7/31/2018).

Claim Number	Coverage Code	Claimant	Trans	Trans Date	Trans Amount
13456	635005	00001	310	20180615	000013400+
13456	635005	00001	130	20180630	000000000+
13456	635005	00001	230	20180630	000000000+
13456	635010	00001	130	20180630	000000000+
13456	635010	00001	230	20180630	000000000+
13456	635005	00002	130	20180630	000000000+
13456	635005	00002	230	20180630	000000000+
13456	635010	00002	130	20180630	000000000+
13456	635010	00002	230	20180630	000000000+
13456	635005	00001	130	20180731	000000000+
13456	635005	00001	230	20180731	000000000+
13456	635010	00001	130	20180731	000000000+
13456	635010	00001	230	20180731	000000000+
13456	635005	00002	130	20180731	000000000+
13456	635005	00002	230	20180731	000000000+
13456	635010	00002	130	20180731	000000000+
13456	635010	00002	230	20180731	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	20180615	000013400+
13456			030	20180615	000000000+
13456	635005	00001	130	20180630	000000000+
13456	635005	00001	230	20180630	000000000+
13456	635010	00001	130	20180630	000000000+

Claim Number	Coverage Code	Claimant	Trans	Trans Date	Trans Amount
13456	635010	00001	230	20180630	000000000+
13456	635005	00002	130	20180630	000000000+
13456	635005	00002	230	20180630	000000000+
13456	635010	00002	130	20180630	000000000+
13456	635010	00002	230	20180630	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 #1 and Claimant Address #2

Claimant Name #1	Claimant Name #2	Claimant Address #1	Claimant Address #2	Note
Sibley	David Allen II	Suite 1404	8221 Passerine Road	Claimant Address #1 has Suite Number ONLY
Dave Sibley Eco-tours, Inc.		54765 Cassin's Kingbird Ave.		Claimant Address #2 not needed, because entire address fits in Claimant Address #1.
Peterson	Roger Tory	c/o Sophie Webb Howell	14B Cedar Waxwing Ave. South	c/o in Claimant Address #1, address in Claimant Address #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 #1 and Payee Name #2

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

Example 13.5.29

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

For all transactions other than actual recovery transactions (those coded "530," "540" or "550"), 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	20180531	000011000+	1	Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected.
335012	230	20180531	000000000+	1	Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected.
335003	130	20180531	000000000+	1	Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected.
335003	230	20180531	000020000+	1	Reserve snapshot. Potential recovery code for this claim is 1. Multiple codes are expected.
335003	310	20180503	000100000+	1	Loss claim payment. Potential recovery code for this claim is 1. Multiple codes are expected.
335003	530	20180529	000100000-	3	Subrogation received. Indicator = "3" for subro.
335012	530	20180515	000050000-	4	Another recovery received. Indicator = "4" for deductible.
335003	540	20180517	000075000-	7	Expense recovery of an overpayment. Indicator = "7" for other.
845000	820	20180515	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

UDS requires the Fund to first submit the ["Claim/Claimant Set-up Coding Sheet", p. 3-3](#), via E-mail (or fax, if necessary), to the proper contact person at the Receiver's office. Next, the Receiver must assign new claim/claimant numbers and enter them on the form. The Receiver will then set up the claim in the Receiver's system. 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/international/preparing-international-shipments.htm>

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

<u>UDS Field</u>	<u>Description</u>	<u>USPS</u>
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
<u>UDS Field</u>	<u>Description</u>	<u>Default Value</u>
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). 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). 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](#).
- 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](#).

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](#)). 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](#), 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 shall establish 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, 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 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

Chapter 14

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, p.16-2 and 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

Transaction	Code	Definition	Description	Record Types
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, E
LOSS RESERVE				
LOSS RESERVE SNAPSHOT	130	The outstanding loss reserve as of the reporting date.	Claimant/Coverage Level; the reserves supplied with this transaction should be treated as a replacement as opposed to an incremental adjustment. <u>SNAPSHOT RESERVE REPORTING</u> A "130" or "230" transaction code for each claim/claimant/coverage for all claims with any open reserves and for all claims for which there has been activity during the period being reported regardless of the reserve value.	C
EXPENSE RESERVE				
EXPENSE RESERVE SNAPSHOT	230	The outstanding expense reserve as of the reporting date.	Claimant/Coverage Level; the expense reserves supplied with this transaction should be treated as a replacement as opposed to an incremental adjustment. <u>SNAPSHOT RESERVE REPORTING</u> A "130" or "230" transaction code 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, G

PAYMENTS/ EXPENSE				
DCC EXPENSE	410	DCC Expense Payment.	<p>Claimant/Coverage Level; process on open claims only. See DCC Expense Code table, p. 16-4</p> <p>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.</p> <p>To reissue: Enter "REISSUE" in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.</p> <p>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.</p>	C,G
DCC SUPPLEMENTAL EXPENSE	420	DCC Expense payment made after the claim is closed.	<p>Claimant/Coverage Level; status of claim still remains closed. See DCC Expense Code table, p. 16-4</p> <p>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.</p> <p>To reissue: Enter "REISSUE" in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.</p> <p>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.</p>	C, G

PAYMENTS/ EXPENSE				
AO (Adjusting and Other) EXPENSE - OPEN CLAIM <u>DO NOT USE EXPENSE CODES FOR AO EXPENSES</u>	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

PAYMENTS/ EXPENSE				
<p>AO (Adjusting and Other) EXPENSE - CLOSED CLAIM</p> <p><u>DO NOT USE EXPENSE CODES FOR AO EXPENSES</u></p>	<p>470</p>	<p>Adjusting or claims handling expenses billed by third party administrators (example: TPA expense or adjusting companies).</p>	<p>Claimant/Coverage Level. Status of claim still remains closed. This category includes claims handling expenses billed by third party administrators (TPAs) to individual claims. This category does not include Defense and Cost Containment (DCC) expenses, which are reported using the "420" transaction code.</p> <p>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.</p> <p>To reissue: Enter "REISSUE" in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.</p> <p>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.</p>	<p>C</p>

RECOVERY				
LOSS RECOVERY	530	Any form of loss recovery.	See Recovery Code table, 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. 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.	<p>Claimant Level; represents the actual return premium payment made by the Fund. This transaction also closes the claim.</p> <p>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.</p> <p>To reissue: Enter "REISSUE" in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.</p> <p>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.</p>	C

RETURN PREMIUM				
SUPPLEMENTAL PAYMENT - RETURN PREMIUM	825	Return premium payment made after closing.	<p>Claimant Level: Status of claimant remains closed. (See "835" transaction code.)</p> <p>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.</p> <p>To reissue: Enter "REISSUE" in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.</p> <p>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.</p>	C
CALCULATION ADJUSTMENT - RETURN PREMIUM	835	Return premium recalculation due to a re-evaluation of the claim.	<p>Claimant Level: This amount represents the incremental amount of the recalculation due to a re-evaluation of the claim by the Receiver.</p>	B
DEDUCTIBLE APPLIED - RETURN PREMIUM	840	Identifies the statutory deductible or minimum threshold applied by the Fund on a return premium claim.	<p>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.</p>	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.	<p>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.</p>	C
CWP (Closed Without Payment) RETURN PREMIUM	860	Closes claim. No return premium payments made for any claimants.	<p>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.</p>	C

<p>RETURN PREMIUM EXPENSE PAYMENTS</p>	<p>870</p>	<p>Return Premium expenses (Return Premium claims handling expenses)</p>	<p>Claimant/Coverage Level; process on open claims only.</p> <p>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.</p> <p>To reissue: Enter "REISSUE" in the Transaction Comment field. Enter the check number with the amount as a positive <+> entry.</p> <p>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.</p>	<p>C</p>
<p>NO FUND COVERAGE - RETURN PREMIUM</p>	<p>899</p>	<p>No Fund coverage is available under the state statute.</p>	<p>Claimant Level: To alert the Receiver of the condition. NOTE: The Transaction Comments field must be used to specify the reason why there is no coverage.</p>	<p>C</p>

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 xxxxxxxxxxxxxxxxxxxx	Reason for reopening the claim (new bills received, etc.)
080	Returning File as it is Open for Subro Only	Returning file to the receiver for collection of subro
080	Transferring file as our Fund is not correct handling fund	Transferring the file to a different guaranty fund
080	Returning file to the TPA due to self insured policy	Notifying the receiver the fund is no longer responsible for the claim
099	No Fund coverage due to xxxxxxxxxx	Provide reason for determination of no coverage: residence, policy expired before loss, etc.
130	Outstanding Loss Reserve as of the reporting date	Outstanding loss reserve as of the reporting date at the claimant, coverage level
230	Outstanding Expense Reserve as of the reporting date	Outstanding expense reserve as of the reporting date at the claimant, coverage level
310 and 320	4 3/7 weeks PPD	Provide the detail of the indemnity payment
310 and 320	Pat #7903333 per KY WC med fee inv #630285, 630286	Provide the detail of the reason for medical payment
310 and 320	PPD 8-6-03 thru 8-29-03	Provide the detail of the indemnity payment
All Payment Transactions	Void	Voiding a payment (loss and UEP claims)
All Payment Transactions	Void Reversal	Reversing a void transaction possible due to check being cashed, etc. (loss and UEP claims)
All Payment Transactions	Stop Pay	Payment has been stopped on this check (loss and UEP claims)
All Payment Transactions	Stop Pay Reversal	Reversing the Stop Pay transaction (loss and UEP claims)
All Payment Transactions	Reimbursement	The payment is a reimbursement to the fund as the result of an over payment, etc. (loss and UEP claims)
All Payment Transactions	Reimbursement Reversal	Reversing Reimbursement posted due to entry error, etc. (loss and UEP claims)
All Payment Transactions	Correction (reason for correction)	Explanation for correcting transaction (loss and UEP claims)

Transaction Code	Transaction Comment	Note
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.	<p>Claimant/coverage level; reduces the Fund loss reserves for a coverage under this claimant to zero. Does not impact outstanding LAE reserves.</p> <p>To VOID: Enter the check number with a negative <-> entry.</p> <p>To record a reimbursement: Enter "REIMBURSEMENT" in the Transaction Comment field and reflect with a negative <-> entry.</p> <p>To record an overpayment: Enter "OVERPAYMENT" in the Transaction Comment field and reflect with a negative <-> entry.</p>	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

[Print Chapter](#)

Chapter 15

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). 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

Code	Description	Date Added
295000	Bonds	
295010	Surety	6/10/2004
305000	Commercial Auto	
305003	Liability - Bodily Injury - Combined Single or Split Limit	
305006	Liability - Bodily Injury - Combined Single or Split Limit - Aggregate	
305009	Liability - Bodily Injury - Underinsured Motorist	
305012	Liability - Bodily Injury - Uninsured Motorist	
305015	Liability - Property Damage - Combined Single or Split Limit	
305018	Liability - Property Damage - Combined Single or Split Limit - Aggregate	
305021	Liability - Property Damage - Underinsured Motorist	
305024	Liability - Property Damage - Uninsured Motorist	
305027	Personal Injury Protection (PIP) - No Fault	
305028	PIP - Wage Payments	8/7/2000
305029	PIP - Other	8/7/2000
305030	Medical Payments	
305031	PIP - Medical Payments	8/7/2000
305033	Comprehensive or Specified Perils	
305034	Glass	8/7/2000
305036	Collision	
305039	Cargo	
305042	Deadhead	
305045	Bobtail	
305048	Trailer Interchange	
305051	Hired and Non-Owned Auto - BI	10/1/2002
305052	Hired and Non-Owned Auto - PD	10/1/2002
305060	Rental Vehicle Reimbursement	7/1/1997
305070	Towing & Road Service	7/1/1997
305075	PIP Loss Transfer	10/17/2017
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	

Code	Description	Date Added
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	

Code	Description	Date Added
545005	Section I - Building	
545010	Section I - Contents	
545015	Section II - Liability - Combined Single or Split Limits	
545020	Section II - Medical Payments	
545025	Law and Ordinance	1/17/2017
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	
575025	Law and Ordinance	1/17/2017
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

Code	Description	Date Added
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	
635025	Law and Ordinance	1/17/2017
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	
725025	Law and Ordinance	1/17/2017
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)	

Code	Description	Date Added
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
785075	PIP Loss Transfer	10/17/2017
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

Code	Description	Date Added
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	

Code	Description	Date Added
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](#)

Chapter 16

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
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.
2 ND INJURY FUND INDICATOR	Indicates if a recovery from a 2 nd 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: A. Court Report/Court Reporter B. Mediation/Arbitration Expense C. Coverage Attorney Expense
02	Investigation Expenses	This category is used for expenses related to the investigation of a claim. Examples are: A. ISO Reports B. Investigators C. DMV/BMV D. Police Reports
03	Damage Assessment/Control	This category is used for expenses related to the determination of damages suffered. Examples are: A. Independent Medical Evaluations B. Appraisers C. Engineering Report
04	Legal	This category is used for expenses related to the litigation of a claim. All 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: A. Defense Attorney Fees and Expenses B. Plaintiff Attorney Fees and Expenses (not including fees that are part of a judgment) C. Subrogation Attorney D. Attorney Ad Litem E. Mediation/Arbitration F. Court Reports/Court Reporter G. Court Filing Fees H. Workers' Compensation Board Fees I. Expert Witness
05	Other	This generic category is used for those charges that do not fall within the definition of any of the other categories. This

CODE	EXPENSE TYPE	DESCRIPTION
		category should be used only as a last resort. Examples are: A. Cost Containment Charges B. Life Care Plan C. Record Reproduction Expense
06	Penalties and Interest	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](#) for current tables)

Injury Code indicates the category of injury.

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

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

WCIO Part of Body

Part of Body codes indicate the area of the body that was injured.

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

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values. 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

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values. Last updated 2/18/2013.
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

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values. Last updated 2/18/2013.
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 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; Electrocutation
22	Enucleation; Removal of organ or tumor
25	Foreign Body
28	Fracture; Breaking of a bone or cartilage
30	Freezing; Frostbite and other effects of exposure to low temperature
31	Hearing Loss or Impairment; Traumatic only. A separate injury, not the sequelae of another injury
32	Heat Prostration; Heat stroke, sun stroke, heat exhaustion, heat cramps and other effects of environmental heat. Does not include sunburn.
34	Hernia; The abnormal protrusion of an organ or part through the containing wall of its cavity
36	Infection; The invasion of a host by organisms such as bacteria, fungi, viruses, mold, protozoa or insects, with or without manifest disease.
37	Inflammation; The reaction of tissue to injury characterized clinically by heat, swelling, redness and pain
40	Laceration; Cut, scratches, abrasions, superficial wounds, calluses. Wound by tearing
41	Myocardial Infarction; Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.
42	Poisoning - General (Not OD or Cumulative Injury); A systemic morbid condition resulting from the inhalation, ingestion, or skin absorption of a toxic substance affecting the metabolic system, the nervous system, the circulatory system, the digestive system, the respiratory system, the excretory system, the musculoskeletal system, etc. includes chemical or drug poisoning, metal poisoning, organic diseases, and venomous reptile and insect bites. does not include effects of radiation, pneumoconiosis, corrosive effects of chemicals; skin surface irritations, septicemia or infected wounds.
43	Puncture; A hole made by the piercing of a pointed instrument
46	Rupture
47	Severance; To separate, divide or take off
49	Sprain or Tear; Internal derangement, a trauma or wrenching of a joint, producing pain and disability depending upon degree of injury to ligaments.
52	Strain or Tear; Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.
53	Syncope; Swooning, fainting, passing out, no other injury
54	Asphyxiation; Strangulation, drowning
55	Vascular; Cerebrovascular and other conditions of circulatory systems, NOC, Excludes heart and hemorrhoids. Includes: strokes, varicose veins - non toxic
58	Vision Loss
59	All Other Specific Injuries, NOC
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.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values. Last Updated 2/18/2013
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 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.

CODE	DESCRIPTION
	Refer to WCIO website for up-to-date table values. Last updated 2/18/2013
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.

CODE	DESCRIPTION
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 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 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 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 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 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.

Term	Definition
Declaratory Judgment or Coverage Expenses	Expenses related to a Declaratory Judgment or Coverage claim. Part of DCC Expenses. Examples are: A. Court Report/ Court Reporter B. Mediation/Arbitration Expense C. Coverage Attorney Expense
Deductible	The amount of the loss for which the insured is responsible.
Defense and Cost Containment (DCC) Expenses	DCC include defense, litigation, and medical cost containment expenses, whether internal or external, if assigned to a claim. These expenses are for costs to be incurred in connection with the adjustment and recording of losses defined in NAIC's Statement of Statutory Accounting Principles (SSAP) 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 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.

Term	Definition
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	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	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.

Term	Definition
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 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.

Term	Definition
Workers' Compensation Insurance Organizations (WCIO)	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/electronic record is being sent. See State Codes table, p.16-2
4	FILE LOCATION CODE	R	N	2	9-10	Location code of the entity to which the physical file/electronic record is being sent. See File Location table, p.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, 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 the claim.
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to the claim.
9	INSURED NAME #1	R	A	30	77-106	Named Insured's last name or business name.
10	INSURED NAME #2	C	A	30	107-136	Named Insured's first name.
11	INSURED ADDRESS #1	R	A	30	137-166	Address of the Named Insured.
12	INSURED ADDRESS #2	C	A	30	167-196	Continuation of address of the Named Insured, if needed.
13	INSURED CITY	R	A	25	197-221	City of Named Insured or C/O.
14	INSURED STATE	R	A	2	222-223	The two-digit code used by the U.S. Post Office to identify each state. See State Codes table, p.16-2
15	INSURED ZIP CODE	C	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.

No.	Field Name	Req	Type	Size	Pos	Short Description
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	C	A	30	292-321	Claimant's first name.
22	CLAIMANT ADDRESS #1	R	A	30	322-351	Claimant's address.
23	CLAIMANT ADDRESS #2	C	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.16-2
26	CLAIMANT ZIP CODE	C	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	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Code is "100." See Transaction Codes table, p.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, p. 16-3
33	SUIT INDICATOR	R	A	1	446	Is claim in litigation? <u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</u> indicates Unknown.
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	Unique Number assigned by insolvent company's TPA to the 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.

No.	Field Name	Req	Type	Size	Pos	Short Description
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.16-6
43	WCIO PART OF BODY	C	A	3	539-541	See WCIO Part of Body table, p.16-6
44	WCIO NATURE OF INJURY	C	A	3	542-544	See WCIO Nature of Injury table, p.16-9
45	WCIO CAUSE	C	A	3	545-547	See WCIO Cause of Injury table, p.16-11
46	WCIO ACT	C	A	3	548-550	See WCIO Act table, p.16-14
47	WCIO TYPE OF LOSS	C	A	3	551-553	See WCIO Type of Loss table, p.16-14
48	WCIO TYPE OF RECOVERY	C	A	3	554-556	See WCIO Type of Recovery table, p.16-14
49	WCIO TYPE OF COVERAGE	C	A	3	557-559	See WCIO Type of Coverage table, p.16-14
50	WCIO TYPE OF SETTLEMENT	C	A	3	560-562	See WCIO Type of Settlement table, p.16-15
51	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	563	WCIO Vocational Rehab Indicator.
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' Compensation 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	State to which the physical file/electronic record is being sent. Use the two-letter U.S. Post Office code of the state Fund which is responsible by statute for the claim (i.e., Montana – MT; See State Codes table, p.16-2). Foreign jurisdiction is to be resolved on a case-by-case basis.	No default allowed.
4	FILE LOCATION CODE	Location code of the entity to which the physical file/electronic record is being sent. The most commonly used Location Codes are: “01 - Domiciliary Receiver”; “10 - Property/Casualty Guaranty Fund”; and “11 - Workers’ Compensation Security Fund.” See File Location table, p.16-1	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See 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 carrier assigned to the specific policy of insurance prior to insolvency. Shorter values are left justified and padded with blanks. See Example 6.5.6, p.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.	Blank

No.	Field Name	Extended Description	Default To
9	INSURED NAME #1	<p>If the insured is a(n): <u>Individual</u>: The last name only should be entered here. <u>Business</u>: Name of business should be entered here.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	UDSUNKNOWN
10	INSURED NAME #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank. Type will be in all upper-case letters.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	Blank
11	INSURED ADDRESS #1	<p>Entire street address of insured. Suite or apartment number <u>only</u>, if entire address does not fit in this field.</p> <p>If Insured is using a C/O ("in care of") name and address, the C/O name should be in this field. The C/O address should be in the Insured Address #2 field.</p>	Blank
12	INSURED ADDRESS #2	<p>Blank if address is in "Insured Address #1." Street address if the suite or apartment number is in "Insured Address #1".</p> <p>If Insured is using a C/O ("in care of") name and address, the C/O address should be in this field.</p>	Blank
13	INSURED CITY	City of Named Insured or C/O.	UDSUNKNOWN
14	INSURED STATE	The two-digit code used by the U.S. Post Office to identify each state. See State Codes table, p.16-2	No default if U.S. domestic address. FC if foreign country.

No.	Field Name	Extended Description	Default To
15	INSURED ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes.	No default if U.S. domestic address. Blank if foreign country (FC).
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.6-3	No default allowed.
20	CLAIMANT NAME #1	If the claimant is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : The name of the business should be entered here. If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix. Use a space to separate the parts of a name. Do not use commas or apostrophes. Type will be in all uppercase letters.	UDSUNKNOWN

No.	Field Name	Extended Description	Default To
21	CLAIMANT NAME #2	<p>If the claimant is a(n):</p> <p><u>Individual:</u> The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business:</u> This field should be blank.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	Blank
22	CLAIMANT ADDRESS #1	<p>The following are acceptable entries in the first address field:</p> <p>Entire street address of the claimant.</p> <p>Suite or apartment number <u>only</u>, if entire address does not fit in this field.</p> <p>C/O name.</p>	UDSUNKNOWN
23	CLAIMANT ADDRESS #2	<p>The following are acceptable entries in the second address field:</p> <p>Blank if entire street address is in "Claimant Address #1."</p> <p>Street address if the suite or apartment number is in "Claimant's Address #1."</p> <p>Entire street address if a "C/O" name is in "Claimant Address #1."</p>	Blank
24	CLAIMANT CITY	City of claimant's address.	UDSUNKNOWN
25	CLAIMANT STATE	State code of claimant's address. The two-character code used by the U.S. Post Office to identify each state. If the claimant resides in a foreign country, use FC for the state code. See State Codes table, p.16-2	No default allowed.
26	CLAIMANT 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	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Code is "100." See Transaction Codes table, p.14-1	100

No.	Field Name	Extended Description	Default To
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	Potential Recovery Type Indicator or, in the case of a recovery transaction code, the specific recovery type. See Recovery Codes table, p. 16-3 Loss: 530: (loss recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 540: (expense recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 550: (TPA fee recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 All other transactions: Potential recovery indicator code for this claim from the recovery code table. See Recovery Codes table, p. 16-3	Zero
33	SUIT INDICATOR	Is claim in litigation? <u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</u> indicates Unknown.	U
34	2ND INJURY FUND INDICATOR	<u>Y</u> indicates a possible 2 nd Injury Fund involvement in the claim. <u>N</u> indicates no possible 2 nd Injury Fund involvement in the claim. <u>U</u> indicates Unknown.	U
35	TPA CLAIM NUMBER	Unique Number assigned by the insolvent company's TPA to this claim.	Blank
36	LONG CLAIM NUMBER	Insolvent Company Claim Number, if longer than 20 characters. Otherwise, blank. See field 7. See Example 6.5.36, p.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. Required if claim is Workers' Comp or Bodily Injury.	Blank

No.	Field Name	Extended Description	Default To
41	REPETITIVE PAYMENT INDICATOR	Repetitive payment indicator. Y: Workers' Comp where repetitive payments are being made at the time of insolvency. N: Non-Workers' Comp or Workers' Comp without repetitive payments.	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.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.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.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.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.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.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.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.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.16-15	Blank

No.	Field Name	Extended Description	Default To
51	WCIO VOCATIONAL REHAB INDICATOR	WCIO Coding for Workers' Comp Claims. REQ: Required for Workers' Comp claims. Y indicates claim includes rehabilitation costs N indicates claim does not include rehabilitation costs U indicates Unknown. Blank for non-WC.	Blank
52	DESCRIPTION OF INJURY	Short description of accident/incident. Required for Workers' Comp, blank for non-WC.	Blank
53	WCAB NUMBER	Number assigned by the Workers' Compensation Board.	Blank
54	EMPLOYER WORK PHONE NUMBER	Employer telephone number. No dashes or spaces. Required if available for Workers' 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/electronic record is being sent. See State Codes table, p.16-2
4	FILE LOCATION CODE	R	N	2	9-10	Location code of the entity to which the physical file/electronic record is being sent. See File Location table, p.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, p.15-2
6	POLICY NUMBER	R	A	20	17-36	Policy Number
7	RECEIVER CLAIM NUMBER	C	A	20	37-56	Unique number assigned by Receiver to the claim.
8	INSURED NAME #1	R	A	30	57-86	Named Insured's last name or business name.
9	INSURED NAME #2	C	A	30	87-116	Named Insured's first name.
10	INSURED ADDRESS #1	C	A	30	117-146	Address of the Named Insured.
11	INSURED ADDRESS #2	C	A	30	147-176	Continuation of address of the Named Insured, if needed.
12	INSURED CITY	C	A	25	177-201	City of Named Insured or C/O.
13	INSURED STATE	C	A	2	202-203	The two-digit code used by the U.S. Post Office to identify each state. See State Codes table, p.16-2
14	INSURED 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

No.	Field Name	Req	Type	Size	Pos	Short Description
18	PAYEE ID NUMBER	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.16-1
23	TRANSACTION CODE	R	N	3	261-263	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Codes are "800," "815" and "835." See Transaction Codes table, p.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 IN FORCE 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	Indicator to identify if policy is to be audited. "800" transactions should be "Y" which indicates a final audit is needed. "815" transactions should be "N" which indicates a final audit is not needed.
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.

No.	Field Name	Req	Type	Size	Pos	Short Description
33	CLAIMANT 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 NAME #2	C	A	30	356-385	Claimant's first name. Can also be used for Finance Company and/or agent.
35	CLAIMANT ADDRESS #1	C	A	30	386-415	Claimant's address.
36	CLAIMANT ADDRESS #2	C	A	30	416-445	Continuation of claimant's address if needed.
37	CLAIMANT CITY	C	A	25	446-470	Claimant's city.
38	CLAIMANT STATE	C	A	2	471-472	Claimant's state See State Codes table, p.16-2
39	CLAIMANT ZIP CODE	C	A	9	473-481	Claimant's zip code.
40	CLAIMANT 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	State to which the physical file/electronic record is being sent. Use the two-letter U.S. Post Office code of the state Fund which is responsible by statute for the claim (i.e., Montana – MT; See State Codes table, p.16-2). Foreign jurisdiction is to be resolved on a case-by-case basis.	No default allowed.
4	FILE LOCATION CODE	Location code of the entity to which the physical file/electronic record is being sent. The most commonly used Location Codes are: "01 - Domiciliary Receiver"; "10 - Property/Casualty Guaranty Fund"; and "11 - Workers' Compensation Security Fund." See File Location table, p.16-1	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See 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 6.5.3-4., p.6-2	No default allowed.
6	POLICY NUMBER	The unique number the carrier assigned to this specific policy of insurance prior to insolvency. Shorter values are left justified and padded with blanks. See Example 6.5.6., p.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.	Blank
8	INSURED NAME #1	<p>If the insured is a(n): <u>Individual</u>: The last name only should be entered here. <u>Business</u>: Name of business should be entered here.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	UDSUNKNOWN

No.	Field Name	Extended Description	Default To
9	INSURED NAME #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank. Type will be in all upper-case letters.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	Blank
10	INSURED ADDRESS #1	<p>Entire street address of insured. Suite or apartment number <u>only</u>, if entire address does not fit in this field.</p> <p>If Insured is using a C/O ("in care of") name and address, the C/O name should be in this field. The C/O address should be in the Insured Address #2 field.</p>	Blank
11	INSURED ADDRESS #2	<p>Blank if address is in "Insured Address #1." Street address if the suite or apartment number is in "Insured Address #1".</p> <p>If Insured is using a C/O ("in care of") name and address, the C/O address should be in this field.</p>	Blank
12	INSURED CITY	City of Named Insured or C/O.	Blank
13	INSURED STATE	The two-digit code used by the U.S. Post Office to identify each state. See State Codes table, p.16-2	No default if U.S. domestic address. FC if foreign country.
14	INSURED ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes.	No default if U.S. domestic address. Blank if foreign country (FC).
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	<p>The number assigned by the Receiver to each party that appears to have a claim against the insolvent company under the referenced policy within a specific incident. The value should be right justified and padded with leading zeroes. Note: 00000 is invalid and must be given a different integer.</p>	No default allowed.

No.	Field Name	Extended Description	Default To
17	PAYEE INDICATOR	F = Federal ID, S = Social Security Number	Blank
18	PAYEE ID NUMBER	Federal ID number or Social Security number. Required if Payee Indicator is not blank. All other transaction codes blank	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, 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," "815" and "835." See Transaction Codes table, p.14-8	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 IN FORCE 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	Indicator to identify if policy is to be audited. "800" transactions should be "Y" which indicates a final audit is needed. "815" transactions should be "N" which indicates a final audit is not needed	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

No.	Field Name	Extended Description	Default To
28	UNPAID PREMIUM AMOUNT	Amount owed the insolvent company on current year's premium. The field values should be right justified with the decimal implied, the positive/negative indicator at the end of the field and 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 NAME #1	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here. Can also be used for Finance Company and/or agent.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	Insured, or the actual payee if different. Blank if unknown.
34	CLAIMANT NAME #2	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business</u>: This field should be blank.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	Insured, or the actual payee if different. Blank if unknown.

No.	Field Name	Extended Description	Default To
35	CLAIMANT ADDRESS #1	The following are acceptable entries in the first address field: Entire street address of the claimant. Suite or apartment number <u>only</u> , if entire address does not fit in this field. C/O name.	Insured, or the actual payee if different. Blank if unknown.
36	CLAIMANT ADDRESS #2	The following are acceptable entries in the second address field: 1) Blank if address is in "Claimant's' Address #1". 2) Street address if the suite or apartment number is in the "Claimant's' Address #1". 3) Entire street address if a "c/o" name is in "Claimant's' Address #1".	Insured, or the actual payee if different. Blank if unknown.
37	CLAIMANT CITY	City of claimant's address.	Insured, or the actual payee if different. Blank if unknown.
38	CLAIMANT STATE	State code of claimant's address. The two-character code used by the U.S. Post Office to identify each state. If the claimant resides in a foreign country, use FC for the state code. See State Codes table, p.16-2	Insured, or the actual payee if different. Blank if unknown.
39	CLAIMANT 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	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.16-2. Required for all transaction codes.
4	TRANSACTION LOCATION CODE	R	N	2	9-10	Location code of the sending entity. Exception: For transaction codes 080, 081, see Extended Description. See File Location Code table, p. 16-1 Example: 10=P&C Fund, 11=WC Fund, 26=TPA transmitting data directly.
5	COVERAGE CODE	C	N	6	11-16	Defines the category of coverage that provided protection for the loss. See Coverage Code table, p.15-2
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 the claim.
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to the claim.
9	FUND CLAIM NUMBER	C	A	20	77-96	Unique number assigned by the Fund to the claim.
10	INSURED NAME #1	R	A	30	97-126	Named Insured's last name or business name.
11	INSURED NAME #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.
13	CLAIMANT NAME #1	C	A	30	162-191	Claimant's last name or business name.
14	CLAIMANT NAME #2	C	A	30	192-221	Claimant's first name.

15	CLAIMANT ADDRESS #1	C	A	30	222-251	Claimant's address. UEP: Required for all transactions if it was given on the UDS "B" Record or provided by the Receiver.
16	CLAIMANT ADDRESS #2	C	A	30	252-281	Continuation of claimant's address if needed.
17	CLAIMANT CITY	C	A	25	282-306	Claimant's city
18	CLAIMANT STATE	C	A	2	307-308	Claimant's state See State Codes table, p.16-2
19	CLAIMANT ZIP CODE	C	A	9	309-317	Claimant's zip code.
20	TRANSACTION CODE	R	N	3	318-320	A three-digit code that identifies the type of transaction for this record. Required for all transactions and can only be one of the UDS compliant transaction codes. See Transaction Codes table, p.14-1
21	TRANSACTION DATE	R	N	8	321-328	Date transaction processed. Required for all transaction codes. This <u>must</u> be the last date of the reporting period for 130 and 230 transaction codes.
22	TRANSACTION AMOUNT	C	N	12 [(9).xx-]	329-340	The dollar value of the transaction being processed.
23	CHECK NUMBER	C	A	12	341-352	Unique identifier for this payment transaction, such as check number or ACH Trace number. REQUIRED for all payment transactions.
24	PAYEE INDICATOR	C	A	1	353	F = Federal ID number S = Social Security Number
25	PAYEE ID NUMBER	C	N	9	354-362	Federal ID number or Social Security number
26	PAYEE NAME #1	C	A	30	363-392	Payee last name or business name.
27	PAYEE NAME #2	C	A	30	393-422	Payee first name or continuation of Payee Name #1, if necessary.

28	CATASTROPHIC LOSS CODE	C	N	2	423-424	Code assigned to a catastrophic event. Loss: Required on all transactions for a claim, if assigned by the Receiver in the UDS "A" Record. UEP: Not required
29	RECOVERY INDICATOR CODE	R	A	1	425	Potential recovery type. See Recovery Codes table, p. 16-3
30	SUIT INDICATOR	R	A	1	426	Is claim in litigation? <u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</u> indicates Unknown.
31	2ND INJURY FUND INDICATOR	R	A	1	427	Potential 2nd Injury Fund involvement Y / N / U
32	DATE OF LOSS	R	N	8	428-435	Date of Loss (Accident Date)
33	TRANSACTION COMMENT	C	A	60	436-495	This field allows the Fund to provide the Receiver a message regarding the specific transaction.
34	EXPENSE CODE	C	A	2	496-497	This field includes all 'DCC' (defense and cost containment) payments. See Expense Codes table, p.16-4 for breakdown
35	WCIO INJURY CODE	C	A	3	498-500	See WCIO Injury Code Table, p.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.16-6
37	WCIO NATURE OF INJURY	C	A	3	504-506	See WCIO Nature of Injury table, p.16-9
38	WCIO CAUSE	C	A	3	507-509	See WCIO Cause of Injury table, p.16-11
39	WCIO ACT	C	A	3	510-512	See WCIO Act table, p.16-14
40	WCIO TYPE OF LOSS	C	A	3	513-515	See WCIO Type of Loss table, p.16-14
41	WCIO TYPE OF RECOVERY	C	A	3	516-518	See WCIO Type of Recovery table, p.16-14

42	WCIO TYPE OF COVERAGE	C	A	3	519-521	See WCIO Type of Coverage table, p.16-14
43	WCIO TYPE OF SETTLEMENT	C	A	3	522-524	See WCIO Type of Settlement table, p.16-15
44	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	525	WCIO Vocational Rehab Indicator.
45	TPA CLAIM NUMBER	C	A	30	526-555	Unique Number assigned by insolvent company's TPA to the claim.
46	LONG CLAIM NUMBER	C	A	30	556-585	Insolvent Company Claim Number, if longer than 20 characters
47	SERVICE/BENEFIT FROM DATE	C	N	8	586-593	Beginning date of service or benefit covered by this payment
48	SERVICE/BENEFIT THROUGH DATE	C	N	8	594-601	Ending date of service or benefit covered by this payment.
49	POLICY DEDUCTIBLE INDICATOR	C	A	1	602	Policy deductible applied to this payment? Y / N

[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.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 <u>must</u> always be the same state as the header and trailer "From State" field. See Example 13.5.3-4, p.13-2	No default allowed.
4	TRANSACTION LOCATION CODE	Location code of the sending entity. The most commonly used Location Codes are: "01 - Domiciliary Receiver"; "10 - Property/Casualty Guaranty Fund"; "11 - Workers' Compensation Security Fund"; and "26 - Third Party Administrator (TPA)" See File Location table, p.16-1 See Examples 13.5.3-4, p.13-2 All transactions must have the 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 the transaction.	No default allowed.

No.	Field Name	Extended Description	Defaults To
5	COVERAGE CODE	<p>This code defines the category of coverage that provided protection for the loss. See Coverage Code table, p.15-2</p> <p>Loss Claim: 030 through 099 No coverage code required. 792: No coverage code required. Required for all other transactions. 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.</p> <p>UEP Claim: 820 through 899: Coverage code required and must match code from the associated UDS “B” Record. See example 13.5.5.1 and example 13.5.5.2, p.13-4 and p.13-5</p>	<p>Blank, claim level.</p> <p>No default allowed at a claimant level.</p>
6	POLICY NUMBER	<p>The unique number the carrier assigned to this specific policy of insurance prior to insolvency. Shorter values are left justified and padded with blanks. See Example 6.5.6., p.6-3</p> <p>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</p>	UDSUNKNOWN
7	INSOLVENT COMPANY CLAIM NUMBER	<p>The unique number that the insolvent company assigned to this claim. This field MUST be returned EXACTLY as transmitted in the UDS “A” Record or EXACTLY as communicated to the Fund by the Receiver for first reports Shorter values are left justified and padded with blanks.</p> <p>Loss: Required for all transaction codes. Exactly as received on UDS “A” Record or as provided by the Receiver.</p> <p>UEP: Not required.</p>	No default allowed.
8	RECEIVER CLAIM NUMBER	<p>The unique number the Receiver assigns to identify a specific claim. Shorter values are left justified and padded with blanks.</p> <p>Required for all transaction codes if it was provided by the Receiver.</p>	Blank

No.	Field Name	Extended Description	Defaults To
9	FUND CLAIM NUMBER	Unique number assigned by the Fund to the claim. Loss: Required for all transaction codes. UEP: Not required, unless one is assigned by the Fund.	Blank
10	INSURED NAME #1	If the insured is a(n): <u>Individual:</u> The last name only should be entered here. <u>Business:</u> Name of business should be entered here. Exceptions to the above preferred field layout are as follows: If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #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.	UDSUNKNOWN
11	INSURED NAME #2	If the insured is a(n) <u>Individual:</u> The first name, middle initial and any suffixes should be entered here. <u>Business:</u> This field should be blank. Type will be in all upper-case letters. Exceptions to the above preferred field layout are as follows: If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #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.	Blank

No.	Field Name	Extended Description	Defaults To
12	CLAIMANT NUMBER	<p>The number assigned by the Receiver to each party that appears to have a claim against the insolvent company under the referenced policy within a specific incident. The value should be right justified and padded with leading zeroes. Note: 00000 is invalid and must be given a different integer.</p> <p>This field MUST be returned EXACTLY as transmitted in the UDS "A" Record or EXACTLY as communicated to the Fund by the Receiver for first reports.</p> <p>This field should always be 5 digits right justified and zero filled - Example: 00001</p> <p><u>REQUIRED only on ALL Claimant Level Transactions</u></p> <p>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.</p> <p>UEP: Required</p>	<p>Blank for Claim Level Transactions</p> <p>No default allowed for Claimant Level Transactions</p>
13	CLAIMANT NAME #1	<p>If the claimant is a(n):</p> <p><u>Individual:</u> The last name only should be entered here.</p> <p><u>Business:</u> The name of the business should be entered here.</p> <p>Loss: Required for 130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the UDS "B" Record or provided by the Receiver.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	<p>Blank</p> <p>No default allowed for required Loss or UEP transactions.</p>

No.	Field Name	Extended Description	Defaults To
14	CLAIMANT NAME #2	If the claimant is a(n): <u>Individual:</u> The first name, middle initial and any suffixes should be entered here. <u>Business:</u> This field should be blank. If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix. Use a space to separate the parts of a name. Do not use commas or apostrophes. Type will be in all uppercase 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 <u>only</u> , if entire address does not fit in this field. C/O name. See Example 13.5.15, p.13-7 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 UDS "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 #1". Street address if the suite or apartment number is in "Claimant's Address #1". Entire street address if a "C/O" name is in "Claimant's Address #1". See Example 13.5.15, p.13-7 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. UEP: Required for all transactions if it was given on the UDS "B" Record or provided by the Receiver.	Blank

No.	Field Name	Extended Description	Defaults To
17	CLAIMANT CITY	<p>City of claimant’s address.</p> <p>Loss: Include if available: 130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the UDS “B” Record or provided by the Receiver.</p>	Blank
18	CLAIMANT STATE	<p>State code of claimant’s address. The two-character code used by the U.S. Post Office to identify each state. If the claimant resides in a foreign country, use FC for the state code. See State Codes table, p.16-2</p> <p>Loss: Include if available: 130, 230, 310, 320, 410, 420, 450, 470, 530, 540, 610, 790, and 792.</p> <p>UEP: Required for all transactions if it was given on the UDS “B” Record or provided by the Receiver.</p>	Blank
19	CLAIMANT ZIP CODE	<p>The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes.</p>	Blank
20	TRANSACTION CODE	<p>A three-digit code that identifies the type of transaction for this record.</p> <p>Required for all transactions and can only be one of the UDS compliant transaction codes.</p> <p>See Transaction Codes table, p.14-1,</p>	No default allowed.
21	TRANSACTION DATE	<p>The date the transaction was processed by the Fund in the format YYYYMMDD.</p> <p>Required for all transaction codes.</p> <p>This <u>must</u> be the last date of the reporting period for 130 and 230 transaction codes.</p>	No default allowed.

No.	Field Name	Extended Description	Defaults To
22	TRANSACTION AMOUNT	<p>The dollar value of the transaction being processed.</p> <p>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.</p> <p>(Example: A payment of \$27,652.00 would be shown as 00002765200+. A recovery of \$27,652.00 would be shown as 00002765200-)</p> <p>See Section 13.4 for Relation to Transaction Codes</p> <p>Loss: 030 through 090 and 099 (Claims Status): all zeroes, sign positive. 091: (Incurred at Cap): 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 for voids, stop payments, reimbursements, reversals or overpayments). 500 series (Recoveries): dollar amount of recovery, sign negative (sign positive 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): amount of the claim that has been satisfied by a source other than the Fund, sign positive.</p> <p>UEP: 820, 825 (Payments): Return premium amount paid, sign positive (sign negative for voids, stop payments, reimbursements, reversals or overpayments). 840 (Deductible): dollar amount of statutory deductible that the Fund applied to the claim, sign positive (sign negative for reversal). 850 (Value above Cap): the net value of the return premium claim in excess of the Fund's statutory limits, sign positive. 870 (Expense Payments): amount paid for UEP expenses, sign positive (sign negative for reversal). 860, 899 (Claim Status): all zeroes, sign positive.</p>	All Zeroes

No.	Field Name	Extended Description	Defaults To
23	CHECK NUMBER	<p>Unique identifier for this payment transaction, such as check number or ACH Trace number.</p> <p>VOIDS or other reversals should carry the same reference number as the original payment transaction.</p> <p>REQUIRED for all payment transactions.</p> <p>CHECK NO: The value should be right justified and padded with leading zeroes.</p> <p>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.</p> <p>Loss: 300 series: (loss claim payments) Required. 400 series: (expense payments) Required. 500 series: (recoveries) Required. All others blank.</p> <p>UEP: 820, 825, and 870 (payments) Required. All others blank</p>	Blank if not a payment.
24	PAYEE INDICATOR	<p>F = Federal ID number. S = Social Security number.</p> <p>Required if IRS reportable.</p> <p>Strongly recommended if available for: 300 series: (loss claim payments) 400 series: (expense payments)</p> <p>500 Series: (recoveries)</p> <p>820, 825, and 870 (Return Premium payments)</p> <p>All other transaction codes blank.</p>	Blank
25	PAYEE ID NUMBER	<p>Federal ID number or Social Security number</p> <p>Required if Payee Indicator is not blank.</p> <p>All other transaction codes blank</p>	Blank

No.	Field Name	Extended Description	Defaults To
26	PAYEE NAME #1	<p>Required for payment transactions.</p> <p>If the Payee is:</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here.</p> <p><u>Long Payee Name</u>: The first 30 characters of the Payee name on the check should be entered here See Example 13.5.26, p.13-7</p> <p>Loss: 300 series (loss claim payments): Required. 400 series (expense payments): Required 500 series (recoveries): Required</p> <p>Return Premium: 820, 825, and 870 (payments) Required.</p> <p>All other transactions blank</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Payee Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	<p>No Default Allowed for a payment</p> <p>Blank for non-payment transactions</p>

No.	Field Name	Extended Description	Defaults To
27	PAYEE NAME #2	<p>If the payee is:</p> <p><u>Individual</u>: The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business</u>: This field should be blank.</p> <p><u>Long Payee Name</u>: The remaining characters of the Payee name on the check should be entered here See Example 13.5.26, p.13-7</p> <p>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): Required for individuals and continuations from Payee Name #1.</p> <p>Return Premium: 820, 825, and 870 (payments) Required for individuals and continuations from Payee Name #1.</p> <p>All other transactions blank</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Payee Name #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. Payee Name #2 may also be used as a continuation of Payee Name #1, if necessary.</p>	Blank
28	CATASTROPHIC LOSS CODE	<p>The code assigned for major catastrophic events, such as hurricanes, floods, tornadoes, etc., or a catastrophic injury.</p> <p>Loss: Required on all transactions for a claim, if assigned by the Receiver in the UDS "A" Record.</p> <p>UEP: Not required</p>	Blank

No.	Field Name	Extended Description	Defaults To
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.13-7. See Recovery Codes table, p. 16-3 Loss: 530: (loss recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 540: (expense recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 550: (TPA fee recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 All other transactions: Potential recovery indicator code for this claim from the recovery code table. See Recovery Codes table, p. 16-3	Zero
30	SUIT INDICATOR	Is claim in litigation? <u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</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	<u>Y</u> indicates a possible 2 nd Injury Fund involvement in the claim. <u>N</u> indicates no possible 2 nd Injury Fund involvement in the claim. <u>U</u> indicates Unknown.	UEP: Defaults to 'N' All others: Defaults to '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. The format is YYYYMMDD. Loss: Required on all transaction codes for a claim. Must fill with 19010101 if correct date cannot be determined. UEP: Cancellation date	19010101

No.	Field Name	Extended Description	Defaults To
33	TRANSACTION COMMENT	<p>This field allows the Fund to provide the Receiver a message regarding the specific transaction. See Example 13.5.33, p.13-8</p> <p>Loss: Required for 310, 320, 410, 420, 450 and 470 if a void, stop payment, or reimbursement transaction.</p> <p>UEP: Required for 820, 825 and 870 if a void, stop payment or reimbursement transaction. Required on 860 - to specify why UEP claim was closed without payment. Required on 899 - to specify the reason why there is no coverage.</p>	Blank
34	EXPENSE CODE	<p>This field includes all 'DCC' (defense and cost containment) payments. See Expense Codes table, p.16-4 for breakdown.</p> <p>Loss: Required for expense payments in this category. 410, 420 and 540 only</p> <p>UEP: Not applicable</p>	Blank
35	WCIO INJURY CODE	<p>Identifies under which provision of the law benefits are paid or expected to be paid. See WCIO Injury Code Table, p.16-6. Shorter values left-justified, filled with spaces on the right.</p> <p>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</p>	Blank
36	WCIO PART OF BODY	<p>WCIO Coding for Workers' Comp Claims. See WCIO Part of Body table, p.16-6. Shorter values left-justified.</p>	Blank
37	WCIO NATURE OF INJURY	<p>WCIO Coding for Workers' Comp Claims. See WCIO Nature of Injury table, p.16-9. Shorter values left-justified.</p>	Blank
38	WCIO CAUSE	<p>WCIO Coding for Workers' Comp Claims. See WCIO Cause of Injury table, p.16-11. Shorter values left-justified.</p>	Blank
39	WCIO ACT	<p>WCIO Coding for Workers' Comp Claims. See WCIO Act table, p.16-14. Shorter values left-justified.</p>	Blank

No.	Field Name	Extended Description	Defaults To
40	WCIO TYPE OF LOSS	WCIO Coding for Workers' Comp Claims. See WCIO Type of Loss table, p.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.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.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.16-15. Shorter values left-justified.	Blank
44	WCIO VOCATIONAL REHAB INDICATOR	WCIO Coding for Workers' Comp Claims. REQ: Required for Workers' Comp claims. Y indicates claim includes rehabilitation costs N indicates claim does not include rehabilitation costs U indicates Unknown. Blank for non-WC.	Blank
45	TPA CLAIM NUMBER	Unique Number assigned by the insolvent company's TPA to the 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 UDS "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

No.	Field Name	Extended Description	Defaults To
47	SERVICE/BENEFIT FROM DATE	Beginning date of service or benefit covered by this payment Loss: <u>Workers' Comp claims:</u> 300 series transactions – Required 400 series transactions – If available All other transactions – Blank <u>Non-WC claims:</u> Optional on payments. UEP: Not applicable Format: YYYYMMDD	For Workers' Comp Payments – No Default Allowed All Others - Blank
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: <u>Worker's Comp claims:</u> Required for 300 series transactions. 400 series if available. Blank on all other transactions. <u>Non-WC claims:</u> optional on payments. UEP: Not applicable	For Workers' Comp Payments – No Default Allowed All Others - Blank

No.	Field Name	Extended Description	Defaults To
49	POLICY DEDUCTIBLE INDICATOR	Policy deductible applied to this payment? Y / N See Example 13.5.49, p.13-8 For WC: Not applicable For Non-Workers' Comp: Loss: 300 series: Should be "Y" if a policy deductible was applied, "N" if a policy deductible was not applied. 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/electronic record is being sent. See State Codes table, p.16-2
4	FILE LOCATION CODE	R	N	2	9-10	Location code of the entity to which the physical file/electronic record is being sent. See File Location table, p.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, 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 the claim
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to the claim
9	INSURED NAME #1	R	A	30	77-106	Named Insured's last name or business name.
10	INSURED NAME #2	R	A	30	107-136	Named Insured's first name
11	INSURED ADDRESS #1	R	A	30	137-166	Address of the Named Insured.
12	INSURED ADDRESS #2	C	A	30	167-196	Continuation of address of the Named Insured, if needed.
13	INSURED CITY	R	A	25	197-221	City of Named Insured or C/O.
14	INSURED STATE	R	A	2	222-223	The two-digit code used by the U.S. Post Office to identify each state. See State Codes table, p.16-2
15	INSURED ZIP CODE	C	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.

No.	Field Name	Req	Type	Size	Pos	Short Description
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	C	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.16-2
26	CLAIMANT ZIP CODE	C	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	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Code is "100." See Transaction Codes table, p.14-1
30	TRANSACTION AMOUNT	R	N	12 [(9).xx-]	431-442	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, p. 16-3
33	SUIT INDICATOR	R	A	1	446	Is claim in litigation? <u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</u> indicates Unknown.
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	Unique Number assigned by insolvent company's TPA to the 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

No.	Field Name	Req	Type	Size	Pos	Short Description
39	CLAIM REPORT DATE	C	N	8	519-526	Date the claim was reported to the company.
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.16-6
43	WCIO PART OF BODY	C	A	3	539-541	See WCIO Part of Body table, p.16-6
44	WCIO NATURE OF INJURY	C	A	3	542-544	See WCIO Nature of Injury table, p.16-9
45	WCIO CAUSE	C	A	3	545-547	See WCIO Cause of Injury table, p.16-11
46	WCIO ACT	C	A	3	548-550	See WCIO Act table, p.16-14
47	WCIO TYPE OF LOSS	C	A	3	551-553	See WCIO Type of Loss table, p.16-14
48	WCIO TYPE OF RECOVERY	C	A	3	554-556	See WCIO Type of Recovery table, p.16-14
49	WCIO TYPE OF COVERAGE	C	A	3	557-559	See WCIO Type of Coverage table, p.16-14
50	WCIO TYPE OF SETTLEMENT	C	A	3	560-562	See WCIO Type of Settlement table, p.16-15
51	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	563	WCIO Vocational Rehab Indicator.
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' Compensation 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	State to which the physical file/electronic record is being sent. Use the two-letter U.S. Post Office code of the state Fund which is responsible by statute for the claim (i.e., Montana – MT; See State Codes table, p.16-2). Foreign jurisdiction is to be resolved on a case-by-case basis.	No default allowed.
4	FILE LOCATION CODE	Location code of the entity to which the physical file/electronic record is being sent. The most commonly used Location Codes are: "01 - Domiciliary Receiver"; "10 - Property/Casualty Guaranty Fund"; and "11 - Workers' Compensation Security Fund." See File Location table, p.16-1	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See 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 the carrier assigned to this specific policy of insurance prior to insolvency. Shorter values are left justified and padded with blanks. See Example 6.5.6., p.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 the Receiver assigns to identify a specific claim. Shorter values are left justified and padded with blanks.	Blank

No.	Field Name	Extended Description	Default To
9	INSURED NAME #1	<p>If the insured is a(n): <u>Individual</u>: The last name only should be entered here. <u>Business</u>: Name of business should be entered here.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	UDSUNKNOWN
10	INSURED NAME #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank. Type will be in all upper-case letters.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	Blank
11	INSURED ADDRESS #1	<p>Entire street address of insured. Suite or apartment number <u>only</u>, if entire address does not fit in this field.</p> <p>If Insured is using a C/O ("in care of") name and address, the C/O name should be in this field. The C/O address should be in the Insured Address #2 field.</p>	Blank
12	INSURED ADDRESS #2	<p>Blank if address is in "Insured Address #1." Street address if the suite or apartment number is in "Insured Address #1".</p> <p>If Insured is using a C/O ("in care of") name and address, the C/O address should be in this field.</p>	Blank
13	INSURED CITY	City of Named Insured or C/O.	UDSUNKNOWN
14	INSURED STATE	The two-digit code used by the U.S. Post Office to identify each state. See State Codes table, p.16-2	No default if U.S. domestic address. FC if foreign country.
15	INSURED ZIP CODE	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes.	No default if U.S. domestic address. Blank if foreign country (FC).

No.	Field Name	Extended Description	Default To
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.6-3	No default allowed.
20	CLAIMANT NAME #1	If the claimant is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : The name of the business should be entered here. If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix. Use a space to separate the parts of a name. Do not use commas or apostrophes. Type will be in all uppercase letters.	UDSUNKNOWN
21	CLAIMANT NAME #2	If the claimant is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix. Use a space to separate the parts of a name. Do not use commas or apostrophes. Type will be in all uppercase letters.	Blank

No.	Field Name	Extended Description	Default To
22	CLAIMANT ADDRESS #1	The following are acceptable entries in the first address field: Entire street address of the claimant. Suite or apartment number <u>only</u> , if entire address does not fit in this field. C/O name.	UDSUNKNOWN
23	CLAIMANT ADDRESS #2	The following are acceptable entries in the second address field: Blank if entire street address is in "Claimant Address #1." Street address if the suite or apartment number is in "Claimant's Address #1." Entire street address if a "C/O" name is in "Claimant Address #1."	Blank
24	CLAIMANT CITY	City of claimant's address.	UDSUNKNOWN
25	CLAIMANT STATE	State code of claimant's address. The two-character code used by the U.S. Post Office to identify each state. If the claimant resides in a foreign country, use FC for the state code. See State Codes table, p.16-2	Blank
26	CLAIMANT 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	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Code is "100." See Transaction Codes table, p.14-1	100
30	TRANSACTION AMOUNT	Reserve for claimant/coverage. 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. Must be zero for closed claims	0000000000+
31	CATASTROPHIC LOSS CODE	The code assigned for major catastrophic events, such as hurricanes, floods, tornadoes, etc., or a catastrophic injury.	Blank

No.	Field Name	Extended Description	Default To
32	RECOVERY INDICATOR CODE	<p>Potential Recovery Type Indicator or, in the case of a recovery transaction code, the specific recovery type. See Recovery Codes table, p. 16-3</p> <p>Loss: 530: (loss recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 540: (expense recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 550: (TPA fee recovery) Actual type of recovery received. See Recovery Codes table, p. 16-3 All other transactions: Potential recovery indicator code for this claim from the recovery code table. See Recovery Codes table, p. 16-3</p>	Zero
33	SUIT INDICATOR	<p>Is claim in litigation? Y indicates a suit exists and is active. N indicates no suit on this claim. U indicates Unknown.</p>	U
34	2ND INJURY FUND INDICATOR	<p>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.</p>	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.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. Required if claim is Workers' Comp or Bodily Injury.	Blank
41	REPETITIVE PAYMENT INDICATOR	<p>Repetitive payment indicator.</p> <p>Y: Workers' Comp where repetitive payments are being made at the time of insolvency.</p> <p>N: Non-Workers' Comp or Workers' Comp without repetitive payments.</p>	N

No.	Field Name	Extended Description	Default To
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.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.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.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.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.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.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.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.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.16-15	Blank
51	WCIO VOCATIONAL REHAB INDICATOR	WCIO Coding for Workers' Comp Claims. REQ: Required for Workers' Comp claims. Y indicates claim includes rehabilitation costs N indicates claim does not include rehabilitation costs U indicates Unknown. Blank for non-WC.	Blank
52	DESCRIPTION OF INJURY	Short description of accident/incident. Required for Workers' Comp, blank for non-WC.	Blank

No.	Field Name	Extended Description	Default To
53	WCAB NUMBER	Number assigned by the Workers' Compensation Board.	Blank
54	EMPLOYER WORK PHONE NUMBER	Employer telephone number. No dashes or spaces. Required if available for Workers' 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/Fund to Receiver - 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/electronic record is being sent. See State Codes table, p.16-2
4	FILE LOCATION CODE	R	N	2	9-10	Location code of the entity to which the physical file/electronic record is being sent. See File Location table, p.16-1
5	INSOLVENT COMPANY CLAIM NUMBER	R	A	30	11-40	Unique number assigned by the insolvent company to the claim.
6	RECEIVER CLAIM NUMBER	C	A	20	41-60	Unique number assigned by Receiver to the claim.
7	CLAIMANT NUMBER	R	N	5	61-65	Number assigned by Receiver to this claimant.
8	ENTRY DATE	R	N	8	66-73	Date entry was made. Format: YYYYMMDD
9	NOTE ID NUMBER	R	N	4	74-77	Sequence number of notes organized by claimant and date.
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	File note 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	Unique Number assigned by insolvent company's TPA to the claim.

[Print "F" Record - Extended](#)

"F" Record Extended Description - Receiver to Fund/Fund to Receiver - 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	State to which the physical file/electronic record is being sent. Use the two-letter U.S. Post Office code of the state Fund which is responsible by statute for the claim (i.e., Montana – MT; See State Codes table, p.16-2). Foreign jurisdiction is to be resolved on a case-by-case basis.	No default allowed.
4	FILE LOCATION CODE	Location code of the entity to which the physical file/electronic record is being sent. The most commonly used Location Codes are: "01 - Domiciliary Receiver"; "10 - Property/Casualty Guaranty Fund"; and "11 - Workers' Compensation Security Fund." See File Location table, p.16-1	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 the Receiver assigns to identify a specific claim. Shorter values are left justified and padded with blanks.	Blank
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	Date entry was made. Format: YYYYMMDD	19010101

No.	Field Name	Extended Description	Default To
9	NOTE ID NUMBER	Sequence number of notes organized by claimant and date. The value should be right justified and padded with leading zeroes. See FAQ 9.4, Q.1.	No default allowed.
10	NOTE LINE SEQUENCE NUMBER	For this Note ID Number, sequence number for this line. The value should be right justified and padded with leading zeroes. See FAQ 9.4, Q.1.	No default allowed.
11	ENTRY TEXT	File note text limited to 1000 characters. For longer values, see FAQ 9.4, Q.1. 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.6-4	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/electronic record is being sent. See State Codes table, p.16-2
4	FILE LOCATION CODE	R	N	2	9-10	Location code of the entity to which the physical file/electronic record is being sent. See File Location table, p.16-1
5	COVERAGE CODE	C	N	6	11-16	Defines the category of coverage that provided protection for the loss. See 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 the claim.
8	RECEIVER CLAIM NUMBER	C	A	20	67-86	Unique number assigned by Receiver to the claim.
9	INSURED NAME #1	R	A	30	87-116	Named Insured's last name or business name.
10	INSURED NAME #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 #1	R	A	30	152-181	Claimant's last name or business name.
13	CLAIMANT NAME #2	C	A	30	182-211	Claimant's first name.
14	CHECK DATE	R	N	8	212-219	The date the check was processed.
15	TRANSACTION CODE	R	N	3	220-222	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Codes are "310" "320" "410" "420" and "820" See Transaction Codes table, p.14-1
16	CHECK AMOUNT	R	N	12	223-234	Payment Amount.
17	CHECK NUMBER	R	A	12	235-246	Check number.

No.	Field Name	Req	Type	Size	Pos	Short Description
18	PAYEE NAME #1	R	A	30	247-276	Payee last name or business name.
19	PAYEE NAME #2	R	A	30	277-306	Payee first name or continuation of Payee Name #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 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 THROUGH DATE	C	N	8	344-351	Ending date of service or benefit covered by this payment.
24	PAYMENT COMMENT	C	A	60	352-411	Comment, description or explanation of payment.
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	Unique Number assigned by insolvent company's TPA to the 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	State to which the physical file/electronic record is being sent. Use the two-letter U.S. Post Office code of the state Fund which is responsible by statute for the claim (i.e., Montana – MT; See State Codes table, p.16-2). Foreign jurisdiction is to be resolved on a case-by-case basis.	No default allowed.
4	FILE LOCATION CODE	Location code of the entity to which the physical file/electronic record is being sent. The most commonly used Location Codes are: "01 - Domiciliary Receiver"; "10 - Property/Casualty Guaranty Fund"; and "11 - Workers' Compensation Security Fund." See File Location table, p.16-1	No default allowed.
5	COVERAGE CODE	This code defines the category of coverage that provided protection for the loss. See 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 the carrier assigned to this specific policy of insurance prior to insolvency. Shorter values are left justified and padded with blanks. See Example 6.5.6., p.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 the Receiver assigns to identify a specific claim. Shorter values are left justified and padded with blanks.	Blank

No.	Field Name	Extended Description	Default To
9	INSURED NAME #1	<p>If the insured is a(n): <u>Individual</u>: The last name only should be entered here. <u>Business</u>: Name of business should be entered here.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	UDSUNKNOWN
10	INSURED NAME #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank. Type will be in all upper-case letters.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	Blank
11	CLAIMANT NUMBER	<p>The number assigned by the Receiver to each party that appears to have a claim against the insolvent company under the referenced policy within a specific incident. The value should be right justified and padded with leading zeroes. Note: 00000 is invalid and must be given a different integer. See Example 6.5.19, p.6-3</p>	No default allowed.
12	CLAIMANT NAME #1	<p>If the claimant is a(n): <u>Individual</u>: The last name only should be entered here. <u>Business</u>: Name of business should be entered here.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	No default allowed.

No.	Field Name	Extended Description	Default To
13	CLAIMANT NAME #2	<p>If the claimant is a(n):</p> <p><u>Individual:</u> The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business:</u> This field should be blank.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	Blank
14	CHECK DATE	The date the check was processed. Format: YYYYMMDD.	19010101
15	TRANSACTION CODE	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Codes are "310" "320" "410" "420" and "820" See Transaction Codes table, p.14-1	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	<p>CHECK NO: The value should be right justified and padded with leading zeroes.</p> <p>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.</p>	No default allowed.

No.	Field Name	Extended Description	Default To
18	PAYEE NAME #1	<p>Required for payment transactions.</p> <p>If the Payee is:</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here.</p> <p><u>Long Payee Name</u>: The first 30 characters of the Payee name on the check should be entered here. See Example 13.5.26, p.13-7</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Payee Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	No default allowed.
19	PAYEE NAME #2	<p>If the payee is:</p> <p><u>Individual</u>: The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business</u>: This field should be blank.</p> <p><u>Long Payee Name</u>: The remaining characters of the Payee name on the check should be entered here See Example 13.5.26, p.13-7</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate an individual's last name from the name, the entire name may be placed in "Payee Name #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. Payee Name #2 may also be used as a continuation of Payee Name #1, if necessary.</p>	Blank
20	PAYEE ID NUMBER	Federal ID number or Social Security number.	Blank
21	INVOICE NUMBER	Invoice number to which payment was applied. Shorter values are left justified and padded with blanks.	Blank

No.	Field Name	Extended Description	Default To
22	SERVICE/BENEFIT FROM DATE	Beginning date of service or benefit covered by this payment <u>Loss:</u> <i>Workers' Comp claims:</i> 300 series transactions – Required 400 series transactions – If available All other transactions – Blank <i>Non-WC claims:</i> Optional on payments. Format: YYYYMMDD	For Workers' Comp Payments – No Default Allowed All Others - Blank
23	SERVICE/BENEFIT THROUGH DATE	Ending date of service or benefit covered by this payment. May be the same as Service/Benefit from Date. <u>Loss:</u> <i>Workers' Comp claims:</i> 300 series transactions – Required 400 series transactions – If available All other transactions – Blank <i>Non-WC claims:</i> Optional on payments. <u>UEP:</u> Not applicable Format: YYYYMMDD	For Workers' Comp Payments – No Default Allowed All Others - Blank
24	PAYMENT COMMENT	Comment, description or explanation of payment.	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.6-4	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, 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 16-1
5	INSOLVENT COMPANY CLAIM NUMBER	R	A	20	11-30	Unique number assigned by the insolvent company to the 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	Unique Number assigned by insolvent company's TPA to the 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
15	DOCUMENT PAGE NUMBER	C	N	9	361-369	Page number within Document ID.
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	Describes the contents and/or structure of the folder
19	DOCUMENT TYPE	C	A	30	392-421	Way to group similar documents.
20	DOCUMENT DESCRIPTION OR COMMENT	C	A	128	422-549	Document Description or Comment
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).
23	INSURED NAME #1	C	A	30	578-607	Named Insured's last name or business name.
24	INSURED NAME #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 #1	C	A	30	643-672	Claimant's last name or business name
27	CLAIMANT NAME #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 full physical file name including file extension.
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 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.
3	FROM LOCATION STATE	State of the source sending the imaged files. See State Codes table, p.16-2	No default allowed.
4	FROM LOCATION CODE	Location of the source sending the Imaged files i.e. 01=Receiver 10=Fund See Location Code table, p.16-1	No default allowed.
5	INSOLVENT COMPANY CLAIM NUMBER	The unique number that the insolvent company assigned to this claim.	No default allowed.
6	RECEIVER CLAIM NUMBER	The unique number the Receiver assigns to identify a specific claim. Shorter values are left justified and padded with blanks.	Blank
7	TPA CLAIM NUMBER	Unique number assigned by the insolvent company's TPA to this claim	Blank
8	LONG CLAIM NUMBER	Insolvent Company Claim Number, if longer than 20 characters. Otherwise, blank. See field 7. See Example 6.5.36, p.6-3	Blank
9	FUND CLAIM NUMBER	Unique number assigned by the Fund to this claim. Required if originator is the Fund.	Blank
10	ALTERNATE INDEX 1	Alternate Index	Blank
11	ALTERNATE INDEX 2	Alternate Index	Blank
12	ALTERNATE INDEX 3	Alternate Index	Blank
13	ALTERNATE INDEX 4	Alternate Index	Blank

14	DOCUMENT ID	Unique document identifier	No default allowed
15	DOCUMENT PAGE NUMBER	Page number within Document ID.	Blank
16	CAPTURE DATE	Date that document was scanned YYYYMMDD	19010101
17	CAPTURE TIME	Time that document was scanned HHMMSSSS (Military time)	01000000
18	FOLDER TYPE	Describes the contents and/or structure of the folder	Blank
19	DOCUMENT TYPE	Way to group similar documents, Example: Medical Bills, File Notes	Blank
20	DOCUMENT DESCRIPTION OR COMMENT	Document Description or Comment. Example: "Denial letter from ABC Insurance sent to claimant and attorney"	Blank
21	POLICY NUMBER	The unique number the carrier assigned to this specific policy of insurance prior to insolvency. Shorter values are left justified and padded with blanks. See Example 6.5.6., p.6-3	Blank
22	DATE OF LOSS / INJURY	The date the loss occurred. In case of a loss over time, the initial date of occurrence of the incident. The format is YYYYMMDD.	19000101
23	INSURED NAME #1	<p>If the insured is a(n):</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: Name of business should be entered here.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	UDSUNKNOWN

24	INSURED NAME #2	<p>If the insured is a(n) <u>Individual</u>: The first name, middle initial and any suffixes should be entered here. <u>Business</u>: This field should be blank. Type will be in all upper-case letters.</p> <p>Exceptions to the above preferred field layout are as follows:</p> <p>If your system cannot separate the components of an individual's name, the entire name may be placed in "Insured's Name #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.</p>	Blank
25	CLAIMANT NUMBER	<p>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.</p>	00000
26	CLAIMANT NAME #1	<p>If the claimant is a(n):</p> <p><u>Individual</u>: The last name only should be entered here.</p> <p><u>Business</u>: The name of the business should be entered here.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	UDSUNKNOWN

27	CLAIMANT NAME #2	<p>If the claimant is a(n):</p> <p><u>Individual:</u> The first name, middle initial and any suffixes should be entered here.</p> <p><u>Business:</u> This field should be blank.</p> <p>If your system cannot separate an individual's last name from the first name, the entire name may be placed in "Claimant's Name #1". Layout preference: last name, first name, middle initial, suffix.</p> <p>Use a space to separate the parts of a name. Do not use commas or apostrophes.</p> <p>Type will be in all uppercase letters.</p>	Blank
28	DOCUMENT PATH	Document's full path (If path exists, it must begin with and end with '\')	No default allowed
29	DOCUMENT FILENAME	<p>Document's full physical file name including file extension.</p> <p>Example: "File.txt"</p> <p>Shorter values are left justified and padded with blanks.</p>	No default allowed
30	FILE TYPE	Document file type i.e. TIF, PDF, JPG etc....	No default allowed

[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	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	R	A	20	7-26	Unique number assigned by the insolvent company to the claim.
d	RECEIVER CLAIM NUMBER	C	A	20	27-46	Unique claim number assigned by Receiver to the claim.
e	FUND CLAIM NUMBER	C	A	20	47-66	Unique number assigned by the Fund to the claim. Required if originator is 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 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.	
c	INSOLVENT COMPANY CLAIM NUMBER	The unique number that the insolvent company assigned to this claim.	
d	RECEIVER CLAIM NUMBER	The unique number the Receiver assigns to identify a specific claim. Shorter values are left justified and padded with blanks.	Blank
e	FUND CLAIM NUMBER	Unique number assigned by the Fund to the claim. Required if originator is the Fund.	Blank
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.