

“G” Record Short – Receiver to Fund – Claim Payment History

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 “G”.
2	INSOLVENT COMPANY	R	N	5	2-6	The unique number assigned by the NAIC to the insolvent company for data tracking purposes.
3	FILE LOCATION STATE	R	A	2	7-8	State to which the physical file and electronic record are being sent. see state code table, p. 13-2
4	FILE LOCATION CODE	R	N	2	9-10	State Fund to which the physical file and electronic record are being sent. see file location table, p.13-1
5	COVERAGE CODE	C	N	6	11-16	This code defines the category of coverage that provided protection for the loss. see Coverage Code table, p.12-2
6	POLICY NUMBER	R	A	20	17-36	The unique number that the insolvent insurance company assigned to specific policies of insurance that they issued. Shorter values are left justified and padded with blanks.
7	INSOLVENT COMPANY CLAIM NUMBER	R	A	30	37-66	Unique number assigned by the insolvent company to this claim.
8	RECEIVER CLAIM NUMBER	C	A	20	67-86	Unique number assigned by Receiver to this claim
9	INSURED'S NAME LINE #1	R	A	30	87-116	Insured last name or business name
10	INSURED'S NAME LINE #2	C	A	30	117-146	If the insured is a(n): Individual: The first name, initial and any suffixes should be entered here. Business: This field should be blank.
11	CLAIMANT NUMBER	R	N	5	147-151	Number assigned by Receiver to this claimant
12	CLAIMANT NAME LINE #1	R	A	30	152-181	Claimant last name or business name
13	CLAIMANT NAME LINE #2	C	A	30	182-211	Claimant first name
14	CHECK DATE	R	N	8	212-219	Format: YYYYMMDD The date the check was processed.
15	TRANSACTION CODE	R	N	3	220-222	Must be one of the following: 310 for Loss Payment. 410 for Expense Payment. 820 for Return Premium.

No.	Field Name	Req	Type	Size	Pos	Short Description
16	CHECK AMOUNT	R	N	12	223-234	Payment Amount: The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. (Example: a payment of \$27,650.25 would be shown as 00002765025+). (Example: a reversal of \$27,652.00 would be shown as 00002765200-) The field is zero filled to the left.
17	CHECK NUMBER	R	N	12	235-246	Check number. The value should be right justified and padded with leading zeroes.
18	PAYEE NAME LINE #1	R	A	30	247-276	Payee last name or business name. If the payee is: <u>Individual</u> : The last name only should be entered here. <u>Business</u> : The name of the business should be entered here. <u>Long Payee Name</u> : The first 30 characters of the Payee name on the check should be entered here.
19	PAYEE NAME LINE #2	R	A	30	277-306	Payee first name or continuation of Payee Line #1, if necessary. <u>Business</u> : This field should be blank.
20	PAYEE ID NUMBER	C	N	9	307-315	
21	INVOICE NUMBER	C	A	20	316-335	Invoice number to which this payment was applied
22	SERVICE /BENEFIT FROM DATE	C	N	8	336-343	Format: YYYYMMDD. Beginning date of service or benefit covered by this payment
23	SERVICE /BENEFIT TO DATE	C	N	8	344-351	Format: YYYYMMDD. Ending date of service or benefit covered by this payment
24	PAYMENT COMMENT	C	A	60	352-411	This is the check comment, description or explanation.
25	LONG CLAIM NUMBER	C	A	30	412-441	Insolvent Company Claim No., if longer than 20 characters
26	TPA CLAIM NUMBER	C	A	30	442-471	Number assigned by insolvent company's TPA to this claim