

**NEW BUSINESS DECLINATIONS STANDARDIZED DATA REQUEST**  
**Annuity Line of Business**

**Contents:** This file should be downloaded from company system(s) and contain one record for each contract that was declined in the examination state(s) during the examination period.

**Uses:** Data will be used to determine if the company follows appropriate procedures with respect to refusal of the company to issue an annuity contract:

- Cross-reference to in-force data file to test if declined applicants subsequently written;
- Cross-reference to producer data file to test for producers with declination rates that are significantly higher than or lower than the average;
- Test for unfair discrimination in declinations; and
- Test for compliance with declination notice requirements.

“Declination” means refusal of an insurer to issue a contract or add additional coverage from an application or written request from a producer or applicant.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
AppNo	6	10	A		Application number, if applicable. Include prefix or suffix
PlanCode	16	10	A		System plan code <b>Please provide a list of system plan codes and their descriptions</b>
PrCode	26	10	A		Company internal producer, CSR or business entity producer identification code <b>Please provide a list to explain any codes used</b>
NPN	36	7	A		National producer number
Rep	43	1	A		Was this an application of replacement, regardless of who wrote the previous contract? (Y/N)
RepCo	44	100	A		Name of replaced company <b>If codes or abbreviations are provided, please provide a list to explain</b>
AppFirst	144	15	A		First name of individual requesting the contract
AppMid	159	15	A		Middle name of individual requesting the contract
AppLast	174	20	A		Last name of individual requesting the contract. If the contract was requested by a business or trust, please provide the business or trust name here
AppDOB	194	10	D		Applicant date of birth [MM/DD/YYYY]
AppAddr	204	100	A		Applicant street address
AppCity	304	20	A		Applicant city
AppSt	324	2	A		State in which contract was applied for
AppZip	326	5	A		Applicant ZIP code
AntDOB	331	10	D		Annuitant date of birth [MM/DD/YYYY]
AntFirst	341	15	A		First name of annuitant

AntMid	356	15	A		Middle name of annuitant
AntLast	371	20	A		Last name of annuitant
AntSx	391	1	A		Annuitant's sex (M/F)
AntOcc	392	50	A		Annuitant occupation/retired <b>If codes are used, please provide a list of codes and their descriptions</b>
AntAddr	442	100	A		Annuitant street address
AntCity	542	20	A		Annuitant city
AntSt	562	2	A		Abbreviation of annuitant's state
Ant ZIP	564	5	A		Annuitant ZIP code
AppProDt	569	10	D		Date application processed [MM/DD/YYYY]
AppRecDt	579	10	D		Date application received [MM/DD/YYYY]
CWAAmt	589	10	N	2	Consideration amount received with the application
DeclDt	599	10	D		Date of declination [MM/DD/YYYY]
DeclRsn	609	50	A		Reason for declining application <b>If declination codes are used, please provide a list of codes and their descriptions</b>
NoticeDt	659	10	D		Date notice of declination sent to applicant [MM/DD/YYYY]
RefAmt	669	10	N	2	Amount of refund, if applicable
RefDt	679	10	D		Date refund mailed, if applicable [MM/DD/YYYY]
RefToFst	689	15	A		First name of person who received refund, if applicable
RefToMd	704	15	A		Middle name of person who received refund, if applicable
RefToLst	719	20	A		Last name of person who received refund, (or name of business), if applicable
EndRec	739	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.

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