

**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
CoCode	1	5	A		NAIC company code
ClmNo	6	15	A		Claim number
ConPre	21	3	A		Contract prefix <b>(Blank if NONE)</b>
ConNo	24	20	A		Contract number
ConSuf	44	3	A		Contract suffix <b>(Blank if NONE)</b>
ConForm	47	10	A		Contract form number as filed with the insurance department
PlanCode	57	6	A		System plan code <b>Please provide a list of system plan codes and their descriptions</b>
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
COLast	93	20	A		Last name of contract owner responsible for premium payment of contract (e.g. trust, organization, etc.)
CODOB	113	10	D		Contract owner date of birth [MM/DD/YYYY]
COAddr	123	100	A		Contract owner street address
COCity	223	20	A		Contract owner city
COSSt	243	2	A		State abbreviation of contract owner as of the end of the examination period
COZip	245	5	A		Contract owner ZIP code
IssSt	250	2	A		State abbreviation where contract was issued
CmtFirst	252	15	A		First name of claimant
CmtMid	267	15	A		Middle name of claimant
CmtLast	282	20	A		Last name of claimant (Entity filing proof of loss) (e.g. trust, organization, etc.)
CmtRel	302	50	A		Claimant relationship to contract owner <b>Please provide a list to explain any codes used</b>
AntFirst	352	15	A		First name of annuitant

AntMid	367	15	A		Middle name of annuitant
AntLast	382	20	A		Last name of annuitant or name of entity named as annuitant
AntSt	402	2	A		Resident state of annuitant
StlmtOpt	404	10	A		Settlement option code <b>Please provide a list to explain settlement option codes</b>
ClmStat	414	10	A		Claim status code as of the end of the exam period <b>Please provide a list of claim status codes along with their meanings. Example: Paid, denied, pending, etc.</b>
ClmIncDt	424	10	D		Claim incurred date [MM/DD/YYYY]
ClmNtDt	434	10	D		Date the company or producer received notification of claim [MM/DD/YYYY]
ClmAckDt	444	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
ClmPdAmt	454	11	N	2	Amount of claim payment
IntRate	465	8	N	5	Interest rate, expressed as a decimal applied to contract proceeds, if applicable (4% = 0.04000)
IntAmt	473	11	N	2	Interest amount credited to contract proceeds, if applicable
ClmPdDt	484	10	D		Claim paid date [MM/DD/YYYY]
ClmDnyDt	494	10	D		Claim denial date [MM/DD/YYYY]
ClmDenRsn	504	50	A		Reason for claim denial <b>Please provide a list to explain any codes used</b>
ClmPendRsn	554	50	A		Reason for claim pending <b>Please provide a list to explain any codes used</b>
DlyRsn	604	50	A		Reason for claim delay <b>Please provide a list to explain any codes used</b>
DlyLtrDt	654	10	D		Date when delay letter was sent [MM/DD/YYYY]
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.

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