## "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	Req	Type 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				
٥	FILE LOCATION STATE	K	A	2	1-0	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,				
	COVERAGE CODE	D	N	6	11 10	<u>p.13-1</u>				
5	COVERAGE CODE	R	N	0	11-16	Type of loss – <u>see Coverage Code</u> <u>table</u> , p.12-2				
6	POLICY NUMBER	R	Α	20	17-36	Policy Number				
						•				
7	INSOLVENT CO'S CLAIM	R	Α	20	37-56	Unique number assigned by the				
8	NUMBER RECEIVER CLAIM	С	Α	20	57-76	insolvent company to this claim Unique number assigned by Receiver				
	NUMBER		^	20	31-10	to this claim				
9	INSURED'S NAME LINE	R	Α	30	77-106	Named Insured's last name or business				
	#1					name				
10	INSURED'S NAME LINE	R	Α	30	107-136	Named Insured's first name				
11	#2 INSURED'S ADDRESS #1	R	Α	30	137-166	Named Insured's address				
12	INSURED'S ADDRESS #2	R	A	30	167-196	Continuation of named Insured's				
12	INCORED O ADDICEGO #2	'`		30	107-130	address if needed.				
13	INSURED'S CITY	R	Α	25	197-221	City of named Insured's address				
14	INSURED'S STATE	R	Α	2	222-223	Postal Code for named Insured's state.				
L			<u> </u>		224	see state code table, p.13-2				
15	INSURED'S ZIP CODE	R	Α	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	R	N	8	249-256	Policy expiration date				
	DATE									
19	CLAIMANT NUMBER	R	N	5	257-261	Number assigned by Receiver to this				
20		D	_	20	262 204	Claimant				
20	CLAIMANT NAME LINE #1 CLAIMANT NAME LINE #2	R	Α	30	262-291 292-321	Claimant's last name or business name				
21	CLAIMANT NAME LINE #2  CLAIMANT ADDRESS #1	R	A		322-351	Claimant's first name				
22		R	Α	30		Claimant's address				
23	CLAIMANT ADDRESS #2	R	Α	30	352-381	Continuation of claimant's address if needed				
24	CLAIMANT CITY	R	Α	25	382-406	Claimant's city				
25	CLAIMANT STATE	R	Α	2	407-408	Claimant's state see state code table,				
						p.13-2				
26	CLAIMANT ZIP CODE	R	Α	9	409-417	Claimant's zip code				
27	CLAIMANT ID INDICATOR	С	Α	1	418	F = Federal ID number				
28	CLAIMANT ID NUMBER	С	N	9	419-427	S = Social Security Number Claimant's Federal ID number or Social				
20	CLAIMANT ID NUMBER		IN	9	413-421	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	431-442	Must be zero for closed claims				
31	CATASTROPHIC LOSS	С	N	[(9).xx-] 2	443-444	Code assigned by insolvent company				
	CODE		'	_		to a catastrophic event				
32	RECOVERY INDICATOR	R	Α	1	445	Potential recovery type. See Recovery				
	CODE	_			440	Code table, p. 13-3				
33	SUIT INDICATOR	R	Α	1	446	Claim in litigation Y / N / U				

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