

“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	R	N	5	2-6	NAIC Number
3	FILE LOCATION STATE	R	A	2	7-8	State to which the electronic record is being sent. see state code table, p.13-2
4	FILE LOCATION CODE	R	N	2	9-10	State Fund to which electronic record is being sent. see File Location table, p.13-1
5	COVERAGE CODE	R	N	6	11-16	Type of loss – see Coverage Code table, p.12-2
6	POLICY NUMBER	R	A	20	17-36	Policy Number
7	INSOLVENT CO'S CLAIM NUMBER	R	A	20	37-56	Unique number assigned by the insolvent company to this claim
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to this claim
9	INSURED'S NAME LINE #1	R	A	30	77-106	Named Insured's last name or business name
10	INSURED'S NAME LINE #2	R	A	30	107-136	Named Insured's first name
11	INSURED'S ADDRESS #1	R	A	30	137-166	Named Insured's address
12	INSURED'S ADDRESS #2	R	A	30	167-196	Continuation of named Insured's address if needed.
13	INSURED'S CITY	R	A	25	197-221	City of named Insured's address
14	INSURED'S STATE	R	A	2	222-223	Postal Code for named Insured's state. see state code table, p.13-2
15	INSURED'S ZIP CODE	R	A	9	224-232	Named Insured's zip code.
16	DATE OF LOSS	R	N	8	233-240	Date of loss (Accident Date)
17	POLICY EFFECTIVE DATE	R	N	8	241-248	Policy effective date
18	POLICY EXPIRATION DATE	R	N	8	249-256	Policy expiration date
19	CLAIMANT NUMBER	R	N	5	257-261	Number assigned by Receiver to this claimant
20	CLAIMANT NAME LINE #1	R	A	30	262-291	Claimant's last name or business name
21	CLAIMANT NAME LINE #2	R	A	30	292-321	Claimant's first name
22	CLAIMANT ADDRESS #1	R	A	30	322-351	Claimant's address
23	CLAIMANT ADDRESS #2	R	A	30	352-381	Continuation of claimant's address if needed
24	CLAIMANT CITY	R	A	25	382-406	Claimant's city
25	CLAIMANT STATE	R	A	2	407-408	Claimant's state see state code table, p.13-2
26	CLAIMANT ZIP CODE	R	A	9	409-417	Claimant's zip code
27	CLAIMANT ID INDICATOR	C	A	1	418	F = Federal ID number S = Social Security Number
28	CLAIMANT ID NUMBER	C	N	9	419-427	Claimant's Federal ID number or Social Security number
29	TRANSACTION CODE	R	N	3	428-430	Always = “100”. see Transaction Code table, p.11-1
30	TRANSACTION AMOUNT	R	N	12 [(9).xx-]	431-442	Must be zero for closed claims
31	CATASTROPHIC LOSS CODE	C	N	2	443-444	Code assigned by insolvent company to a catastrophic event
32	RECOVERY INDICATOR CODE	R	A	1	445	Potential recovery type. See Recovery Code table, p. 13-3
33	SUIT INDICATOR	R	A	1	446	Claim in litigation Y / N / U

No.	Field Name	Req	Type	Size	Pos	Short Description
34	2ND INJURY FUND INDICATOR	R	A	1	447	Potential 2nd Injury Fund involvement Y / N / U
35	TPA CLAIM NUMBER	C	A	30	448-477	Number assigned by insolvent company's TPA to this claim
36	LONG CLAIM NUMBER	C	A	30	478-507	Insolvent Company Claim No., if longer than 20 characters
37	ISSUING COMPANY CODE	R	A	5	508-512	NAIC number of the company that issued the policy
38	SERVICING OFFICE CODE	R	A	6	513-518	Code for TPA / branch office
39	CLAIM REPORT DATE	C	N	8	519-526	Date the claim was reported
40	CLAIMANT BIRTH DATE	C	N	8	527-534	Claimant birth date
41	REPETITIVE PAYMENT INDICATOR	C	A	1	535	Repetitive payment indicator
42	WCIO INJURY CODE	C	A	3	536-538	See WCIO Injury Code Table, p.13-7
43	WCIO PART OF BODY	C	A	3	539-541	see WCIO Part of Body table, p.13-7
44	WCIO NATURE OF INJURY	C	A	3	542-544	see WCIO Nature of Injury table, p.13-10
45	WCIO CAUSE	C	A	3	545-547	see WCIO Cause of Injury table, p.13-12
46	WCIO ACT	C	A	3	548-550	see WCIO Act table, p.13-14
47	WCIO TYPE OF LOSS	C	A	3	551-553	see WCIO Type of Loss table, p.13-14
48	WCIO TYPE OF RECOVERY	C	A	3	554-556	see WCIO Type of Recovery table, p.13-14
49	WCIO TYPE OF COVERAGE	C	A	3	557-559	see WCIO Type of Coverage table, p.13-14
50	WCIO TYPE OF SETTLEMENT	C	A	3	560-562	see WCIO Type of Settlement table, p.13-14
51	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	563	WCIO Voc Rehab Indicator Y / N Whether Claim Includes Rehabilitation Costs
52	DESCRIPTION OF INJURY	C	A	64	564-627	Short description of accident/incident
53	WCAB NUMBER	C	A	12	628-639	Number assigned by the work comp board
54	EMPLOYER WORK PHONE NUMBER	C	N	10	640-649	Employer telephone number
55	AGGREGATE POLICY INDICATOR	R	A	1	650	Aggregate Policy Indicator Y / N / U
56	DEDUCTIBLE POLICY INDICATOR	R	A	1	651	Deductible Policy Indicator Y / N / U