



*R*²

The Reinsurance Resolution

Single Line Transaction Output File Layout

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Single Line Transaction File Introduction

R² has always produced a transaction output file that follows the Society of Actuaries' recommended format. The only downside of this recommended format is that transaction information is split between two lines. Quasar*Systems has now designed an option of creating a fixed length text file, with one transaction per line.

The file will be produced for each reinsurer that the ceding company has specified, containing only the relevant information for that reinsurer. Each transaction is represented by a single line, in the order the transactions were processed. Each line will contain policy, insured, and joint information, as well as the life and benefit/rider information. An additional coverage will be considered as a new entry and have its own line (or set of lines, depending on the processed transactions).

We realize that all reinsurers may not want to use this new output format, so we made it an option for client to produce the text file on an individual reinsurer basis. The field length, format, and the length of each transaction line will not vary, making it easier for us to answer questions for the reinsurers. There are two sections of filler at the end of each line for additional pieces of information that may need to be sent over time. One set has been reserved for use by our program to add new fields as they become available. The second set has been designated to provide client specific information - this is information that has been previously set up to be passed through R² and would appear in the "Reinsurer Defined Filler" fields of the transaction database and soa files.

The layout of this single line transaction file follows, as well as a glossary of field definitions and an appendix of status and transaction code information. Each field has been assigned a data type; the different data types are defined below.

Data Type Key	
9(z)	Solely numeric data
X(z)	Alphanumeric data, possibly including wildcard characters
9(z)V9	Numeric data with implied decimals in the last position
9(z)V99	Numeric data with implied decimals in the last two positions
S9(z)	Numeric data that may include a negative indicator within the number

Single Line Transaction File Layout

Field Name	Location	Size (bytes)	Data Type	Values
Report Date	1	8	9(8) YYYYMMDD	
Ceding Company Code	9	2	X(2)	
Ceding Company FEIN number <i>(U.S. Federal Employers Identification Number)</i>	11	9	9(9)	Blank if not provided.
Reinsuring Company Code	20	2	X(2)	
Reinsuring Company FEIN number <i>(U.S. Federal Employers Identification Number)</i>	22	9	9(9)	Blank if not provided.
Policy Number	31	15	X(15)	
Policy Sequence	46	2	X(2)	
Joint Sequence	48	1	X(1)	Indicator of a first-to-die joint policy. 0 = Policy is not first-to-die 1 = First life of a first-to-die joint policy. 2 = Second life of a first-to-die joint policy.
Insured's Last Name	49	20	X(20)	
Insured's First Name	69	12	X(12)	
Insured's Middle Name	81	10	X(10)	
Insured's Descriptor	91	5	X(5)	E.g. = Dr
Transaction Order	96	3	9(3)	Starting with 0 for the first transaction, this field will list the order of transactions processed for each policy / policy sequence set.
Residence	99	2	X(2)	
Insured Birthdate	101	8	9(8) YYYYMMDD	
Issue Age	109	2	9(2)	
Original Age	111	2	9(2)	If the policy is a conversion, this is the age of the insured when the original policy was taken out.
Preferred Risk Indicator	113	1	X(1)	

Single Line Transaction File Layout (continued)

Sex	114	1	X(1)	F = Female M = Male U = Unisex plus user defined
Nonsmoker/Smoker Indicator	115	1	X(1)	A = Aggregate N = Nonsmoker S = Smoker plus user defined
Life Flat Extra 1 Rate	116	5	9(3)V99	
Life Flat Extra 1 Number of Years	121	2	9(2)	
Life Flat Extra 2 Rate	123	5	9(3)V99	
Life Flat Extra 2 Number of Years	128	2	9(2)	
Table Rating	130	4	9(3)V9	
Line of Business	134	3	X(3)	
Currency Identifier	137	3	X(3)	Blank if not provided.
Policy Issue Date	140	8	9(8) YYYYMMDD	
Life Plan Code	148	10	X(10)	
Age Basis	158	1	X(1)	N = Age Nearest L = Age Last X = Age Next
Type of Insurance	159	1	X(1)	A = ADB C = Critical Illness D = Disability O = Ordinary T = Term U = Universal Life W = Waiver
Subtype of Insurance	160	1	X(1)	I = Individual F = Joint, first-to-die L = Joint, last-to-die T = Contingent
Coverage Code	161	4	X(1)	See Coverage Risk Type for 4 character codes.
Unit	165	4	9(4)	
Coverage Risk Type	169	2	9(2)	01 = L-ER 02 = L-NR 03 = WP 04 = DIR 05 = ADB 06 = CC 07 = PYR 08 = PDO 09 = GIR 10 = COL 11 = BIO 12 = LTC 13 = ACC plus user defined

Single Line Transaction File Layout (continued)

Maturity Expiry Method	171	1	X(1)	
Maturity Expiry Value	172	3	9(3)	
UL Death Benefit Option	175	1	X(1)	0; blank = N/A 1; A = UL Level DB 2; B = UL Increasing DB 3; C = company defined
Reinsurance Status Code	176	2	X(2)	Please see appendix for listing of status code definitions.
Status Subcode	178	2	X(2)	Please see appendix for listing of sub-status code definitions.
Direct Face Amount	180	10	S9(10)	
Direct Amount at Risk	190	10	S9(10)	Only available if originating source is Expanded Database vm 4 and up.
Duration	200	2	9(2)	
Transaction Effective Date	202	8	9(8) YYYYMMDD	
Original Policy Number	210	15	X(15)	If the policy is a conversion, this is the policy number given to the policy when it was originally purchased.
Original Policy Date	225	8	9(8) YYYYMMDD	If the policy is a conversion, this is the policy issue date given to the policy when it was originally purchased.
Years Since Underwriting	233	2	9(2)	Only available if originating source is Expanded Database vm 4 and up.
Cession Number	235	15	X(15)	
Treaty Code	250	10	X(10)	
Reinsurance Method	260	1	X(1)	C = Coinsurance M = Modified Coinsurance N = Non-Traditional YRT Y = YRT
Reinsurance Mode	261	1	X(1)	A = Annual M = Monthly Q = Quarterly S = Semi-Annual 0 = Single Premium
Cession Type	262	1	X(1)	A = Automatic F = Facultative O = Facultative Obligatory S = Shopped
Transaction Category	263	2	X(2)	NB = New Business FO = First Year Other RL = Renewal CH = Policy Change TR = Termination

Single Line Transaction File Layout (continued)

Transaction Code	265	2	X(2)	Please see appendix for listing of transaction code definitions.
Secondary Transaction Codes	267	10	X(2)	Please see appendix for listing of transaction code definitions.
Ceded Face Amount	277	10	S9(10)	
Ceded Amount at Risk	287	10	S9(10)	
Ceded Change Amount	297	10	S9(10)	
Beginning Reinsurance Paid-to-Date	307	8	9(8) YYYYMMDD	
Reinsurance Paid-to-Date	315	8	9(8) YYYYMMDD	
Modal Gross Standard Premium	323	10	S9(8)V99	
Modal Gross Substandard Premium	333	10	S9(8)V99	
Modal Gross Flat Extra Premium	343	10	S9(8)V99	
Premium Tax Reimbursement	353	10	S9(8)V99	
Modal Standard Allowance	363	10	S9(8)V99	
Modal Substandard Allowance	373	10	S9(8)V99	
Modal Flat Extra Allowance	383	10	S9(8)V99	
Modal Gross Miscellaneous Premium	393	10	S9(8)V99	
Stamp Duty	403	10	S9(8)V99	
Modal Miscellaneous Premium Allowance	413	10	S9(8)V99	
Reinsurance Policy Fee	423	10	S9(8)V99	
Reinsurance Policy Fee Allowance	433	10	S9(8)V99	
Policy Exhibit	443	50	X(50)	
Treaty Key	493	9	X(9)	

Single Line Transaction File Layout (continued)

Waiver - Plan Code	502	10	X(10)	
Waiver - Face Amount	512	10	S9(10)	
Waiver - Table Rating	522	4	9(3)V9	
Waiver - Standard Premium	526	10	S9(8)V99	
Waiver - Substandard Premium	536	10	S9(8)V99	
Waiver - Standard Allowance	546	10	S9(8)V99	
Waiver - Substandard Allowance	556	10	S9(8)V99	
ADB - Plan Code	566	10	X(10)	
ADB - Face Amount	576	10	S9(10)	
ADB - Table Rating	586	4	9(3)V9	
ADB - Standard Premium	590	10	S9(8)V99	
ADB - Substandard Premium	600	10	S9(8)V99	
ADB - Standard Allowance	610	10	S9(8)V99	
ADB - Substandard Allowance	620	10	S9(8)V99	
User Defined Rider 1 - Plan Code	630	10	X(10)	
User Defined Rider 1 - Face Amount	640	10	S9(10)	
User Defined Rider 1 - Table Rating	650	4	9(3)V9	
User Defined Rider 1 - Standard Premium	654	10	S9(8)V99	
User Defined Rider 1 - Substandard Premium	664	10	S9(8)V99	
User Defined Rider 1 - Standard Allowance	674	10	S9(8)V99	
User Defined Rider 1 - Substandard Allowance	684	10	S9(8)V99	

Single Line Transaction File Layout (continued)

User Defined Rider 2 - Plan Code	694	10	X(10)	
User Defined Rider 2 - Face Amount	704	10	S9(10)	
User Defined Rider 2 - Table Rating	714	4	9(3)V9	
User Defined Rider 2 - Standard Premium	718	10	S9(8)V99	
User Defined Rider 2 - Substandard Premium	728	10	S9(8)V99	
User Defined Rider 2 - Standard Allowance	738	10	S9(8)V99	
User Defined Rider 2 - Substandard Allowance	748	10	S9(8)V99	
Disability Benefit Period 1	758	3	X(3)	A= Age D = Duration L = Lifetime M = Months plus value
Disability Benefit Period 2	761	3	X(3)	A= Age D = Duration L = Lifetime M = Months plus value
Disability Occupation Class	764	2	X(2)	
Disability Elimination Period	766	4	X(4)	
Joint J Record - Insured's Last Name	770	20	X(20)	
Joint J Record - Insured's First Name	790	12	X(12)	
Joint J Record - Birth Date	802	8	9(8) YYYYMMDD	
Joint J Record - Issue Age	810	2	9(2)	
Joint J Record - Preferred Risk Indicator	812	1	X(1)	
Joint J Record - Sex	813	1	X(1)	
Joint J Record - Nonsmoker/Smoker Indicator	814	1	X(1)	

Single Line Transaction File Layout (continued)

Joint J Record - Table Rating	815	4	9(3)V9	
Joint J Record - Flat Extra 1 Rate	819	5	9(3)V99	
Joint J Record - Flat Extra 1 Number of Years	824	2	9(2)	
Joint J Record - Flat Extra 2 Rate	826	5	9(3)V99	
Joint J Record - Flat Extra 2 Number of Years	831	2	9(2)	
Joint K Record - Insured's Last Name	833	20	X(20)	
Joint K Record - Insured's First Name	853	12	X(12)	
Joint K Record - Birth Date	865	8	9(8) YYYYMMDD	
Joint K Record - Issue Age	873	2	9(2)	
Joint K Record - Preferred Risk Indicator	875	1	X(1)	
Joint K Record - Sex	876	1	X(1)	
Joint K Record - Nonsmoker/Smoker Indicator	877	1	X(1)	
Joint K Record - Table Rating	878	4	9(3)V9	
Joint K Record - Flat Extra 1 Rate	882	5	9(3)V99	
Joint K Record - Flat Extra 1 Number of Years	887	2	9(2)	
Joint K Record - Flat Extra 2 Rate	889	5	9(3)V99	
Joint K Record - Flat Extra 2 Number of Years	894	2	9(2)	
Transaction Program Version	896	3	X(3)	
Single Line Transaction Program Version	899	3	X(3)	

Single Line Transaction File Layout (continued)

Filler	902	60	X(60)	
Filler for ceding company purposes	962	60	X(60)	
Carriage Return Line Feed	1022			

Glossary
Alphabetical by Field Name

ADB

Face Amount - The portion of the direct face amount for the Accidental Death Benefit ceded to a particular reinsurer.

Plan Code - The ceding company's unique and assigned plan grouping for the ADB portion of the policy.

Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the ADB portion of the policy.

Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the ADB portion of the policy.

Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the ADB portion of the policy.

Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the ADB portion of the policy.

Table Rating - The life mortality rating for the ADB portion of the policy, listed as a percentage.

Age Basis

Calculation method used to determine issue age. This may be age last, age nearest, or age next birthday.

Beginning Reinsurance Paid-to-Date

The date that the current reinsurance transaction starts on. The time span for this transaction will range from this start date to the Reinsurance Paid-to-Date. Therefore this date may be in future if the transaction is a reversal, or in the past if the transaction is paying current.

Ceded Amount at Risk

The portion the direct net amount at risk ceded to a particular reinsurer.

Ceded Change Amount

The difference in the ceded amount at risk between this transaction and the previous transaction.

Glossary
Alphabetical by Field Name

Ceded Face Amount

The portion of the direct face amount ceded to a particular reinsurer.

Ceding Company Code

The two character abbreviation chosen to distinguish the ceding company on R².

Ceding Company FEIN number

If the ceding company is domiciled in the United States of America, this number is the Federal Employer ID Number. For non-United States companies, additional codes may appear in this space.

Cession Number

This field is a unique identification number for each insured. It links together all policies on any one life. Not all companies may use this technique. Also known as Ceding Company Control Number.

Cession Type

What type of reinsurance agreement is this policy reinsured under? - automatic, facultative, fac-obligatory, or shopped.

Coverage Code

The code recommended by the Reinsurance Administration Committee of the Society of Actuaries to correspond with the coverage risk type.

Coverage Risk Type

Each coverage record represents information for one type of risk on each plan reinsured.

Currency Identifier

The currency that defines all values within the reported treaty. Codes may be defined by user.

Direct Amount at Risk

The net amount at risk of the policy as issued by the ceding company.

Direct Face Amount

The face amount of the policy as issued by the ceding company.

Disability Benefit Period 1

The amount of time benefits will be paid if the disability is caused by Sickness.

Glossary
Alphabetical by Field Name

Disability Benefit Period 2

The amount of time benefits will be paid if the disability is caused by Accident.

Disability Elimination Period

The amount of time at the beginning of a disability during which benefits are not payable. Normally denoted by the number of days.

Disability Occupation Class

Classification of an individual's occupation for the purpose of determining a risk of disablement and determination of premiums.

Duration

Duration used to determine reinsurance rates or allowances, beginning with 1 for the first duration, instead of 0.

Insured Birthdate

Date on which the insured was born.

Insured's Descriptor

Additional information about an insured's name, such as the title "Jr.," "Sr.," "III," etc.

Insured's First Name

The insured's forename, or given name.

Insured's Last Name

The insured's surname.

Insured's Middle Name

The insured's middle name or initial, if applicable.

Issue Age

The individual age of the insured at the time the policy is issued, taking age basis into consideration. Issue age should not reflect any setbacks used for premium calculations. If this is a joint policy, the issue age may be the joint equal issue age.

Glossary
Alphabetical by Field Name

Joint J Record

Birth Date - Date on which the first joint insured was born.

Flat Extra (1 or 2) Number of Years - The number of years the flat extra amount is applicable for, as applied to the first joint insured. Permanent flat extra amounts may be coded as 99.

Flat Extra (1 or 2) Rate - The amount of flat extra premium per \$1000 or per unit of annual coverage applied to the first joint insured. Please note that R² has room for two such listings, one permanent and the other temporary.

Insured's Last Name - The first joint insured's surname.

Insured's First Name - The first joint insured's forename, or given name.

Issue Age - The first joint insured's age at policy issue.

Nonsmoker/Smoker Indicator - An indicator of the first joint insured's type of rate used to calculate premium. Allowable values are smoker, nonsmoker, and aggregate.

Preferred Risk Indicator - An indicator of better than standard underwriting class for the first joint insured. It is not to be used as an indicator of smoking habit. Commonly reported as standard, preferred, etc.

Sex - The first joint insured's gender.

Table Rating - The life mortality rating for the first joint insured, listed as a percentage.

Joint K Record

Birth Date - Date on which the second joint insured was born.

Flat Extra (1 or 2) Number of Years - The number of years the flat extra amount is applicable for, as applied to the second joint insured. Permanent flat extra amounts may be coded as 99.

Glossary

Alphabetical by Field Name

Joint K Record (continued)

Flat Extra (1 or 2) Rate - The amount of flat extra premium per \$1000 or per unit of annual coverage applied to the second joint insured. Please note that R² has room for two such listings, one permanent and the other temporary.

Insured's Last Name - The second joint insured's surname.

Insured's First Name - The second joint insured's forename, or given name.

Issue Age - The second joint insured's age at policy issue.

Nonsmoker/Smoker Indicator - An indicator of the second joint insured's type of rate used to calculate premium. Allowable values are smoker, nonsmoker, and aggregate.

Preferred Risk Indicator - An indicator of better than standard underwriting class for the second joint insured. It is not to be used as an indicator of smoking habit. Commonly reported as standard, preferred, etc.

Sex - The second joint insured's gender.

Table Rating - The life mortality rating for the second joint insured, listed as a percentage.

Joint Sequence

An indicator of a joint first-to-die policy in which both insureds pay premiums, and therefore have their own reinsurance records. Policies with an indicator of zero (0) are not joint first-to-die policies. Policies with an indicator of 1 or 2 are indicative of the first or second insured life on the policy. Be advised that in the situation of a first-to-die policy, the second insured's personal information will appear in the Joint J record space of the first life. This can be ignored as all information is repeated on the second insured's own transaction line.

Life Flat Extra (1 or 2) Number of Years

The number of years the flat extra amount is applicable for. Permanent flat extra amounts may be coded as 99.

Life Flat Extra (1 or 2) Rate

The amount of flat extra premium per \$1000 or per unit of annual coverage. Please note that R² has room for two such listings, one permanent and the other temporary.

Glossary
Alphabetical by Field Name

Life Plan Code

The ceding company's unique and assigned plan grouping for the life portion of the policy.

Line of Business

For purposes of the "By Plan" totals in the summary reports, plans with identical Line of Businesses are totaled together. For instance, all ART's can be grouped together by coding them with an identical Line of Business. This field has no other effect on valuation or reinsurance.

Maturity Expiry Method

Indicates the basis for when the policy expires, if applicable.

Maturity Expiry Value

Indicates the age or duration after which a policy expires, if applicable.

Modal Flat Extra Allowance

The reinsurance gross modal Flat Extra allowance or discount paid by the reinsurer.

Modal Gross Flat Extra Premium

The reinsurance gross Flat Extra modal premium being paid by the ceding company for this transaction.

Modal Gross Miscellaneous Premium

The reinsurance gross modal premium for any additional premium being paid by the ceding company for this transaction.

Modal Gross Standard Premium

The reinsurance gross standard modal premium being paid by the ceding company for this transaction.

Modal Gross Substandard Premium

The reinsurance gross substandard modal premium being paid by the ceding company for this transaction.

Modal Miscellaneous Premium Allowance

The reinsurance gross modal allowance or discount for any additional premium paid by the reinsurer.

Glossary
Alphabetical by Field Name

Modal Standard Allowance

The reinsurance gross modal standard allowance or discount paid by the reinsurer.

Modal Substandard Allowance

The reinsurance gross modal substandard allowance or discount paid by the reinsurer.

Nonsmoker/Smoker Indicator

An indicator of the type of rate used to calculate premium. Allowable values are smoker, nonsmoker, and aggregate.

Original Age

If the policy is a conversion policy, this is the policy issue age that the original policy was converted from.

Original Policy Date

If the policy is a conversion policy, this is the policy issue date that the original policy was converted from. If the policy's reinsurance status code is a 71, this date is used to select the treaty allocation.

Original Policy Number

The policy number from which this policy was converted, replaced, exchanged, or combined. This field will only be populated if the client sends the information through.

Policy Exhibit

Information showing how this transaction impacted the policy exhibit. It is broken down by category, count, and amount; if there was no impact, than "No Policy Exhibit Data" will be reported.

Policy Issue Date

The date from which policy anniversaries are calculated.

Policy Number

The policy number assigned to the policy at the company where the output originated.

Policy Sequence

A sequence indicator that may be used within R² to indicate additional coverages under the policy. It may be used for increases, additional insureds, or additional benefits/riders.

Glossary

Alphabetical by Field Name

Preferred Risk Indicator

Indicator of better than standard underwriting class. It is not to be used as an indicator of smoking habit. Commonly reported as standard, preferred, etc.

Premium Tax Reimbursement

Expense reimbursement from reinsurer to ceding company for state/provincial premium taxes.

Reinsurance Method

This field indicates if the reinsurance plan is part of a coinsurance, modified coinsurance, non-traditional yearly renewable term, or yearly renewable term agreement.

Reinsurance Mode

Indicates how frequently the policy's reinsurance premium payments are due during the policy year. If the policy is paid more frequently than annually, this will factor into modal and annual premium calculations.

Reinsurance Paid-to-Date

The date to which the reinsurance on the policy is paid through.

Reinsurance Policy Fee

Policy fees paid by the ceding company to the reinsurer.

Reinsurance Policy Fee Allowance

The reinsurance gross modal allowance or discount paid by the reinsurer for the policy fees associated with this policy.

Reinsurance Status Code

The two character code that R² uses to indicate if the policy is inforce or terminated. Please see the appendix for a listing of these status codes and their definitions.

Reinsuring Company Code

The two character abbreviation chosen to distinguish the reinsuring company on R².

Reinsuring Company FEIN number

If the reinsuring company is domiciled in the United States of America, this number is the Federal Employer ID Number. For non-United States companies, additional codes may appear in this space.

Glossary
Alphabetical by Field Name

Report Date

The processing period that this transaction report corresponds with.

Residence

Depending on what the client has sent through, this field will contain the insured's postal abbreviation for residence at the time of the policy's issue or the insured's current residence.

Secondary Transaction Codes

Additional two character codes used to identify the type of transaction(s) that has been processed, usually seen when a policy undergoes a change. Please see the appendix for a listing of these transaction codes and their definitions.

Sex

The insured's gender.

Single Line Transaction Program Version

The single line transaction program is periodically updated for client use. This indicator determines which version of the program was used to create the single line transaction file.

Stamp Duty

Reinsurance reimbursement for Stamp Duty. Value is the result of percentage of ceded gross premium added to allowances to reimburse ceding company for Provincial, State, or Federal Stamp Duties.

Status Subcode

An additional two character code that R² may use to indicate if the policy is inforce or terminated.

Subtype of Insurance

An additional identifier of the plan code, describing if the product is used for individual, joint first to die, or joint last to die policies.

Table Rating

The life mortality rating for the policy, listed as a percentage. For life coverages, 1000 is standard. An uninsurable life coverage would appear as 9990.

Glossary

Alphabetical by Field Name

Transaction Category

A broader grouping of transaction types to order the billing information into. Transactions will fall into one of five categories - new business, first year other, renewal, policy changes, or terminations.

Transaction Code

The two character code that R² uses to identify the type of transaction that has been processed, such as a renewal, termination, or policy change. Please see the appendix for a listing of these transaction codes and their definitions.

Transaction Effective Date

The date that the transaction took effect on. A new business policy will often report the issue date. A renewal will show the policy anniversary. A change (if not done on anniversary) will report the date entered for specific change.

Transaction Order

Beginning with zero, this sequence is the order in which the transactions were processed for every policy/policy sequence pairing during this report period. It could be as few as one transaction processed (transaction order = 0), or as many as one thousand transactions processed (transaction order 0 through 999).

Transaction Program Version

The transaction module is periodically updated for client use. This indicator determines which version of the program was used to report the calculations.

Treaty Code

The treaty agreement that the policy is allocated to. This is also the code by which the Policy Exhibits are maintained on the billing statements.

Treaty Key

The key name defined by the client, indicating which treaty agreement the policy's allocation belongs to.

Type of Insurance

Identifies the category of insurance that this plan code is a part of (e.g. ADB, UL, etc.).

UL Death Benefit Option

An indicator for Universal Life plans which shows the Death Benefit option elected by the insured.

Glossary
Alphabetical by Field Name

Unit

The basic amount upon which Premium Rates are defined. (Typically this will be either 1000 or 100 depending on how the rate tables were loaded.)

User Defined Rider 1

Face Amount - The portion of the direct face amount for the ceding company defined benefit #1 ceded to a particular reinsurer.

Plan Code - The ceding company's unique and assigned plan grouping for the ceding company defined benefit #1 portion of the policy.

Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the ceding company defined benefit #1 portion of the policy.

Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the ceding company defined benefit #1 portion of the policy.

Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the ceding company defined benefit #1 portion of the policy.

Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the ceding company defined benefit #1 portion of the policy.

Table Rating - The life mortality rating for the ceding company defined benefit #1 portion of the policy, listed as a percentage.

User Defined Rider 2

Face Amount - The portion of the direct face amount for the ceding company defined benefit #2 ceded to a particular reinsurer.

Plan Code - The ceding company's unique and assigned plan grouping for the ceding company defined benefit #2 portion of the policy.

Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the ceding company defined benefit #2 portion of the policy.

Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the ceding company defined benefit #2 portion of the policy.

Glossary

Alphabetical by Field Name

User Defined Rider 2 (continued)

Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the ceding company defined benefit #2 portion of the policy.

Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the ceding company defined benefit #2 portion of the policy.

Table Rating - The life mortality rating for the ceding company defined benefit #2 portion of the policy, listed as a percentage.

Waiver

Face Amount - The portion of the direct face amount for the Waiver of Premium ceded to a particular reinsurer.

Plan Code - The ceding company's unique and assigned plan grouping for the WP portion of the policy.

Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the WP portion of the policy.

Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the WP portion of the policy.

Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the WP portion of the policy.

Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the WP portion of the policy.

Table Rating - The life mortality rating for the WP portion of the policy, listed as a percentage.

Years Since Underwriting

This field is used to offset the duration used in the premium calculations. For example, this would be used on a conversion policy where premiums are calculated on an original age/original date basis.

Appendix A
Status Codes

Status Code	Status Sub-Code	Definition of Status
01		Inforce
02		Lapsed
03		Surrendered
04		Expired
05		Matured
06		Died
07		Converted (Out)
08		Not Taken
	01 or NT	Not Taken
	02 or PR	Policy Rescinded (same as status 18)
	03 or PN	Policy number change (same as status 28)
09		RPU (Reduced-Paid-Up), zero premium on renewal billings.
10		ETI (Extended Term)
11		Recapture, still counted as retained inforce.
12		Recaptured, counted as termination.
17		Partial Conversion Off
18		Rescinded Policy - Comes off "other decreases" in PE and terminates to Policy Date.
19		Paid-Up. Reinsurance paid-to-date set to maturity/expiry date.
21		Policy Number Change - Is New Business from Change Date
28		Policy Number Change - Causes reversal back to Change Date (prior to Oct. 2009 reversed to Issue Date)
29		On Disability, Premium being waived.
31		Recapture full ceded face, all active reinsurers

Appendix A
Status Codes

Status Code	Status Sub-Code	Definition of Status
32		Recapture full ceded face, only specified reinsurers
33		Recapture partial ceded face, all reinsurers
34		Recapture partial ceded face, only specified reinsurers
41		ReRentry
51		Plan Change with Treaty reassignment
61		Joint Policy, insured coverage does not bill
66		Death on a status 61 Joint Coverage
71		Original Age Conversion; Use Original Policy Date for TY Premiums
72		Original Age Conversion; Use New Policy Date for TY Premiums
	29 or WP	Original Age Conversion policy that is currently on disability with premium being waived.
81		Preliminary Term
	P	Preliminary Term as of the Policy Date
82		Preliminary Term for Original Age Conversion; Use New Policy Date for TY Premiums
83		Preliminary Term for Original Age Conversion; Use Original Policy Date for TY Premiums
86		Financial Adjustment Cash Value Recovery
87		Financial Adjustment Dividends
88		Financial Adjustment on all active reinsurers.
	3	Partial Surrender; refund from Cash Value
	5 or ME	Financial Adjustment for Medical Expense
	6 or SV	Financial Adjustment for Cash Value Recovery

Appendix A
Status Codes

Status Code	Status Sub-Code	Definition of Status
	7 or DA	Dividend Adjustment
	8 or LC	Financial Adjustment for Life Claims
	9 or LI	Financial Adjustment for Life Interest
	10 or WC	Financial Adjustment for Waiver Claims
	20 or R	Financial Adjustment for Rider portion of policy.
89		Financial Adjustment to active and recaptured reinsurers.
	08 or AJ	Financial adjustment to terminated reinsurer. Appears on billings and electronic files, but not inforce files.
	20 or R	Financial Adjustment for Rider portion of policy.
9x		Suspended - Do not process. Where <i>x</i> may be any numerical character.

Appendix B
Transaction Codes

Transaction Code	Definition of Transaction Code	Type of Transaction
AC	Age Change	Change
AF	Auto-Fac Change	Change
AR	Amount at Risk Adjustment	Change
BA	Benefit Added	New Business
BC	Banding Change	Change
BD	Birth Date	Change
BT	Benefit Terminated	Termination
CA	Conversion On	New Business
CC	Ceded Amount Change	Change
CN	Change in Cession Number	Change
CO	Conversion Off	Termination
CV	Cash Value Adjustment	Change
DA	Dividend Adjustment	Change
DC	Face Decrease	Change
DH	Death Claim	Termination
DI	Disability Change	Change
EA	Error Active Policy	Change
ET	Error Terminated Policy	Change
EX	Expiry	Termination

Appendix B
Transaction Codes

Transaction Code	Definition of Transaction Code	Type of Transaction
FA	Financial Adjustment	Change
FC	Face Change	Change
FN	Reversal of Non Forfeiture	Change
FO	First Year Other	First Year
IC	Face Increase	Change
JD	Joint Death	Termination
JO	Joint Order	Change
LC	Financial Adjustment for Life Claims	Change
LI	Financial Adjustment for Life Interest	Change
LP	Lapse	Termination
ME	Marketing Expense	Change
MF	Male-Female Change	Change
MS	Miscellaneous Change	Change

Appendix B
Transaction Codes

Transaction Code	Definition of Transaction Code	Type of Transaction
NB	New Business	New Business
NC	Name Change	Change
NF	Non Forfeiture	Change
NP	New Policy Number	New Business
NS	NonSmoker-Smoker Change	Change
NT	Not Taken	Termination
OF	Other Transactions - Off	Termination
ON	Other Transactions - On	New Business
PA	Premium Adjustment	Change
PC	Plan Code Change	Change
PD	Policy Date Change	Change
PM	Premium Mode Change	Change
PN	Policy Number Change	Termination
PO	Partial Conversion Off	Termination
PS	Partial Surrender	Change
PT	Preliminary Term	New Business
RA	Replacements On	New Business
RC	Recapture	Termination
RE	ReEntry	Change

Appendix B
Transaction Codes

Transaction Code	Definition of Transaction Code	Type of Transaction
RL	Renewal	Renewal
RO	Replacements Off	Termination
RS	Reinstatements	New Business
RT	Recapture Terminated	Termination
RV	Reverse a Change	Termination
SC	Status Code Change	Change
SP	Preferred-Standard Change	Change
SR	Surrender	Termination
SV	Financial Adjustment for Cash Value Recovery	Change
TB	Table Change	Change
TC	Trailer Change	Change
TR	Termination	Termination
WC	Financial Adjustment for Waiver Claims	Change
WP	Premium Waived	Renewal



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