

Indemnity Data Call Record Layouts

A. File Control Record Layout

Field No.	Field Title/ Description	Class	Position	Bytes
1	Record Type Code	N	1-2	2
2	Submission File Type Code	A	3	1
3	Carrier Group Code	N	4-8	5
4	Reporting Quarter Code	N	9	1
5	Reporting Year	N	10-13	4
6	Submission File Identifier	AN	14-43	30
7	Submission Date	N	44-51	8
8	Submission Time	N	52-57	6
9	Record Total	N	58-68	11
10	RESERVED FOR FUTURE USE		69-300	232

B. Transactional Record Layout

Field No.	Field Title/ Description	Class	Position	Bytes
Processing Data Elements (Fields 1-4)				
1	Record Type Code	N	1-2	2
2	Transaction Code	N	3-4	2
3	Transaction Date	N	5-12	8
4	Transaction Identifier	AN	13-32	20
Key Data Elements (Fields 5-9)				
5	Carrier Code	N	33-37	5
6	Policy Number Identifier	AN	38-55	18
7	Policy Effective Date	N	56-63	8
8	Claim Number Identifier	AN	64-75	12
9	Accident Date	N	76-83	8
Transactional Data Elements (Fields 10-18)				
10	Jurisdiction State Code	N	84-85	2
11	Transaction From Date	N	86-93	8
12	Transaction To Date	N	94-101	8
13	Transaction Amount	N	102-113	12
14	Benefit Type Code	N	114-115	2
15	Lump-Sum Indicator	A	116	1
16	Benefit Offset Code	N	117	1
17	Benefit Offset Amount	N	118-128	11
18	Weekly Benefit Amount	N	129-137	9
19	RESERVED FOR FUTURE USE		138-300	163

C. Quarterly Record Layout

Field No.	Field Title/ Description	Class	Position	Bytes
Processing Data Elements (Fields 1-2)				
1	Record Type Code	N	1-2	2
2	Transaction Date	N	3-10	8
Key Data Elements (Fields 3-7)				
3	Carrier Code	N	11-15	5
4	Policy Number Identifier	AN	16-33	18
5	Policy Effective Date	N	34-41	8
6	Claim Number Identifier	AN	42-53	12
7	Accident Date	N	54-61	8
Quarterly Indemnity Claim Data Elements (Fields 8-37)				
8	Jurisdiction State Code	N	62-63	2
9	Claimant Gender Code	N	64	1
10	Birth Year	N	65-68	4
11	Hire Date	N	69-76	8
12	Employment Status Code	AN	77	1
13	Closing Date	N	78-85	8
14	Reopen Date	N	86-93	8
15	Maximum Medical Improvement (MMI) Date	N	94-101	8
16	Reported to Insurer Date	N	102-109	8
17	Accident State Code	N	110-111	2
18	Attorney or Authorized Representative Indicator	A	112	1
19	Method of Determining Pre-Injury/Average Weekly Wage Code	N	113	1
20	Impairment Percentage Basis Code	N	114	1
21	Impairment Percentage	N	115-117	3
22	Disability/Loss of Earnings Capacity (LOEC) Percentage	N	118-120	3
23	Pre-Existing Disability Percentage	N	121-123	3
24	Part of Body Code—Injury Description	N	124-125	2
25	Nature of Injury Code—Injury Description	N	126-127	2
26	Cause of Injury Code—Injury Description	N	128-129	2
27	Act—Loss Condition Code	N	130-131	2
28	Type of Settlement—Loss Condition Code	N	132-133	2
29	Medical Extinguishment Indicator	A	134	1
30	Temporary Disability Benefit Extinguishment Code	N	135	1
31	Indemnity Paid-To-Date	N	136-144	9
32	Medical Paid-To-Date	N	145-153	9
33	Incurred Indemnity Amount	N	154-162	9
34	Incurred Medical Amount	N	163-171	9
35	Employer Legal Amount Paid	N	172-180	9
36	Allocated Loss Adjustment Expense (ALAE) Paid	N	181-189	9
37	Pre-Injury/Average Weekly Wage Amount	N	190-194	5
38	Classification Code	N	195-198	4
39	Return to Work Date	N	199-206	8
40	Zip Code of Injury Site	AN	207-215	9
41	Number of Dependents	N	216-217	2
42	Exposure State	N	218-219	2
43	Indemnity Claim Code	N	220	1
44	RESERVED FOR FUTURE USE		221-300	80

D. Key Field Change Record Layout

Field No.	Field Title/ Description	Class	Position	Bytes
1	Record Type Code	N	1-2	2
2	Previous Carrier Code	N	3-7	4
3	Previous Policy Number Identifier	AN	8-25	18
4	Previous Policy Effective Date	N	26-33	8
5	Previous Claim Number Identifier	AN	34-45	12
6	Previous Accident Date	N	46-53	8
7	Carrier Code	N	54-58	5
8	Policy Number Identifier	AN	59-76	18
9	Policy Effective Date	N	77-84	8
10	Claim Number Identifier	AN	85-96	12
11	Accident Date	N	97-104	8
12	RESERVED FOR FUTURE USE		105-300	196