

**CLAIMS STANDARDIZED DATA REQUEST
Annuity Line of Business**

Contents: This file should be downloaded from company system(s) and contain one record for any and all claims which were submitted, reviewed or processed during the examination period. This data should be presented by contract owner.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to death claims regarding annuity contracts during the scope of the examination during the scope of examination:

- Cross-reference to MCAS claims data (record count) to ensure completeness of exam data submitted;
- Cross-reference with annuity in force data to ensure completeness of exam data submitted; and
- Cross- reference to annual statement claims data (amount) to ensure completeness of exam data submitted.

Field Name	Start	Length	Type	Decimals	Description	<u>ACLI Comments</u>
CoCode	1	5	A		NAIC company code	
ClmNo	6	15	A		Claim number	
ConPre	21	3	A		Contract prefix (Blank if NONE)	
ConNo	24	20	A		Contract number	
ConSuf	44	3	A		Contract suffix (Blank if NONE)	
						This information may be captured in other databases that do not interface well with a company's policy administration system, which could make provision of this information challenging. Also, there is question whether this information is necessary for this type of sample.
ConForm	47	10	A		Contract form number as filed with the insurance department	
PlanCode	57	6	A		System plan code Please provide a list of system plan codes and their descriptions	

						The current language of this field appears to reflect an assumption that the contract owner always pays the premium which is not always the case. ACLI recommends deletion of reference to responsibility for payment of premium. Also, how should this field be completed if there is more than one owner? Should there be multiple fields?
COFirst	63	15	A		First name of contract owner responsible for premium payment of contract	
COMid	78	15	A		Middle name of contract owner responsible for premium payment of contract	Same as above
COLast	93	20	A		Last name of contract owner responsible for premium payment of contract (e.g. trust, organization, etc.)	Same as above
CODOB	113	10	D		Contract owner date of birth [MM/DD/YYYY]	How should this field be completed if there is more than one owner?
COAddr	123	100	A		Contract owner street address	How should this field be completed if there is more than one owner? Also, company may have current address only.
COCity	223	20	A		Contract owner city	Same as above
COSi	243	2	A		State abbreviation of contract owner as of the end of the examination period	Same as above
COZip	245	5	A		Contract owner ZIP code	Same as above
IssSt	250	2	A		State abbreviation where contract was issued	Same as above.
CmtFirst	252	15	A		First name of claimant	Is "claimant" intended to be synonymous with "beneficiary?" If so, ACLI recommends clarification to this effect. Also, how should this field be completed if there is more than one claimant?
CmtMid	267	15	A		Middle name of claimant	Same as above. Also, company may only have this information if it is entered in its policy administration system.
CmtLast	282	20	A		Last name of claimant (Entity filing proof of loss) (e.g. trust, organization, etc.)	Same as above
CmtRel	302	50	A		Claimant relationship to contract owner Please provide a list to explain any codes used	This information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce.
AntFirst	352	15	A		First name of annuitant	How should this field be completed if there are joint or multiple

						annuitants?
AntMid	367	15	A		Middle name of annuitant	Same as above. Also, company may only have this information if it is entered in its policy administration system.
AntLast	382	20	A		Last name of annuitant or name of entity named as annuitant	Same as above
AntSt	402	2	A		Resident state of annuitant	
StlmtOpt	404	10	A		Settlement option code Please provide a list to explain settlement option codes	
ClmStat	414	10	A		Claim status code as of the end of the exam period Please provide a list of claim status codes along with their meanings. Example: Paid, denied, pending, etc.	It is uncertain whether company policy administration system will include all the codes apparently being requested.
ClmIncDt	424	10	D		Claim incurred date [MM/DD/YYYY]	It is not clear what is meant by “claim incurred date.” Date of death? Date proof of loss and all required information is received? ACLI recommends clarification. Also, how should this field be completed if there are multiple beneficiaries?
ClmNtDt	434	10	D		Date the company or producer received notification of claim [MM/DD/YYYY]	Nature and intent of information sought in this field are unclear. Is the intent to gather information relating to notification to the producer or home office? Or is the intent to measure late payment of a claim? If the intent is to measure the latter, in lieu of reference to date of receipt of notice, of claim, ACLI recommends modification to refer to the dates of receipt of proof of loss and required documentation and the date by which the claim is required to be paid by law. Also, how should this field be completed if there are multiple beneficiaries?
ClmAckDt	444	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]	There is question whether company will have this information. If company has information, how should this field be completed if there are multiple beneficiaries?
ClmPdAmt	454	11	N	2	Amount of claim payment	It is unclear what information is sought in this field in the

						event of multiple beneficiaries - the total amount paid to all the beneficiaries? the amount paid to a single beneficiary? If the latter, how should this field be completed? Should there be multiple fields?
IntRate	465	8	N	5	Interest rate, expressed as a decimal applied to contract proceeds, if applicable (4% = 0.04000)	This information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce.
IntAmt	473	11	N	2	Interest amount credited to contract proceeds, if applicable	How should this field be completed if there are multiple beneficiaries?
ClmPdDt	484	10	D		Claim paid date [MM/DD/YYYY]	How should this field be completed if there are multiple beneficiaries?
ClmDnyDt	494	10	D		Claim denial date [MM/DD/YYYY]	Same as above
ClmDenRsn	504	50	A		Reason for claim denial Please provide a list to explain any codes used	There is question whether company will have this information. If company has information, how should this field be completed if there are multiple beneficiaries?
ClmPendRsn	554	50	A		Reason for claim pending Please provide a list to explain any codes used	Same as above
DlyRsn	604	50	A		Reason for claim delay Please provide a list to explain any codes used	Same as above
DlyLtrDt	654	10	D		Date when delay letter was sent [MM/DD/YYYY]	There is question whether company will have this information; or the information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce. If the company has the information, how should his field be completed if there are multiple beneficiaries?
EndRec	664	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

G:\MKTREG\DATA\D Working Groups\D WG 2017 MCES (PCW)\Docs_WG Calls 2017\SDRs\Comments Received\ACLI_Ann_Clms_SDR_11_27_17_Rev.docx