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ODMST84

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DISABILITY INCOME MASTER RECORD

FIXED PORTION

DI-LENGTH B Record Length of Condensed I/O record (2 bytes) A Filler (2 bytes)

DI-LINE DI- A Type of Business D = Disability Income

POL-NO A Policy Number and Suffix (6789012)
 Suffix 00 Base Record
 Suffix 01, etc., Additional Dis. Income Record

DI-ISSUE-DATE A Date of Issue (YYMMDD)

DI-RES-BASIS A Reserve Basis (N)
 1 = 64 CDT, 58CS0
 2 = DTS, 5 1/2% 70, 80CS0
 5 = v tic. ? DWI'

DI-SERIES A Series (NN) Year this series starts i.e., 1970
 70, 1975 = 75, 1984 == 84

DI-FORM-TYPE A Form Type (A)
 1 = Noncancellable
 2 = Guaranteed Renewable
 3 = Optionally Renewable
 4 = Conditionally Continuable

DI-FORM-NO A Form Number (NN)
 0 = Form SA-0
 01 = Form SA-1DI-1A (83 + 84 + 87)
 02 = Form SA-2DI-2A (83 + 84 + 87)
 03 = Form SA-3DI-3A (83 + 84 + 87)
 04 = Form SA-4 (Series 75) SA3 NY (70) DI-4A' (83 + 84 + 87)
 06 = Form DI-7-87 (87 Series)
 08 = Form DI-108 (83 Series + 84 Series + 87 Series)
 09 = (83 Series + 84 Series)
 12-16 = Form DI-5-87 (87 Series)
 33 = DI-3A* (84 Series + 87 Series)
 34-37 = Form DI-65-87 (87 Series)
 50 = Form SA-0 (Step Rate) For 75 Series
 51 = Form SA-1 (Step Rate) For 70 Series
 53 = DI-3A (Step Rate) For 84 Series
 54 = DI-4A (Step Rate) For (83 + 84 Series)
 72-75 = DI-1-87 (DARE) for 87 Series

DI-COMMENCE	A	Commencement day (NNN) 008, 15, 31, 61, 91, 121, 181, 361, 721 NOTE for 75 Series 31, 61, 91, 181, 361
DI-BEN-PER	A	Benefit Period (AAA)
6 mos.		= 006 11 mos. = 011 2 yrs. = 024
9 mos.		= 009 12 mos. = 012 5 yrs. = 060
10 mos.		= 010 18 mos. = 018 To age 65 = 965
5 yrs (ADEA)		= 760 To age 65 (ADEA) = 765
To 65 (SSE)		= 967 LA = 995 LA (SSE) = 997
DI-AGE	A	Age at Issue (AA)
DI-SEX	A	Sex (M or F)
DI-OCC-CLASS	A	Occupation Class
		01 - 4A
		02 - 3A
		03 - 2A
		04 - 1A
		05 - 3A*
DI-MO-INC	N	Amount of Disability Income (NNNNN+) Amount shown is dollars or monthly income.
DI-RESIDE	A	Residence - State/County (SSCCC)
DI-BIRTH	A	Insureds Birthdate (yyymmdd)
DI-INS-TOTAL	N	Disability Income Hash Proof Total (NNNNNNNNN+) This field contains the total of all control fields (Count and Amount).
DI-AGY	A	Agency Code (NNN) Agency of Record
DI-AGY-FLAG	A	Agency flag (Any four printable characters) This is for the convenience and use of an individual agency and will appear on the ASC.
DI-SIG-CODE	A	Signature Code O Policyowner can act on his own signature A Policy has a collateral assignment P Policy is P. T. D Danger M Minor owner who can take action only through a legally appointed guardian.
DI-SVC-NO	A	Servicing Agent Number (67890)
DI-SVC-NAME	A	Servicing Agent Name (25 characters)

DI-AGY-DATA1 A Agency Data (Any 10 characters)
 1- 4 = Paid For (yymm) Date policy went in force
 5 = How Issued: Blank = as applied c:,404-
 ri-. = as applied for with alternates or
 -3,44.14 additional
 2 = alternate =
 additional
 6 = DI-PT-TYPE-CODE
 7 = lives code (X,Y,Z,P)-I'
 8 = Old-ADI-NO (no longer being used)
 9 = DI-NJ-EXEC - Indicator for NJ State of
 execution for DARE policies
 10 = Agents Family Indicator

DI-AGY-DATA2 Additional Agency Data (Any 10 characters)
 1-2 = DI-AGY-OCC
 3 = DI-AGY-R (a) -
 4-6 = DI-AGY-INC
 7-10 = DI-MM-AGT (nnnnnnn+)
 Middle Management Number and business code.

DI-STATUS A Status and Effective Date (Syymmdd) where the
 effective date is the FM date on which the
 status was changed.
 1 = Issued not paid for
 2 = In force
 4 = Dead (Settled)
 5 = Lapse
 8 = Rewritten, Converted, expires or any other
 termination A = Issue not taken B = Other
 issue terminations

DI-PD-TO A Paid-to-date
 (yymm) Issues will have the issue date of the
 policy as the paid-to-date.

DI-LAST-DUE A Due Date of last premium paid (yymm).

DI-LAST-PAID A Date of last premium paid (yymmdd) (today's date
 at time of last payment)

DI-LAST-AMT N Amount of last premium paid (NNNNN.NN+)

DI-LAST-MOS A Number of months of last premium paid (NN)

DI-T-TRAIL A Date of Last Record Change (yymmdd)

DI-A-TRAIL A Date of Last Accounting (yymmdd)

DI-LAPSE	<p>A Lapse Studies Data (YYMMDD) At the time the daily acc's and dec's are merged to the accumulated tape, this field is changed as follows:</p> <p>If mode = 1 or 3, duration will be 000102. If not, determine a work date as follows:</p> <ol style="list-style-type: none"> 1. If mode 11 use PC-EFF-DATE in acc and dec appendage 2. If PC-EFF-DATE > Pd-to-date use Pd-to-date. 3. If PC-EFF-DATE, Pd-to-date use Pd-to-date adjusted to nearest Pd-to-date which is less than the eff-date, plus 1 frequency. Then: <ol style="list-style-type: none"> 1. If DI-ISSUE-DATE > work-date duration will be 0000 2. 2. If DI-ISSUE-DATE < work-date but work day > issue day add 1 to work-month and save, otherwise save unaltered work-month. <p>Calculate a duration (work-date minus DI-ISSUE-DATE) using work year and month determined above to generate the following data.</p> <p>YY - duration year MM - duration month D1 - zero D2 - 1 if saved work-month < issue month or 2 if saved work-month > issue month.</p>										
DI-MEDIC	<p>A M = Medical N = Non-Medical</p>										
DI-SOURCE	<p>A Source and conversion duration (SSNO Duration will be the completed years in force of any prior policy from which the conversion arose. Source: Blank = From conversion or from insert and field change.</p> <table> <tr><td>1</td><td>= regular issue</td></tr> <tr><td>2</td><td>= buy up from COLA</td></tr> <tr><td>3</td><td>= conversion from overhead expense</td></tr> <tr><td>4</td><td>= AIO</td></tr> <tr><td>5</td><td>= AIF</td></tr> </table>	1	= regular issue	2	= buy up from COLA	3	= conversion from overhead expense	4	= AIO	5	= AIF
1	= regular issue										
2	= buy up from COLA										
3	= conversion from overhead expense										
4	= AIO										
5	= AIF										
DI-COV-C	N Base policy coverage cease duration (NNN+)										
DI-EXT-COV-C	N Extended coverage cease duration (NNNNN+)										
DI-CONY-C	N Basic policy last conversion duration (NNN+)										
DI-POL-YR	A Year for which Automatic Anniversary changes completed (NN)										

DI-DISABLED	A	Disabled Code P = Waiver of Premium I = Monthly Income B = Monthly Income and W.P.
DI-SEND-TO	A	Send-to codes (AANDC) AA = Assignments (1 and 2) N = Notice D = Duplicate Notice C = Cash Dividend Check The desired name and address trailer number (2, 3 or 4) will be entered under the appropriate field. A 5 under C = Name from #4 trailer plus owner's name and address.
DI-GA1ST	N	Normal 1st Commission G.A. (NN.N+)
DI-SA1ST	N	Normal 1st Commission S.A. (NN.N+)
DI-ADMIT	A	Age Admitted Y = Yes N = No 0 = Unknown
DI-ACC-TOTAL	N	Accounting Hash Period Total (NNNNNN.NN+) Total of all accounting control fields for this policy.
DI-COMM-GRP	A	Base policy commission group (A)
DI-REIN=C0	A	Reinsurance Company Code (N)
DI-REIN-AMT	N	Amount Reinsured (NNNNN+) Amount of base monthly income reinsured. The ratio of monthly income reinsured to the base monthly income will be applied to each reinsured benefit to arrive at the reinsured amount for each benefit.
DI-REIN-GRP	A	Reinsurance commission group (AA) (1st byte) Premium 0 = 100% Rate 1 = 90% Rate for 70 Series step rate plan only, and only applicable in initial period and only on the base premium amount.

DI-S-NS-CODE	A	Smoker or non-smoker code - Y = Non-Smoker (NS) Space = Smoker This applies only for Series Code > 83.
DI-COL-PERCENTAGE	N	Cost of Living percentage (NN.N+)
DI-20PCT-DISCOUNT	A	Indicator for 20% discount for second year premium when paid with first
DI-AIF-EXCLUSION	A	-Indicator for Automatic Increase Feature (Y or N)

DISABILITY INCOME MASTER RECORD
BENEFIT EXTENSION TRAILER

DIBE-IDENT	B	Trailer ident <i>X(0004)</i>
DIBE-LENGTH	B	Trailer Length 164 bytes
DIBE-LIFE-A-SER	A	Series code for Lifetime accident (NN)
DIBE-LIFE-A-YR	A	Issue year for Lifetime accident (YY)
DIBE-LIFE-A-PREM Lifetime	N	Annual gross premium per unit for accident. (NNN.NN+)
DIBE-LIFE-A-PAR (A)	A	Lifetime accident Par/non par indicator
DIBE-LIFE-A-REIN N)	A	Lifetime accident reinsurance code (V or N)
DIBE-LIFE-A-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-LIFE-A-RATE 250	N	(NNN+) = Percentage rating i.e., 250% = 250
	A	Filler 1 byte
DIBE-LIFE-A-COV-C	N	Coverage Cease Duration (NNN+)
DIBE-1ST-DAY-SER year	A	Series code for 1st day accident (NN) this series starts i.e., 1970 = 70
DIBE-1ST-DAY-YR	A	Issue year for 1st day accident (YY)
DIBE-1ST-DAY-PREM		Annual gross premium per unit for 1st day accident (NNN.NN+). Unit is \$100 of monthly income.
DIBE-1ST-DAY-PAR (A)	A	1st day accident par/non par indicator P = Par blank - non par
DIBE-1ST-DAY-REIN	A	1st day accident reinsurance code Y = reinsured benefit combined with basic blank or N = benefit is not reinsured.
DIBE-1ST-DAY-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-1ST-DAY-RATE	N	(NNN+) = Percentage rating, i.e., 250% = 250

A Filler 1 byte

DIBE-1ST-DAY-COV-C	N	Coverage Cease Duration (NNN+)
DIBE-PART-AS-SER	A	Series code for Accident Partial Disability or A & S Partial Disability (NN).
DIBE-PART-AS-YR	A	Issue year for Accident Partial Disability or A & S Partial Disability (YY).
DIBE-PART-AS-PREM	N	Annual gross premium per unit for Accident Partial Disability or A & S Partial Disability (NNN.NN+).
DIBE-PART-AS-PAR	A	Accident Partial Disability or A & S Partial Disability Par/non par indicator (A).
DIBE-PART-AS-REIN	A	Reinsurance code for Accident Partial Disability or A & S Partial Disability (Y or N).
DIBE-PART-AS-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE1PART-AS-RATE	N	(NNN+) = Percentage rating i.e., 250% = 250
DIBE-PART-AS-CODE	A	A = Partial Accident only S = Partial Accident and Sickness R = Residual
DIBE-PART-AS-COV-C	N	Coverage Cease Duration for Residual (NNN+)
DIBE-PART-1ST-SER		A Series code for 1st Day Accident on Partial Disability (NN)
DIBE-PART-1ST-YR		Issue year for 1st day Accident on Partial Disability (YY)
DIBE-PART-1ST-PREM	N	Annual gross premium per unit for 1st Day Accident on 'Partial Disability (NNN.NN+)
DIBE-PART-1ST-PAR	A	1st Day Accident on Partial Disability Par/non par indicator (A)
DIBE-PART-1ST-REIN	A	Reinsurance code for 1st Day Accident on Partial Disability (Y or N)
DIBE-PART-1ST-PREM-C	N	Premium cease duration for percentage rating (NNN+)

DIBE-PART-1ST-RATE	N	(NNN+) = Percentage rating, i.e., 250% = 250
	A	Filler 1 byte
DIBE-PART-1ST-COV-	N	Coverage Cease Duration (NNN+)
C DIBE-COL-BAS-SER	N	Series-code for COL BASIC (NN)
DIBE-COL-BAS-YR	N	Issue Year for COL BASIC (YY)
DIBE-COL-BAS-PREM	N	Annual gross premium per unit for COL BASIC (NNN.NN+)
	A	Filler 1 byte
DIBE-COL-BAS-REIN	A	COL BASIC Reinsurance code (Y or N)
DIBE-COL-BAS-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-COL-BAS-RATE	N	(NNN+) = Percentage rating i.e., 250% = 250
	A	Filler 1 byte
DIBE-COL-BAS-COV-C	N	Coverage Cease Duration (NNN+)
GIBE-COL-L-A-SER	N	Series code for COL LIFETIME accident(NN)
DIBE-COL-L-A-YR	N	Issue year for COL LIFETIME accident (YY)
DIBE-COL-L-A-PREM	N	Annual gross premium per unit of COL LIFETIME accident (nnn.nn+)
	A	Filler 1 byte
DIBE-COL-L-A-REIN	A	COL LIFETIME accident reinsurance code (Y or N)
DIBE-COL-L-A-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-COL-L-A-RATE	N	(NNN+) = percentage rating i.e., 250% = 250
	A	Filler 1 byte
DIBE-COL-L-A-COV-C	N	Coverage cease duration (NNN+)
DIBE-COL-RES-SER	N	Series code for COL Residual (NN)

GIBE-COL-RES-YR	N	Issue year for COL Residual (YY)
DIBE-COL-RES-PREM		Annual gross premium per unit of COL Residual (NNN.NN+)
	A	Filler 1 byte
DIBE-COL-RES-REIN	A	COL Residual Reinsurance code (Y or N)
GIBE-COL-RES-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-COL-RES-RATE	N	(NNN+) = Percentage rating i.e., 250% =
	A	250 Filler 1 byte
DIBE-COL-RES-COV-C	N	Coverage cease duration (NNN+)
DIBE-COL-S-SER	DIBE-	Series code for COL LIFETIME Sickness (NN)
COL-L-S-YR	DIBE-COL-	Issue year for COL Lifetime Sicknets (YY)
L-S-PREM	N	Annual gross premium per unit of COL Lifetime Sickness (NNN.NN+)
	A	Filler 1 byte
DIBE-COL-L-S-REIN	A	COL Lifetime Sickness Reinsurance Code (Y or N)
DIBE-COL-t-S-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-COL-L-S-RATE	N	(NNN+) = Percentage rating i.e., 250% = 250
	A	Filler 1 byte DIBE-COL-L-S-COV-CN Coverage cease duration (NNN+)
DIB-OVRHD-SPEC-LOSS	N	Series code for Overhead Expense or Specific Loss (NN)
SER		
DIBE-OVRHD-SPEC-LOSS-YR		Issue year for Overhead Expense or Specific Loss (YY)
DIBE-OVRD-SPEC-LOSS-PREM		Annual gross premium per unit (NNN.NN+)
	A	Filler 1 byte

DIBE-OVRHD-SPEC- LOSS-REIN	A	Reinsurance Code (Y or N)
DIBE-OVRHD-SPEC- LOSS-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-OVRHD-SPEC- LOSS-RATE	N	(NNN+) = Percentage rate i.e., 250% = 250
DIBE-OVRHD-SPEC-LOSS	A	0 = Overhead Expense S = Specific Loss This field will indicate what benefit trailer is in the 9th occurrence
DIBE-OVRHD-SPEC- LOSS-COV-C	N	Coverage cease duration (NNN+)
DIBE-COL-SPEC-LOSS- SER	N	Series code for COL Specific Loss (NN)
DIBE-COL-SPEC- LOSS-YR	N	Issue year for COL Specific Loss (YY)
DIBE-COL-SPEC- LOSS-PREM	N	Annual gross premium per unit of COL Specific Loss (NNN.NN+).
	A	Filler 1 byte
DIBE-COL-SPEC- LOSS-REIN	A	Reinsurance code for COL Specific Loss (Y or N)
DIBE-COL-SPEC- LOSS-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-COL-SPEC-LOSS	N	Percentage rating (NNN+) RATE
	A	Filler 1 byte
DIBE-COL-SPEC-LOSS COV-C	N	Coverage cease duration (NNN+)

DISABILITY INCOME MASTER RECORD
LIFETIME SICKNESS TRAILER

DILS-IDENT	B	Trailer Ident X(0008)
DILS-SERIES	A	Series Code (NN) year this series starts.
DILS-ISS-YR	A	Issue Year (YY)
DILS-PREM	N	Annual gross premium per unit (NNN.NN+). Unit is \$100 of life time sickness monthly income
DILS-MO-INC	N	Amount of life time sickness (NNNNN+). (Dollars of monthly income)
OILS-COV-C	N	Coverage cease duration (NNN+)
DILS-PAR	A	Par/non par indicator P = Par Blank = non par
DILS-REINX	A	Reinsurance code Y = reinsured Blank or N = non reinsured
DILS-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DILS-RATE	N	(NNN+) = Percentage rating i.e., 250% = 250

DISABILITY INCOME MASTER RECORD
ACCIDENTAL DEATH & DISMEMBERMENT TRAILER

DIADD-IDENT	B	Trailer Ident x(000C)
DIADD-SERIES	A	Series code (NN) year this series starts.
DIADD-ISS-YR	A	Issue year (YY)
DIADO-PREM	N	Annual gross premium per thousand (NNN.NN+)
DIADD-AMT	N	Amount of ADO (NNNNNNN+)
DIADD-COV-C	N	Coverage cease duration (NNN+)
DIADD-PAR	A	Par/non par indicator P = Par Blank = non par
DIADD-REIN	A	Reinsurance code Y = reinstated Blank or N = not reinsured
DIADD-PREM-C	N	Premium-cease duration for percentage rating (NNN+)
DIADD-RATE	N	(NNN+) = Percentage rating, i.e., 250% = 250
	A	Filler 3 bytes

DISABILITY INCOME MASTER RECORD
HOSPITAL BENEFIT TRAILER

DIHOS-IDENT	B	Trailer Ident X (0010)
DIHOS-LENGTH	B	Trailer Length 88 bytes
DIBE-HOSP-SER	A	Series code for Hospital Benefit (NN)
DIBE-HOSP-YR	A	Issue year for Hospital Benefit (YY)
DIBE-HOSP-PREM	N	Annual gross premium per unit for Hospital Benefit (NNN.NN+)
DIBE-HOSP-MO-INC	N	Base Record Suffix 00 - Amount of Disability Income. Amount shown is dollars of Monthly Income. ADI Record Suffix 01 - Amount of ADI. Amount Shown is dollars of ADI Monthly Income. (NNNNN+)
DIBE-HOSP-COV-C	N	Coverage Cease Duration (NNN+)
DIBE-HOSP-PAR	A	Hospital Benefit Par/non par indicator (A)
DIBE-HOSP-REIN	A	Reinsurance code for Hospital Benefit (Y or N)
DIBE-HOSP-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIBE-HOSP-RATE	N	(NNN+) = Percentage rating, i.e., 250% = 250
	A	Filler 66 bytes

DISABILITY INCOME MASTER RECORD
AIO TRAILER

DIAIO-IDENT	B	Trailer Ident X(0014)
DIAIO-SERIES	A	Series code (NN). Year this series starts.
DIAIO-ISS-YR	A	issue year (YY)
DIAIO-PREM	N	Annual premium per unit (NNN.NN+). Unit is \$100 of AIO monthly income.
DIAIO-ORIG-AMT	N	Original amount of AIO (NNNNN+). Amount shown is aggregate dollars of AIO monthly income for 70 Series and per option dollar of AIO for 75 Series.
DIAIO-REM-AMT	N	Remaining amount of AIO available (NNNNN+). Amount-shown is dollars of monthly income remaining. Arbitrarily set equal to original amount if 75 Series.
DIAIO-COV-C	N	Coverage cease duration (NNN+)
DIAIO-PAR	A	Par/non indicator P = Par Blank = non par
DIAIO-REIN	A	Reinsurance code Y = reinsured Blank or N = not reinsured
DIAIO-PREM-C	N	Premium cease duration for percentage rating (NNN+)
DIAIO-RATE		(NNN+) = Percentage rating i.e., 250% = 250
	A	Filler 3 bytes

DISABILITY INCOME MASTER RECORD
SUBSTANDARD TRAILER

DISUB-IDENT	B	Trailer Ident X(0018).
DISUB-RATE	A	(NNN+) = Percentage rating i.e., 250% = 250
DISUB-PREM-C-RATE	N	Premium cease duration for percentage rating (NNN+).
DISUB-GROSS	N	Flat-extra premium per policy (NNN.NN+).
DISUB-C	N	Premium cease duration for flat extra premium (NNN+).
DISUB-COMM	A	Commission payable? Y or N. where the 1st commission is not payable on a flat extra, an 'N' is entered here, otherwise a 'Y' appears.
DISUB-EXCL	A	Exclusion rider (Y or N). Application file will indicate types of exclusion riders applicable to this policy.
	A	Filler 3 bytes.

DISABILITY INCOME MASTER RECORD
CLAIM TRAILER

DIC-IDENT	B	Trailer Ident X(001C).
DIC-CLAIM-NO	A	Claim number (NNNNNNNNN+).
DIC-STATUS	A	Claim status P = pending claim A = approved claim T = terminated claim, either via recovery or death S = pending, but disability terminated N = pending, eliminated period not satisfied D = disallowed, or no claim H = terminated, Hospital Benefit only E = expired, i.e., claim has run full benefit period
DIC-DATE-INC	A	Date incurred (YYMMDD)
DIC-AS-CODE	A	A = Accident S = Sickness
DIC-INC-START	A	Income accrual start date (YYMMDD).
DIC-INC-TERM	A	Termination date for this claim (YYMMDD).
DIC-ULT-PAYT	A	Ultimate last payment date (YYMMDD).
DIC-CAUSE	A	Cause of Claim Code (AAA)
DIC-PART-TOT	A	P = Partial disability T = total disability
DIC-OCC	A	Date in the accrued start date for partial or residual. The remaining columns are used for descriptive comments.
DIC-REMARKS	A	19 bytes
DIC-BASE-CPI	N	COL Consumer Price Index (NNNNN.NN+)
	A	Filler 2 bytes

DISABILITY INCOME MASTER RECORD
NEW ISSUE TRAILER

DINI-IDENT	B	Trailer Ident <i>X(0020)</i> .
DINI-MONEY	A	Money at issue F = no money - non binder B = Cash binding receipt G = Note binding receipt R = Cash or note - pro rate binding receipt I = Cash or note - insufficient money to bind U = Cash or note - not bound due to underwriting
DINI-FORMS	A	Forms required. Y = Yes Blank = No
DINI-ACCEPT	A	Accept date (YYMMD0). Is the latest date a policy can be placed without some further evidence of health.
	A	Filler 2 bytes.

DISABILITY INCOME MASTER RECORD
BILLING INFORMATION TRAILER

DIBI-IDENT	B	Trailer Ident X(0024).
DIBI-FREQ	A	Billing frequency A =--Annual S = Semi-annual Q = Quarterly M = Monthly --- '6 = 1/6 of semi-annual prem.
DIBI-MOS	N	Number of months (ONN+). i.e., 01, 03, 06, 12.
DIBI-ANNIV	A	Premium Anniversary Month (MM)
DIBI-LDG	A	Loading formula (NNN).
DIBI-BAND	A	Band designation (AA). (NOTE: the fee indication is in the loading formula.)
DIBI-CHG	N	Premium change duration (NNN+). This is to handle premiums that vary, with the final premium and coverage cease duration located in the fixed position. This change duration is for the premium shown below and indicates a premium change trailer exists. If zeros, no such trailer exists. The appropriate premium and change duration are moved here from the premium change trailer as a part of the anniversary work.
DIBI-GROSS	N	Annual Gross Premium per unit (NNN.NN+). Unit is \$100 of base monthly income.
DIBI-LEAD	N	Lead time in days for billing (NNN+). A blank represents the normal lead time which is 1. Pension trust - salary allot 1st of the month which is one month prior to the month in which the due date falls.

2. C.O.M. - Approximately the 10th of the month in which the due date falls so that checks are deposited near the 15th of each month.
3. All other - Approximately one month in advance of the due date.

NOTE: P. T. may be billed 15 days in advance of the normal time by entering a +15, or 15 days later by entering a -15.

DIBI-IGNORE

A Error in gross - ignore
Y = Yes
Blank = No

Filler 2 bytes.

DIBI-GRP-DY

A Group Billing Day Indicator (either 1,2,3 or 5,6,7)

DISABILITY INCOME MASTER RECORD
SPECIAL BILLING TRAILER

DISB-IDENT	B	Trailer Ident X(0028).
DISB-HNDL	A	Special Handling (Any 3 characters) Codes can be entered here to segregate billings by generating an appropriate sort code. Do not use this code on C.O.M.
DISB-ADJ	N	Mode Premium Adjustment (NNN.NN+) It will be impossible on some policies to generate the desired billing premium from the annual premiums. A plus amount will add such amount to the calculated mode premium. A minus amount will be subtracted. On 1/6 frequency, the calculated mode premium is monthly.
DISB-CNTRL	N	Com/Late Counter #1 (NNN+) This counter, plus the next have been provided to provide a means of counting such items as returned checks on C.O.M. They need not necessarily, apply to C.O.M. They will not be used initially.
DISB-MDA	N	Current Modal dividend adjustment. (N.NN+)
DISB-START	A	Special Odd Frequency Start Month (NN) If at sometime in the future it is desired to provide the like of 9 or 10 monthly premiums, these fields will be used.
DISB-MOS	A	Special Odd Frequency No. of Months (NN).

DISABILITY INCOME MASTER RECORD
LIST BILL TRAILER

DILB-IDENT	B	Trailer Ident <i>X(002C)</i>
DILB-TYPE	A	Billing type C = Check-O-Matic H = H. O. Salary Allotment S = Salary Allotment I = Individual D = P.T. direct to trustee A = P.T. direct to Agency G = Group Bill (treated like salary allotment) used for discount cases only. May include applied dividends.
DILB-NUMB	N	Group number (NNNNNNN+).
DILB-DISC	A	Discount applied to premium calculated on group billed cases (Y or N).
DILB-BIR	A	IRS Approval Code.
	A	Filler 1 byte

DISABILITY INCOME MASTER RECORD
HOGA TRAILER

DIH-IDENT	B	Trailer Ident X(0030).
DIH-BRANCH	A	Branch of Service 1 = Army 2 = Air Force 3 = Navy 6 = Army retired 9 = Separate checks
DIH-SERIAL	A	Allotment number (Soc. Sec. number) (AAAAAAAAA).
DIH-AMT	N	Allotment Amount (NNN.NN+).

DISABILITY INCOME MASTER RECORD
PREMIUM DEPOSIT FUND TRAILER

DIPDF-IDENT	B	Trailer Ident X(0034).
DIPDF-PD-TO	A	Premium to (YYYYMM). If the year-month (as a paid-to-date) to which the PDF will pay full premiums. Odd final amounts are disregarded.
DIPDF-DATE	A	Date of Current Value (YYYYMM). If the date of the current value below, which is on a policy anniversary. This value applied for the ensuing policy year since interest is not credited between policy anniversaries on termination. The next year's value (before withdrawal of the premium) is required for the ASC, assuming termination on that policy anniversary.
DIPDF-CURR	N	Current Surrender Value (NNNNN.NN+).
DIPDF-NEXT	N	Next Year Surrender Value (NNNNN.NN+).

DISABILITY INCOME MASTER RECORD
CHANGE PENDING TRAILER

DICP-IDENT	B	Trailer Ident X(0038).
DICP-SUSP	A	Suspend Code N = Normal no suspension A = Suspend billing only B = Suspend billing and nonforfeiture. F = Suspend nonforfeiture only Y = Suspend all transactions, internal and external, except status requests and suspense and pass through accounting.
DICP-REFER	A	Refer to who code (AAA).
DICP-EFF	A	Effective date (YYMMDD) Date any suspend code is entered. A status print will be produced to the who code each month on the date entered here to insure that the code does not remain unintentionally.

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DISABILITY INCOME MASTER RECORD
CURRENT DIVIDEND TRAILER

DICD-IDENT	B	Trailer Ident X(003C).
DICD-OPT	A	Dividend Option 1 = Cash 2 = Applied 3 = Modal
DICD-YEAR	A are	Year of Dividend (YY) when dividends are credited to the policy, the anniversary
DICD-DIVD	N	Amount of Dividend (NNNNN.NN+)
DIC-MOD-DIV-PCT	N	Current Modal dividend percent (.NNNNN+)

DISABILITY INCOME MASTER RECORD
PREMIUM CHANGE TRAILER

DIPC-IDENT	B	Trailer Ident <i>X(0040)</i> .
DIPC-LENGTH	B	Length = 4 + (6 X no. of items) = 58 bytes.
DIPC-GROSS	N	Annual Gross premium per unit (NNN.NN+) .
DIPC-DUR	N	Premium Change Duration (NNN+).
	A	Filler 1 byte
use occurs	Item #2	
and thru		
subscripts	Item #9	

DISABILITY INCOME MASTER RECORD
NOTIFY TRAILER

DINOT-IDENT	B	Trailer Ident X(0044). Once the appropriate date is entered in one of these trailers, a status report will be automatically produced on the notify date, indicating the reason it was prepared and the recipient. If there is no repeat frequency (i.e., 00) the trailer will be removed at that time. If repetition is desired, the number of months are entered, the trailer remaining in the file until it is removed by change order. NOTE that the file pass will produce some trailers automatically.
DINOT-LENGTH	B	Length = 4 + (18 x No. of Items) 112 bytes
DINOT-DATE	A	Notify Date (YYMMDD).
DINOT-FREQ	N	Repeat Freq (months) (NNN+).
DINOT-WHO	A	Notification to (AAA).
DINOT-WHY	A	Reason (AAAAA). Notify #2 #3 #4 #5 #6
Use		
Occurs		
Subscripts		

DISABILITY INCOME MASTER RECORD
SUSPENSE TRAILER

DISUS-IDENT	B	Trailer Ident X(0048). This trailer is intended to handle suspense items paid in advance, certain amounts due and unpaid, and inventory tape liabilities. They will be identified by the type code. Some will be entered manually and some generated by the file pass. A trailer will be automatically removed when the amount is zero. On certain codes, status reports will be produced every 30 days. If option is applied, 3 suspense items reserved for applied suspense.
DISUS-LENGTH	B	Length = 4 + (22 x no. of items) 136 bytes.
DISUS-TYPE	A	A = Applied C = Cash N = Netted Cash
DISUS-ENT-DATE	A	Date of Entry (MMDD)
DISUS-DUE	A	Due Date (effective) (YYMMDD) Item #1
	A	Filler (2 bytes).
DISUS-WHO	A	Notification to (AAA).
DISUS-AMT	N	Amount (NNNNNNNNNN.NN+). Item #2 Use #3
Occurs		#4
And		#5
Subscripts		#6

DISABILITY INCOME MASTER RECORD
AGENTS COMPENSATION TRAILER

DIAGT-IDENT	B	Trailer Ident X(004C).	
DIAGT-LENGTH	B	Length = 4 + (72 x no. of agents) 724 bytes	
DIAGT-CODE	A	Agent Code Number + Suffix (NNNNNSS) See description for GA-SA Master File	
DIAGT-CONTR	A	Contract Coding (NNNNNNNNN). This 10 alphanumeric digit field will be split as follows:	
	Digit		
	1	Type	1 =general agent 2 =Sub agent
	2 - 3	Contract	is the contract code within type as indicated in the GA-SA Master.
	4	Divest	General Agents 0 = not divested 1 = maximum divesting 2-6 = commission divested, no divesting pattern. Rates are not written down. This is the stop duration for the commission period. 8 = divest .7% year 2:40 (11-14 years) 9 = divest .4% years 2-10 (15-19 years) B = divest depending on plan group (0-9 yrs.) C = divest depending on plan group (10-11 yrs.) D = divest depending on plan group (12-13 yrs.) E = divest depending on plan group (14-15 yrs.)

F = divest depending on
plan group (16-17
yrs.)

Sub agent
0 = not divested
1 = maximum divesting
5 = divest 9 and 10 only
(15 years service)
6 = divest 10 only
(16 years service)

5 - 6
divesting pattern.
General Agents
00 = No divesting
pattern, e.g., U2
contract
01 = divest 1% (2-10)
03. = divest 1/2% (2-10)
Sub Agents
00 = no divesting (SA)
10 = Divest 0% (1-7) and
5% comm. plus bonus
(8-10). Full time
only.

7	Fees	1 = Persistency fees calculated
		2 = Terminated Agent
8	Forfeit	1 = Forfeit all Commissions
9	3 1/2%	9,, , S.. 17:0D 3 = 3 1/2% payable

DIAGT-PROD	N	Production Participation (N.NNNN+) is the individual interest used for production statistics expressed as a 4 decimal figure i.e., 100% = 1.0000. 25% = 0.2500 and last digit will be rounded.
DIAGT-PART	N	Commission Participation (N.NNNN+) Is the individual interest in the policy, expressed as a 4 decimal figure i.e., 100% = 1.0000 25% = 0.2500. The last digit will be rounded.
DIAGT-1ST	N	1st Year Rate (NN.N+).

DIAGT-REN Use Occurs And Subscripts (2nd Level)	N	2nd Year Rate (NN.NNN+).
	N	3rd Year Rate (NN.NNN+).all rates are expressed as % e.g.,
	N	4th Year Rate (NN.NNN+).55% = 55.0
	N	5th Year Rate (NN.NNN+).
	N	6th Year Rate (NN.NNN+).
	N	7th Year Rate (NN.NNN+).
	N	8th Year Rate (NN.NNN+).
	N	9th Year Rate (NN.NNN+).
	N	10th Year Rate (NN.NNN+).
	N	11th Year Rate (NN.NNN+) and over (continuous commissions). (Initially will not be used)
	A	An A indicates that commissions have been annualized otherwise this field will be blank.
DIAGT-START	A	Start month for annualized commissions (NN) 00 - 10 or blanks if no annualization required. •
DIAGT-CODE-QF	A	General Agent number and suffix (NNNNNSS) for quality agent development fee (QF commissions)
DIAGT-PART-QF	N	Quad Fee development rate for year 2, 3, 4 (.NNN+)
	A	Filler 2 bytes
DIAGT-BONUS	A	Bonus included years 3-10 Y = qualified N = never qualified D = qualified but divested
DIAGT-POST10	A	Vesting Bonus Years 11 up.
	A	Filler 1 Byte
Use Occurs And Subscripts For:		2nd Agent through 10 Agent

DISABILITY INCOME MASTER RECORD
INSURED NAME TRAILER

DINS-IDENT	B	Trailer Ident X(0050). This trailer will only be present if the insured is not the owner.
DINS-SSC	A	Soc. Sec. Code \$ = SS # A = Account # Social Security code is blank for an individual's number and the programs will edit the number as nnn-nn-nnnn. A corporate account number must be edited as nn-nnnnnnn, and the code A in this byte will cause the program to do so.
DINS-SSNO	N	Soc. Sec. Number (NNNNNNNNN+) Only the nine digits of the social security number (without hyphens) will appear here.
DINS-NAME	A	Insured's name (if not owner) 25 characters. Name will normally be entered as it should appear on notices, etc. It must be left justified and not exceed twenty-five characters including spaces. On list bills the last name must be left justified in the field with the first initial in the 24th character position and the middle initial in the 25th.
	A	Filler (1 byte)

DISABILITY INCOME MASTER RECORD
OWNER TRAILER

DIOWN-IDENT	B	Trailer Ident X(0054) This trailer will always be present. See notes on insured trailer with regard to name and Social Security Number.
DIOWN-LENGTH	B	Length = 40 + (26 x no. of addr. lines) 118 bytes
DIOWN-SSC	A	Soc. Sec. Code 0 or A
DIOWN-SSNO	N	Soc. Sec. No. (NNNNNNNNN+).
DIOWN-ZIP	A	Zip Code (NNNNN).
DIOWN-NAME	A	Owners Name 25 Characters
DIOWN-ADDR	A	Address Line #1 25 characters and 1 filler byte

Use	II	" #2 "	II	II 0
	it	0		
Occurs				
Clause &	n	H II	H #3 n	n n

Subscripts

Address lines will not contain zip code, as the programs will affix it to the proper address line at the time it is required. Only the number of address lines required will be contained in the tape record. For example, the following address: John Jones, Worcester, Vt. will be carried in the trailer 64 bytes long 38 + (1 x 26), with address lines 2 and 3 will not be present when the record is condensed and written to tape.

NOTE: Name Control Assumed = 2.

DISABILITY INCOME MASTER RECORD
NAME #3 TRAILER

DIN3-IDENT		Trailer Ident X(0058) These trailers (3 and 4) may contain data on any two individuals or entities other than the insured or owner. For example, assignees or cash dividend payee. See notes on insured and owner trailer. Control code will be either 3 or 4, and will cause this trailer to be associated with the same number which occurs in one or more of the "send-to" codes in the fixed portion of the record. NOTE that "send-to" code 1 refers to the insured and 2 to the owner.
DIN3-LENGTH	B	Length = 40 + (26 x no. of addr. lines) 118 bytes
DIN3-SSC	A	Soc. Sec. Code 0 or A
DIN3-SSNO	N	Soc. Sec. No. (NNNNNNNNN+)
DIN3-ZIP	A	Zip Code (NNNNN)
DINI-NAME	A	Third Name 25 characters
DIN3-ADOR		Address Line #1 25 Characters and 1 filler byte
Use		" #2 25
Occurs		" #3 25
and Subscripts		

DISABILITY INCOME MASTER RECORD
NAME #4 TRAILER

DIN4-IDENT	B	Trailer Ident X(005C)	
DIN4-LENGTH	B	Length = 40 + (26 x no. of addr. lines) 118 bytes	
DIN4-SSC	A	Soc. Sec. Code \$ or A	
DIN4-SSNO	N	Soc. Sec. No. (NNNNNNNNN+)	
DIN4-ZIP	A	Zip Code (NNNNN)	
DIN4-NAME	A	Fourth Name	25 characters
DIN4-ADDR		Address Line #1	25 byte and 1 filler
Use		#2	25
Occurs		#3	25
and Subscripts			II

DISABILITY INCOME MASTER RECORD

DIVIDEND FACTORS TRAILER

DIF-IDENT	B	Trailer Ident <i>X(0060)</i>
DIF-DATE	N	T + 1 dividend duration (<i>NNN+</i>) where T = current anniversary work done.
DIF-POLDIV1	N	T + 1 policy dividend factor percent (<i>.NNNNN+</i>)
DIF-POLDIV2	N	T + 2 policy dividend factor percent (<i>.NNNNN+</i>)

DISABILITY INCOME MASTER RECORD
TERM PREFIX TRAILER

DITP-IDENT	B	Trailer Ident X(0064)
DITP-TERM-PAID	A	Paid Indicator P = paid U = unpaid
DITP-TERM-ISSUE	N	(YYMMDD) issue date of Term Prefix
DITP-TERM-PREM	N	(NNNNN.NN+) premium for Term Prefix
DITP-TERM-AMOUNT	N	(NNNNN+) face amount for Term Prefix
DITP-TERM-PD-TO	N	(YYMMDD) Term Prefix paid-to-date (should equal policy issued date)
DITP-TERM-REINSURANCE	A	Reinsurance indicator for Term Prefix

DISABILITY INCOME MASTER RECORD
OWN OCCUPATION TRAILER

DI00-IDENT	B	Trailer Ident X(0068)
DI00-SERIES	N	(NN) Own Occ Series
DI00-ISSUE-YR	N	(NN) Own Occ Issue Year
DI00-PREM DI00-	N	(NNN.NN+) Annual gross premium per unit
CEASE-YR DI00-	N	(NN) coverage cease duration
PAR DI00-	A	not used at this time
REINSURANCE	A	Reinsurance indicator for own occ
DI00-PREM-C	N	(NNN+) premium cease for duration of pct rating
DI00-RATE	N	(NNN+) percentage rate
use occurs		Item #2 Residual Own Occ Item #3 COLA Own Occ
* DI00-TYPE-CODE	A	Indicator for what type of Own-Occ
*		'Blank' = Current '87 Series
*		'E' = Enhanced '87 Series
		Filler 8 bytes

DISABILITY INCOME MASTER RECORD
FIXED EXTENSION TRAILER

DIFE-IDENT	B	Trailer Ident X(006C)
DIFE-ASSOCIATION-NUMBER	N	(NNNNNNN) Association Number
DIFE-OCCUPATION-CODE	N	(NNNNNNNNN) Occupation Code
DI-ADI-NO	N	(NN) Number of ADI cases
DIFE-STATE-OF-EXEC	A	State of Execution (AA)
		Filler 35 Bytes

DISABILITY INCOME MASTER RECORD
AUTO INCREASE FEATURE TRAILER

DIAIF-IDENT	B	Trailer Ident <i>(X(0070))</i>
DIAIF-REFUSAL-DATE-1	N	(NNNNNN) First Refusal Date
DIAIF-REFUSAL-DATE-2	N	(NNNNNN) Second Refusal Date
DIAIF-RENEWAL-DATE	N	(NNNNNN) DATE of REnewal
DIAIF-YEAR	N	(NN) Last Year of Activity
DIAIF-SUFFIX	N	(NN) Suffix Added
DIAIF-DECLINED	A	Increase Declined
		Filler 11 Bytes

DISABILITY INCOME MASTER RECORD
DUMMY TRAILERS

DIS. TRAILER 1

B Trailer Ident X(0000)
A Filler 440 bytes

DIS. TRAILER 2

B Trailer Ident X(0000) '
A Filler 48 bytes

DIS. TRAILER 3

B Trailer Ident X(0000)
A Filler 48 bytes

DIS. TRAILER 4

B Trailer Ident X(0000)
A Filler 23 bytes

DIS. TRAILER 5

B Trailer Ident X(0000)
A Filler 23 bytes

DIS. TRAILER 6

B Trailer Ident X(0000)
A Filler 23 bytes

DIS. TRAILER 7

B Trailer Ident X(0000)
A Filler 23 bytes

APPENDAGE FOR BILLING ITEMS
(Type A, HOSR Type B) Disability System

This appendage is used for billing items and H. O. Statuses. **NOTE:**
Sort Key for all items are built by File Maintenance.

0-1	00-LENGTH	B	Record length of condensed master record plus the length of one or more appendages.
2-3		A	Filler
4	DO-APPEND-TYPE	A	Appendage type; A for billing items, B = HOSR
5-37	DO-SORT-KEY (Billing Items)	A	Redefined for different types and items.
5	DO-BILL-TYPE	A	A = ASC B = BILL C = Cash Dividend
6-37	DO-ASC-KEY		<u>Sort Key for ASC (Bill Type A)</u>
6-8	DO-ASC-DEST	A	Agency status destination. It is either the agency or H. 0. section code.
• 9-11	DO-ASC-AGY	A	Agency code from master.
12	DO-ASC-TYPE-K	A	I = Inforce S = Issue Blank if OD-ASC-DEST not numeric.
13	DO-ASC-GROUP	A	1 = Group / = Regular or 0 if OD-ASC-DEST is non-numeric. If byte 13 indicates regular (0), then:
14-20	Filler	A	7 bytes
21-29	DO-ASC-POLICY	A	<u>Policy number from master else if byte 13 indicates group (1) then:</u>
14-20	DO-ASC-NUMBER	A	Group number from IRS and List Bill Trailer.

21-27	DO-ASC-NAME	A	Last name - on P. T. it is the insured's name if present, else owner's; on S.A. it is the owner's name.
28-29	DO-ASC-INITIALS	A	Initials - based on OD-ASC-NAME
30-37		A	Filler 6 bytes
6-37	DO-BILL-KEY		<u>Sort Key for Bills (Bill Type B)</u>
6-7	DO-BILL-ITEM	B	Type of\bill: 03 = narrpw 04 = duplicate 07 = late' 09 = Pention Trust 10 = Salary Allotment & Group Bill 11 = Check-O-Matic 12 = Late Listing (no sort key data; left blank) 13 = OMNI Overdue Premiums Report (sort key data left blank)
8-37			For OD-BILL-ITEMS 03 thru 07
8-10	DO-BILL-DEST	A	Zeros unless for H. O. routing"
11-15	00-BILL-ZIP	A	Zip code from appropriate name and address trailer
16-24	DO-BILL-POLICY	A	Policy number from master
25-30	DO-BILL-DUE-DT	N	BillDue Date
31-32	DO-BILL-CATEGORY	N	Billing Control Category (NN)
33-37		A	Filler 4 bytes
8-37			FOR OD-BILL-ITEMS 09 and 10
8-10	DO-PT-SA-DEST	A	Destination Code
11-17	DO-PT-SA-NUMB	A	Group number -
18-21	DO-PT-SA-DUE	A	Due date (yyymm)
22-28	DO-PT-SA-NAME	A	Last name - on P.T., it is the insured's name on S.A., it is the owner's name.

29-30	DO-PT-SA-INITIAL	A	Initials based on OD-PT-SA-NAME
31-35	DO-PT-SA-POLICY	N	Policy number from master (packed)
36-37		A	Filler
8-37			For OD-BILL-ITEM 11
8-14	DO-COM-NUMBER	A	C.O.M. file # from IRS and List Bill trailer
15-22	DO-DRAFT-DATE	A	Draft Date (Actual) MM/00/YY
23	DO-CATCH-UP-FLAG	A	Set to X if catch up case
24-29	DO-EFFECTIVE-ADI	A	Same as DO-DUE-EFF - uses to combine ADI and base record catch up cases for single draft (YYMMDD).
30-37		A	Filler 6 bytes
6-37	DO-DIVID-KEY	A	<u>Sort key for Cash Dividend Type C)</u>
6	DO-DIVID-GROUP	A	<u>Cash dividend control code: 1 = Pension Trust 2 = All others If controlcode indicates P.T.,</u>
7-8		A	Filler 2 bytes
9-15	DO-DIVID-NUM	A	<u>Pension Trust Number. If control code indicates other than P.T., then:</u>
7-15	DO-DIVID-POLICY	A	<u>Policy number from master</u>
16-37		A	Filler 20 bytes
5-37			<u>Sort Key for HOSR</u>
5-13		A	Filler 9 bytes
14-33			<u>Sort Key for HOSR (Type B)</u>
14	DO-HOSR-OP-CODE-S	A	Output required code - 8
15-19	DO-HOSR-DEST-S	A	Destination Code (who)
20-22	FILLER		3 bytes
23-31	DO-HOSR-POLICY	A	Policy Number
32			Filler 6 bytes

END OF SORT KEYS

38-40	DO-NOT-DEST	A	Notice destination (used for HOSR)
41-60	DO-WHY	A	Agency Status reason (any 20 characters) or H. O. Status reason as follows:
41-45	Any 5 characters		
46	Quotation Code	N Z	= Normal = Dummy HOSR - no quotation
47	Terminated Code	Y N	= Yes, terminated record on this policy also = No terminated
48	Type code - normally	2nd digit of transaction code X Y N E Z	= special request = Notify = Normal = Error = Error - all changes may not be complete.
49-52	Batch number from input transaction or spaces		
53	Premium due flag		
54-60	Blanks		
61	DO-DUE-UNPO	A	Unpaid Record indicator; Y = Yes, N = No, X = Unpaid Record <u>only</u>
62	DO-ASC-TYPE	A	I or S
63-66	DO-DUE-EFF	N	Effective date for ASC or bill NOTE: On C.O.M. cases, this will contain the Effective date of the Catch up draft (YYMMDO)
67-70	DO-BILL-DAYS	N	Contain billing days
71-74	DO-PREP-DATE	N	Preparation Date
75-82	DO-RATES	N	Rate appendage

75-76	DO-OUR	N	Duration T (nnn+) where T is the duration of the anniversary work year in the master. The dividend year may be one year less than the anniversary year when T is = 1.
77-79	DO-1-DIV	N	Policy Dividend (.NNNNN+) percent at Duration T + 1
80-82	DO-2-DIV	N	Policy Dividend (.NNNNN+) percent Duration T + 2
83-87	DO-PREM	N	Last premium paid if this is an ASC generated by a premium payment transaction. Contains cash dividend amount if cash dividend required.
88-92	DO-APPLD	N	Dividend applied against last premium if this is an ASC generate by a premium payment transaction
93	DO-TYPE-OF-BILL	A	
94-99		A	Filler 6 bytes

DISABILITY INCOME
PAID AND TERMINATION LIST RECORD

0-1	ODP-LENGTH	B	Record Length
2-3		A	Filler (2 Bytes)
4 A	ODP-TYPE		Appendage Type F = Paid and Termination List
5-25	-----		Sort Key (Includes Bytes 4-25) Bytes 5-7 Agency Code Byte 8 1 = New Paid 2 = Paid Prem. (non-Com) 3 = Paid Prem. (Com) 4 = Termination Byte 9 Regular = 1 Group = 2
<p>If Byte 9 indicates regular, i.e., 1, then: Bytes 10-15 due date. If terminated or Byte 8 = 3, then Bytes 10-15 are blank. Bytes 16-24 policy number and suffix Byte 25 blank If Byte 9 indicates group, i.e., 2, then: Byte 10-16 group number Bytes 17-23 last name - on P. T. it is the insured's name; on A.A. it is the owner's name Bytes 24-25-initials - based on last name</p>			
26-27	ODP-AGENCY	N	Agency (NNN+)
28-36	ODP-POLICY	A	Policy number and suffix (PPPPPPSS)
37-42,	ODP-DUE	A	Due date or effective date (YYMMDD)
43-46	ODP-GROUP	N	Group number (NNNNNNN+)
47-71	ODP-NAME	A	Insured's name - 25 characters
72-75	ODP-PREP	N	Preparation date (OYYMMOD+)
76	ODP-DIS	A	Disabled Code P = Waiver Premium only B = W.P. and mo. income I = Monthly income only

77-78.	ODP-MOS	N	Number of months (ONN+)
79-83	ODP-PREMIUM	N	Premium paid (NNNNNNN.NN+)
84-88	ODP-APPLIED	N	Applied Dividend (NNNNNNN.NN+)
89-98		A	Filler 10 spaces
99-103	ODP-NET-DUE	N	Net Amount Due (NNNNNNN.NN+)
104-105	ODP-TRANS	A	Transaction codes (aa)
106-108		A	Filler 3 spaces
109	ODP-ACTION4	A	Destroy issue file card (y = yes otherwise blank)
110-133	ODP-DESCR	A	Description 24 alpha/numeric characters
134-137	ODP-FM-DAYS	A	(DODD) File Maintenance days inclusive
138-144	ODP-ISSUE-DATE	A	ISSUE DATE (YYYYMMDD)
145-150	ODP-ANL-PREM	N	Annual Premium (NNNNNNNNN.NN+)
151-156	ODP-MODE-PREM	N	Mode Premium (NNNNNNNNN.NN+)
157-161	ODP-CONV-VOL	N	Conversion Volume (NNNNNNNNN+)
162	ODP-BILL-TYPE	A	Billing type C = Check-O-Matic H = H.O. Salary Allotment S = Salary Allotment I = Individual D = P.T. Direct to Trustee A = P.T. Direct to Agent G = Group Bill
163	ODP-FREQ	A	Billing Frequency A = Annual S = Semi-annual Q = Quarterly M = Monthly 6 = 1/6 of Semi-annual premium
164-188	ODP-SVC-NAME	A	Servicing Agent Name (25 characters)
189-199		A	Filler of 11 spaces

DISABILITY INCOME
CONFIRMATION APPENDATE (TYPE E)

This appendage is built by file maintenance, and is written out along with the master record. The appended master record is sorted by CN-WHO and the confirmation letters are printed by the miscellaneous run.

0-1	CN-LENGTH	B	Record length of appended master record
2-3		A	Filler (2 bytes)
4	CN-TYPE	A	Appendage type E = confirmation
5-25	CN-SORT	A	Sort key (includes bytes 4-25) 5-7 who code 8-10 agency code 11-19 policy # and suffix 20-25 blank
26-31	CN-TODAY	A	Preparation date
32-33	CN-CODE	A	Text code 01 AIO letter 02 Not Taken Letter 03 Reinstatement 04 C-O-M Premium Change Letter 05 AIF Notification, 06 AIF Data Page Cover Letter 07 AIF Renewal 08 Cancellation Letter
34-35	CN-VARY	A	Text code variation
36-41	CN-DATE-1	A	Insertion date #1 (YYMMDD)
42-47	CN-DATE-2	A	Insertion date #2 (YYMMDD)
48-53	CN-DATE-3	A	Insertion date #3 (YYMMDD)
54-59	CN-DATE-4	A	Insertion date #4 (YYMMDD)
60-65	CN-DATE-5	A	Insertion date #5 (YYMMDD)
66-71	CN-DATE-6	A	Insertion date #6 (YYMMDD)
72-76	CN-AMT (1)	N	Insertion amount NNNNNNN.NN+

eg1q Nada1 C; 0 -d7 4117
/0 -

77-81	CN-AMT (2)	N	(Redefined as NNNNNNNNN.+))
82-86	(3)		
87-91	(4)		
92-96	(5)		
97-101	(6)		
102-106	(7)		
107-111	(8)		
112		A	
113-114	CN-TRANS-CODE	A	Filler
115-199		A	Filler (85 bytes)

DISABILITY INCOME
ACC & DEC APPENDAGE & TRANSACTION RECORD

0-1	PC-LENGTH	B	Record length of condensed I/O record plus length of appendage (Type 1). Record length of appendage only (Type 2)
2-3		A	Filler 2 Bytes
4	PC-APPEND	A	Appendage Type D = Policy Change
5	PC-TYPE	A	Policy Change Type 1 = Normal ACC & DEC 2 = Transactions - Print only 4 = Normal DEC for Policy History
6	PC-WHERE	A	Output tape used where 4 = Print only 3 = Agent Statistics only 2 = Policy Exhibit only 1 = Both Agent Statistic and Policy Exhibit
7-15	PC-POLICY	A	Policy Number and Suffix (ppppppps)
16-21	PC-LAST-DATE	A	Last transaction date (yymmdd)
22-23	PC-MODE	N	Mode Code (Onn+) NOTE: + Sign indicates ACC, - Sign indicates DEC
24-27	PC-TRANS	A	Transaction Codes (nnnn) The first character will indicate whether this is from an external (E) or internal (I) transaction. The second character will be blank. The 3rd and 4th characters are the transaction codes.
28-33	PC-PREP	A	Preparation date - today (yymmdd)
34-37	PC-EFF-DATE	N	Effective Date (Oyymmdd+) is the effective date of the transaction or anniversary on anniv. or dividend work.

DISABILITY INCOME
COMMISSION RECORDS

These records are built by the "Disability Income File Maintenance Run" and will be used for the "Commission Statements" run.

0-1	COMM-LENGTH	B	Record Length
2-3		A	Filler
4	COMM-CODE	A	Type-Code H = Commission items
5-11	COMM-NO	A	Agent Code Number & Suffix (nnnnnss)
12-36	COMM-DESC	A	Name or Description (25 Alphanumeric characters)
37-41	COMM-COMM	N	Amount of Commission or Correction (Re: COM-TYPE) (nnnnnnn.nn+)
42-44	COMM-RATE	N	Commission Rate (nn.nnn+)
45-49	COMM-PREM	N	Amount of Premium Paid (nnnnnnn.nn+)
50	COMM-FREQ	A	Premium Frequency (n) 0 = Single A = Annual S = Sem-annual Q = Quarterly M = Monthly 6 = 1/6 of Sem-annual Premium Z = Odd
51	COMM-TYPE	A	Commission or Correction Type (A) S = Single Premium F = 1st Year Commission R = Renewal Commission P = Persistency Fees E = C2 DVLMT Fees G = M.F. Growth K = M.F. Income T = M.F. Trustee H = M.F. Other X = Service Fees - First Year Y = Service Fees - Renewal Z = Service Fees - Single N = ABC Increase

52	COMM-MO-ANN	N	0-9 = Numerics 0, 1, --9, indicates the duration for the start of annualized C.O.M. Commissions (N+)
53-54	COMM-LINE	N	Line of Business (nn1-) 01 = Regular Insurance 03 = PT Series - Insurance 05 = YRT 11 = Retirement Annuities 13 = ABC 19 = Single Premium Annuities 30 = Mutual Fund 40 = Variable Annuity 50 = Disability Income
55-63	COMM-POL	A	Policy Number and Suffix (ppppppss)
64-69	COMM-DUE-DT	A	Premium Due Date (yymmdd)
70-75	COMM-CURR-DT	A	Current Date (yymmdd)
76-82	COMM-PLAN	A	Plan Code (ppppppp) zeros initially
83-84	COMM-AGE	A	Age at Issue (aa)
85-90	COMM-ISS-DT	A	Issue Date (yymmdd)
91-95	COMM-STD	N	Standard - 1st commission (nnnnnnn.nn+). On C2 Commissions, this field will be redefined to contain the C2 percentage (XX.X)
96-98	COMM-PART	N	Percentage of Participation (n.nnnn+)
99	COMM-PD-CODE	A	Paid Code (n) Blank = Normal D = P.D.F. W = Waived
100-101	COMM-MOS	A	Number of Months (nn) Is the number of months paid for by the premium payment, and is equal to DIBI-MOS for a normal payment.
102-105	COMM-PT-NO	N	Pension Trust Group Number (nnnnnnn+)

106-146 COMM-SORT

A VWXYZ

where V = Agent's number & suffix
(nnnnnnss)

W = Distinction: commission or
adjustment (n)

0 - commission

1 - Soc. Sec.
correction

2 - adjustment

X = Distinction: reg, ABC,
YRT, etc.

1 - regular insurance

2 - YRT

3 - ABC

4 - Disability Income

5 - Var. Annuity

6 - Mutual Funds

Y = PT or SA number if list
bill, otherwise zeros
(nnnnnnn)

Z = a or b where

a - name on PT or SA list bills
(25 characters)

b - otherwise policy #, due
date (15 characters)

147-175

A Filler

This is the order that the items are printed on the commission statement.

176-182 COMM-MM-AGT N middle manager number and business code

* 183-184 COMM-TRANS-CODE A Transaction Code

* 185-199 A Filler (15 bytes)

**DISABILITY INCOME
ACCOUNTING RECORDS**

0-1	ODA-LENGTH	B	Record Length of I/O Record
2-3		A	Filler (2 Bytes)
4	ODS-TYPE	A	Type I = Accounting Items
5-10	ODS-FORM,DEST	A	Accounting Items Form Destination Byte 8 = Accounting Journal (D = Disability)
11-30	00S-SORT-KEY	A	Sort Key (for types E thru H)
31-55	ODS-I4-DESC	A	Description (includes X-REFERENCE Batch Number) (25 Alpha and/or numeric characters as desired)
56-59	ODS-I4-TC	A	Transaction Codes (nnnn)
60-61	ODS-I4-REIN-GRP	A	Reins. Commission Group (nn)
62-70	ODS-I4-POL	A	Policy No. & Suffix (ppppppss)
71-72	ODS-I4-AGY	N	Agency (nnn+)
73-78	ODS-I4-LAT	A	Last Accounting Transaction Date (yymmdd)
79-82	ADS-I4ACT	N	Account Code (nnnnnnn+)
83-87	ODS-I4-AMT	N	Amount (nnnnnnn.nn+)
88-91	ODS-I-4-PTN	N	Pension Trust No. (nnnnnnn+)
92	ODS-I4-APR	A	Internal Revenue Approval Code (1, 4, 8 or blank)
93-97	ODS-I4-ST	A	Residence State/County (ssccc)
98-101	ODS-I4-CDT	N	Current Date (oyymmdd+)
102-126	ODS-I4-NAME	A	Name (25 characters)
127-130	ODS-I4-DOT	N	Due Date (oyymmdd+)
131	ODS-I4-RB	A	Reserve Basis
132-133	ODS-I4-SERIES	A	Series (YY)
134	ODS-I4-FORM-TYPE	A	Form Type (A)
135-136	00S-I4-FORM-NO	A	Form Number (NN)

137-139	ODS-I4-COMMENCE	Commencement Day (NNN)
140-146	ODS-I4-ISSUE	Issue Date (yyymmdd)
147-148	ODS-I4-INCR	Year incurred for claims (yy)
149-150	ODS-I4-AGE-IS	Year at Issue (AA)
151-155	ODS-I4-AGENT	Servicing Agents Number (nnnnn)
156	ODS-I4-REINS-00	Reinsurance Company Code (n)
157-161	ODS-I4-CLAIM-NO	Claim Number (NNNNNNNNN+)
162-164	FILLER	Filler (3 Bytes)
165-166	ODS-I4-MOS	Number of Months - Premium Frequency (Onn+)
167-169	ODS-I4-WHO	Requestor - (WHO) - Code (aaa)
170-174	ODS-I4-FACE	Amount of monthly income (nnnnnnn.nn+)
175-176		Filler (2 Bytes)
177-181	ODS-I4-ZIP	Zip Code (nnnnn)
182	ODS-I4-DISABL	Disabled Code P = Waiver Premium B = Monthly Income and W.P. I = Income only
183-188	ODS-I4-DATE	Preparation date (yyymmdd)
189-191	ODS-I4-PEN-PER	Benefit Period (AAA)
192-194	ODS-I4-SUM-REIN	Principal Sum Reinsured (NNNNN+)
195	ODS-20PCT-DISCOUNT A	
196-198	ODS-I4-CO-CODE A	Company Accounting Code
199	FILLER	Filler (1 byte)

CASH DIVIDEND RECORD

0-9	CD-KEY	B	Sort Key - <u>EBCDIC</u> Code
			Byte 0 = Control Code
			1 = Pension Trust
			2 = Regular
			3 = Special (cash div. record with no send-to code)
			9 = Sentinel

If control code indicates Pension Trust then: Bytes 1-2 =
Blanks 3-9 = Pension Trust Number

If control code indicates all others then: Bytes 1-9 = Policy Number and suffix (remainder of record in 90 Col Card Code)

10-12	CD-AGY	N	Agency (nnn)
13-18	CD-DUE	N	Due Date (yyymmdd)
19-27	CD-POL-NO	N	Pension Trust No. on Pension Trust Cases (016ttttttt) or Policy No. and Suffix on Regular Cases (pppppppss)
28-53	CD-NAME1	A	Name #1 26 characters If the cash dividend send to code = 5 then this name is taken from Name #4 trailer - otherwise it is left blank.
54-79	CD-NAME2	A	Name #2 26 characters This name is taken from the name and address trailer as indicated by the cash dividend "send to" code unless the "send to" code is 5, and then this name will be taken from the owner's trailer.
80-105	CD-ADD1	A	Address Line 1 26 characters Taken from same trailer as Name #2.
106-131	CD-ADD2	A	Address Line 2 26 characters
132-1			Taken from same trailer as Name #2.
57	CD-ADD3	A	Address Line 3 26 characters Taken from same trailer as Name #2.
158-162	CD-ZIP	N	ZIP Code (nnnnn) Taken from same trailer as Name #2.
163-171	CD-AMOUNT	N	Amount of Dividend (nnnnnnn.nn) From Appendage.

C.O.M. CHECK RECORD

Bytes

0-3	COM-FILE	N	C.O.M. File No. (nnnnnnn+)
4-11	COM-DATE	A	Date (mmmmddyy) For Catch up only to emit on Check
12-41	COM-BK-N1	A	1st line bank name 30 characters
42-71	COM-BK-N2	A	2nd line bank name 30 characters
72-101	COM-BK-N3	A	3rd line bank name 30 characters
102-106	COM-AMOUNT	N	Amount of check (nnnnnnn.nn+)
107-136	COM-DEP-N1	A	1st line depositor's name 30 characters
137-166	COM-DEP-N2	A	2nd line depositor's name 30 characters
167-186	COM-ACCT	A	Account No. 20 characters
187-190	COM-ROUTE	A	Routing Code (rrrr)
191-194	COM-BANK	A	Bank Code (bbbb)
195-203	- COM-POLICY-NO	A	Policy Number pppppppss
204	COM-LINE-CODE	A	Type of business 0 = Disability I = Insurance or Retirement Annuity
205-211		A	MMDDYY (Draft Date to emit on check)
212-224		A	13 filler bytes
Total 225 bytes			

EXTRACTED INVENTORY AND SERVICE LIST RECORD

INV-EXT-TYPE		Type of Extracted record	
		A = Service Lists (none initially) 0 = Amt's due & unpd or pd in advance	
		1 = Policy Suspense	
		2 = Issue	
		3 = PDF (none initially)	
		6 = In Force by Agency	
		7 = Applied Suspense, Reinsurance, Delayed First Dividends	
1-2	INV-EXT-PR-LINE	A	Filler 2 Bytes.
3-7	INV-EXT-PDF-DATE	A	PDF Date of Current Value (yyymm). Blank on all but type 3 items.
8-27	INV-EXT-AGY-NAME	A	Agency name 20 characters. Blank on all but type A and 6 items.
28-29	INV-EXT-AGENCY	N	Agency Code (nnn+). Zeroes on type A, 0, and 7 items.
30-34	INV-EXT-SVC-AGT	A	Type 0 Control Codes (CCFNN), Type A Svcs. Agts. No. (nnnnn), blank on all other types. CC = DU (Due and Unpaid) PD (Paid in Advance) F = F (First) R (Renewal)

NN = Form #	70 Series	75 Series	83 Series	84 Series
00		10		
01	01	11	21	41
02	02	12	22	42
03	03	13	23	43
04		14	24	44
05			25	45
08			28	48
09			29	49
33				46
50	10			
51	01			
54			24	44
other	99	99	99	99

35-43 INV-EXT-POLICY A Policy number and suffix (ppppppss)
Blank on 6 items.

44-49 INV-EXT-PREP-DATE A Preparation Date (yymmdd)

NOTE: The preceding 50 Bytes is the sort key for these records. The following Bytes 50-199 are for type A, 1-3 and are redefined for types 0 and 6-7.

50-74 INV-EXT-INSURED A Insured's name (25 characters) Blank on type 3.

75-81 INV-EXT-ISSUE A Policy date of issue (yyymmdd)
Blank on all but type 2 items.

82-87 INV-EXT-ACCEPT A Acceptance date (yymmdd) Blank on all but type 2 items.

88-93 INV-EXT-DUE A Policy suspense due date or effective date for type 1 items. Effective date for Service Lists type A items (yymmdd) Blank for all other types.

94-99 INV-EXT-SUSP-AMT N Amount of Policy Suspense (nnnnnnnnn.nn+PE) Zeros for all but type 1 items.

100 INV-EXT-SUSP-TYPE N Policy Suspense Type.Space for all but type 1 items.

101-103 FILLER

104-106 INV-EXT-WHO A Policy Suspense Notification Code (AAA) Blank for all but type 1 items.

107-151 INV-EXT-MESSAGE A Message (45 characters) Blanks for all but types 1 and A items.

152-155 INV-EXT-CURR-AMT N Amount of PDF current surrender value (nnnnn.nn+). Zeros for all but type 3 items.

156-159 INV-EXT-NEXT-AMT N Amount of the next PDF current surrender _value (nnnnn.nn+). Zeros for all but type 3 items.

160-164 INV-EXT-PDF-PD-TO A PDF Paid-to-Date (yyymm) Blanks for all but type 3 items.

165 INV-EXT-STATUS A Status code (A)

166-169	INV-EXT-SUSP-ENTRY	A	Entry Date of suspense item (MMDD)
170-194	INV-EXT-SVC-NAM	A	Servicing Agents Name
195-196	INV-EXT-SVC-TYPE	A	Servicing Agents Type (AA)
197-199	FILLER	A	3 Bytes

Bytes 50-199 Redefined for type 6 items.

50-53	INV-EXT-INS-PP-CT	N	Disability Insurance count (Onnnnnn+)
54-59	INV-EXT-INS-PP-AMT	N	Disability Insurance amount of Base Monthly Income (nnnnnnnnnn+)
60-65	INV-EXT-INS-PP-PREM	N	Disability Insurance Annual Premium (nnnnnnnnn.nn+)
66-69	INV-EXT-INS-PP-FRCT	N	Disability Insurance Frequency Weighted Count (nnnnnnn+)
70-199		A	Filler (130 Bytes)

Bytes 50-1999 Redefined for type 7 items.

50-55	INV-EXT-APP-U-INS	N	Applied Suspense unpaid items (Debits) (nnnnnnnnn.nn±)
56-61	INV-EXT-APP-P-INS	N	Applied Suspense paid in advance (Credits) (nnnnnnnnn.nn+)
62-67	INV-EXT-DEL-INS	N	Delayed First Dividends (nnnnnnnnn.nn+)
68	INV-EXT-REIN-CO	A	Reinsurance Company Code (A)
71	INV-EXT-REIN-COUNT	N	Reinsurance Count (nnnnn+)
72-77	INV-EXT-REIN-AMT	N	Amount of Reinsurance Monthly Income (nnnnnnnnnnn+)
78-83	INV-EXT-APP-DT	N	Applied Suspense Date (yyymmdd)
84	INV-EXT-APP-U	A	Applied Suspense unused (1 Byte)
85-89	INV-EXT-APP-REIN-U	N	Applied Suspense unpaid items Reinsurance (Debits) (nnnnnnn.nn±)
90-94	INV-EXT-APP-REIN-P	N	Applied Suspense paid in advance Reinsurance (Credits) (nnnnnnn.nn+)

95-99	INV-EXT-DEL-REIN	N	Delayed First Dividends Reinsurance (nnnnnnnn.nn+)
100-199		A	Filler (100 Bytes)
Bytes 50-199 Redefined for type 0 items			
50-56	INV-EXT-O-ISS-DT	A	Policy Issue Date (yyymmdd)
57-62	INV-EXT-O-DUE-DT	A	Due Date (yyymmdd)
63-64	INV-EXT-O-NO-MNS	A	Number of Months (nn)
65-70	INV-EXT-O-REG-PREM	N	Total Regular Premium (nnnnnnnnnn.nn±)
71-75	INV-EXT-O-REIN-PREM	N	Reinsured portion of total premium (nnnnnnnn.nn+)
76-199		A	Filler (123 Bytes)

**DISABILITY INCOME
EXTRACT RECORD FOR VALUATION**

0-8	DEXT-POL-NO	A	Policy Number (PPPPPPSS)	
9-10	DEXT-ISS-YY	A	Issue Year (YY)	
11-12	DEXT-ISS-MM	A	Issue Month (mm)	
13	DEXT-RES-BASIS	A	Reserve Basis (N)	
14-15	DEXT-SERIES	A	Series (NN)	
16	DEXT-FORM-TYPE	A	Form Type (A)	
17-18	DEXT-FORM-NO	A	Form Number (NN)	
19-21	DEXT-COMMENCE	A	Commencement Day (NNN)	
22-24	.DEXT-BEN-PER	A	Benefit Period (AAA)	
25-26	DEXT-ISS-AGE	A	Issue Age (AA)	
27	DEXT-SEX	A	Sex (M or F)	
28-29	DEXT-OCC-CLASS	A	Occupational Class (AA)	
30-32	DEXT-COMMENCE-GROUP	A	Commencement Day Grouping (NNN)	
			008 for 008,015	
			031 for 031,061	
			091 for 091,121, 181	
			361 for 361,721	
33-34	DEXT-ISS-AGE-GROUP	A	Issue Age Grouping (NN)	(Mean age)
			22 for Ages 18-24	
	27	"	25-29	
	32	" "	30-34	
	37	" "	35-39	
	42	" "	40-44	
	47	" "	45-49	
	52	" "	54-54	
	57	a a	55 and above	
35-37	DEXT-ADI-COMMENCE-DAY	A	ADI Commencement Day (NNN)	
38-39	DEXT-MOS	N	Number of Months (010+)	
40-41	DEXT-ANNIV	A	Premium Anniversary Month (mm)	

42-43	DEXT-SUB-RATE	N	Substandard Rating Percentage (NNN+)
44	DEXT-1ST-DAY-ACC	A	1st Day Accident Benefit (Y or N)
45	DEXT-HOSP-BEN	A	Hospital Benefit (Y or N)
46	DEXT-LIFE-ACC-BEN	A	Lifetime Accident Benefit (Y or N)
47	DEXT-1ST-DAY-ACC-ADI	A	1st Day Accident on ADI Benefit (Y or N)
48-50	DEXT-MO-INC	N _N	Basic Monthly Income (NNNNN+)
51-53	DEXT-MO-INC-REIN		Basic Monthly Income Reinsured (NNNNN+)
54-56	DEXT-LS-MO-INC	N	Lifetime Sickness Amount of Monthly Income (NNNNN+)
57	DEXT-LS-REIN-CODE		Lifetime Sickness Reinsurance Code (Y or Blank)
58-60D	EXT-ADI-AMT	N	Amount of ADI Monthly Income (NNNNN+)
61	DEXT-ADI-REIN-CODE		ADI Reinsurance Code (Y or Blank)
62-66	DEXT-GROSS-ANN-PREM	N	Total Gross Annual Premium Inforce (NNNNNNN.NN+) (including all benefits and substandard extras)
67-71	DEXT-GROSS-ANN-PREM-REIN	N	Total Gross Annual Premium Inforce Reinsured (NNNNNNN.NN+) (including all benefits and substandard extras)
72-76	DEXT-BASE-ANN-PREM	N	Base Annual Premium Inforce (NNNNNNN.NN+) (excluding all benefits extensions and substandard extras)
77-81	DEXT-BILLING-PREM	N	Total Billing Premium (NNNNNNN.NNA-)
82-86	DEXT-SEL-BEN-BILL-PREM	N	Selected Benefits Billing Premium (NNNNNNN.NN+) (Includes only Partial Disability, 1st Day Accident on Partial Disability, AIO and AD & D Benefits)

87-91 DEXT-VAL-GROSS-ANN-PREM N Valuation Gross Annual Premium
Inforce for Deferred Gross
Premium Calculation (NNNNNNN.NN+)
(Includes only Basic, 1st Day
Accident, Lifetime Sickness,
Hospital Benefit, Lifetime
Sickness, ADI, and 1st Day
Accident on ADI) (Excludes
substandard extras)

92-199

A Filler

CONSOLIDATED BILLING RECORDS
(OUTPUT FROM ODBILL, INPUT TO ADBIMD)

0-1	CB-LENGTH	B	Length of the record
2-3		A	Filler
4	CB-TYPE	A	Type of billing record A = ASC B = Bill C = Cash Dividend L = Agency Notice Information List U = Unpaid Record R = OMNI Overdue Premiums Report
5	CB-SYSTEM	A	System which generated this record A = Insurance B = Disability
6-37	CB-MERGE-KEY	A	For CB-TYPES A, B and C see sort key or OD-APPENDAGE (Page 1.3.1) For CD-TYPE U see unpaid record sort key (Page 8.1.1) For CD-TYPE L see agency notice information list key (Page 1.13.1)

The remainder of the record varies in length depending on CB-TYPE and by kind for bills.

ASC

38-3077	A	ASC in print line format
---------	---	--------------------------

BILLS

WIDE:

38-2935	A	wide notice in print line format made up of 18 lines at 160 characters per line.
---------	---	--

NARROW:

38-1351		Includes narrow, duplicate and late notices (for insurance regular and financed) in print line format made up of 18 lines at 73 characters per line.
---------	--	--

PT:

38	A	Control Character. Provides printer with spacing instruction.
----	---	---

39-199	A	Pension Trust print line (160 characters). It may be a heading or detail line.
--------	---	--

SA:	A	Print Line Format (160 characters). It may be a heading or a detail line.
-----	---	---

CASH DIVIDEND:

38-209	A	Cash Dividend Record
--------	---	----------------------

UNPAID RECORD:

38-117	A	Unpaid Record (Page 8.1.1)
--------	---	----------------------------

OMNI OVERDUE PREMIUMS REPORT:

38-133	A	(See Page 1.13.1 for Record Description)
--------	---	--

COM =

38-42	N	Net Amount Due
-------	---	----------------

43-51	A	Policy Number
-------	---	---------------

52-55	N	Due Date
-------	---	----------

OMNI OVERDUE PREMIUMS REPORT RECORD

(Output record from DOBILL and ADBIL2 to consolidated billing file, to disk from ADBIMD, input record to MR24 MDRODP.)

NOTE: The following fields redefine bytes 32-133

32-34	OMNI-AGY	N	Agency (NNN)
35	OMNI-LIST-TYPE	A	Number of Days Late Code (A) A = 15 days late B = 31 days late C = 45 days late X = Flagged policies billed today
36	OMNI-GROUP-TYPE	A	Group Type-(XGC-Bill from Insurance Record) (A)
37-43	OMNI-GROUP-NO	N	Pension Group Number (XXXXXX)
44-47	OMNI-DUE-DATE	N	Premium Due Date (NNNN)
48	OMNI-2-YR-IND	A	* = 2 years or less from issue (A) (NOT used presently)
49-53	OMNI-AGENT-NO	N	Servicing Agent Number (NNNNNO)
54-78	OMNI-AGENT-NAME	A	Servicing Agent Name (25 characters)
104	OMNI-LINE	A	0 = Disability (A)
105-111	OMNI-CONTRACT	N	Policy Number (NNNNNNN)
112-113	OMNI-SUFFIX	A	Policy Suffix (AA)
114	OMNI-FREQ	A	Billing Frequency (A)
115-119	OMNI-NET-DUE	N	Total Amount Due (NNNNNNN.NN+)
120-124	OMNI-LOAN-VALUE	N	Loan Value Available (NNNNNNN.NN+)
125-128	OMNI-AGY-FLAG	A	Agency Flag (AAAA)
129	OMNI-SUSP-FLAG	A	* = Money in Suspense (A)
130-131	OMNI-APL-FLAG	A	Non-forfeiture Option (AA)
132-133		A	Filler (2 bytes.)

PCD REGISTER RECORD LAYOUT
COPY BOOK: OMPCDREG

REG-POL-NO	A	Policy Number and Suffix (NNNNNNNSS) Suffix 00 on base record Suffix 01 additional disability income record
REG-ACTION-CODE	A	Action Code (AIFTTFF) AIF WHO Code, trans code, filler
REG-MODE-CODE	A	Mode Code (NN)
REG-WHO-CODE	A	WHO Code (AAA)
REG-RES-BASIS	N	Reserve Basis (N) 1 = 64 CDT, 58CS0 2 = DTS, 5 1/2%, 80CS0
REG-SERIES	N	Series (NN) Year this series started (i.e. 1987 = 87)
REG-FORM-TYPE	A	Form Type (A) 1 = Noncancellable 2 = Guaranteed Renewable 3 = Optionally Renewable 4 = Conditionally Continuable
REG-FORM-NUMBER	N	Form Number (NN) 0 = Form SA-0 01 = Form SA-1DI-1A (83 + 84) 02 = Form SA-2DI-2A (83 + 84) 03 = Form SA-3DI-3A (83 + 84) 04 = Form SA-4 (Series 75) DI-4A (83 + 84) SA3 NY (70) 06 = Form DI-7-87 (87 Series) 08 = Form DI-108 (83 + 84) 09 = (83 + 84) Series 12-16 = Form DI-5-87 (87 Series) 33 = Form DI-3A* (84 Series) 36-37 = Form DI-65-87 (87 Series) 50 = Form SA-0 (Step Rate 75 Series) 51 = Form SA-1 (Step Rate 70 Series) 53 = Form DI-3A (Step Rate 84 Series) 54 = Form DI-4A (Step Rate 83 + 84) 72--75 = Form DI-1-87 (Dare 87 Series)
REG-COMMENCE	A	Commencement Day (NNN)

REG-BENEFIT-PERIOD	A		Benefit Period (AAA) 006 = 6 mo. 060 = 5 yrs. 009 = 9 mo. 760 = 5 yrs. (ADEA) 010 = 10 mo. 765 = To Age 65 (ADEA) 011 = 11 mo. 965 = To Age 65 012 = 12 mo. 967 = To Age 65 (SSE) 018 = 18 mo. 995 = LA
REG-ISSUE-YEAR	REG-	N	Year of Issue (CYY)
ISSUE-AGE	REG-	N	Age at Issue (NN)
OCCUPATION-CLASS		N	Occupation Class (NN) (01.- 05)
REG-MONTHLY-INCOME	REG-	N	Amount of Disability Income (NNNNN+)
LIFETIME-ACCIDENT	REG-	N	Lifetime Accident (N+)
1ST-DAY-ACCIDENT	REG-	N	1st Day Accident (N+)
PARTIAL-OR-RESIDUAL	REG-	N	Accident Partial Disability (N+)
PART-1ST-DAY		N	First Day Accident on Partial Disability (N+)
REG-COL-BASIC		N	Col Basic (N+)
REG-COL-LIFETIME-ACCIDENT		N	Col Lifetime Accident (N+)
REG-COL-RESIDUAL	REG-COL-	N	Col Residual (N+)
LIFETIME-SICK	REG-OVRHD-	N	Col Lifetime Sick (N+)
SPEC-LOSS	REG-COL-	N	Overhead Expense or Specific Loss (N+)
SPECIFIC-LOSS	REG-	N	Col Specific Loss (N+)
LIFETIME-SICK-INCOME		N	Amount of Lifetime Sickness Monthly Income (NNNNN+)
REG-ADD-AMT		N	Amount of Accidental Death & Dismemberment (NNNNNNN+)
REG-HOSP-MONTHLY-		N	Dollars of Monthly Income (NNNNN+)
INCOME	REG-OWN-OCC-BAS	N	Owner Occupation (N+)
REG-OWN-OCC-RES	REG-	N	Residual Owner Occupation (N+)
OWN-OCC-COL		N	Owner Occupation Col a (N+)

REG-AIO-ORIG-AMT	N	Amount of AIO Monthly Income (NNNNN+)
REG-SUB-GROSS AMT (NNN.NN+)	N	Flat-Extra Premium Per Policy
REG-OVRHD-OR-SPEC	A	0 = Overhead Expense S = Specific Loss
REG-SUB-RATE	N	Percentage Rating (NNN+)
FILLER	A	23 Bytes Filler

CHANGE CODES - MODES

In formulating the codes, the following were the main considerations:

1. To provide data for a lapse study.
2. The number of codes to be a minimum.
3. The written (or issued) account to have separate

codes. LAPSE STUDY

For our purposes, a lapse occurs when a policyholder voluntarily ceases premium payments on a policy, or otherwise discontinues a policy in the form it was originally issued. This includes the following cases.

1. Lapse without value.
2. Any decrease in amount.

Reinstatements are, of course, the converse of the lapse, and in such cases the restoration enters the study.

CHANGE MODES - WRITTEN (OR ISSUED) ACCOUNT

- | | |
|----|--|
| 90 | New Issue - Tape |
| 91 | New Issue - Insert & Field Change |
| 92 | Correction - any change |
| 93 | Recalled - cancelled as other than not taken |
| 94 | Not taken |
| 95 | Transfer to in force |

CHANGE MODES - IN FORCE ACCOUNT

- | | |
|----|-----------------------------------|
| 01 | New paid for - cash cancelled |
| 03 | New Paid for - AIO option |
| 11 | Dead |
| 17 | Expiry |
| 23 | Lapse |
| 30 | Increase |
| 31 | Decrease |
| 35 | Change of Data - Any other change |

DISABILITY INCOME
TRANSACTION CODES
INDEX

CODE	DESCRIPTION	PRIORITY	CODE	PAGE
AA	Date Parameter	00		2.2.4
AB	Pass 2 Date parameter	00		2.2.6
G3	Extract a copy of all records in a given agency	00		2.2.7
G1	Transfer of agency	00		2.2.8
G5	Divest or revest a given subagent	00		2.2.10
G6	Add or remove persistency fee payable code for given subagent	00		2.2.13
G7	Extract copy of all records for a given agent	00		2.2.15
G8	Prepare a bill for the given Pension Trust, Group or salary allotment on the given date	90		2.2.18
GA	Extract a copy of all records for the given Pension Trust, Group or salary allotment	00		2.2.20
GB	Change Agents number	00		2.2.21
GD	Add bonus % to Agents commission rates	00		2.2.23
IN	Insert a record with this policy number	01		2.2.25
RX	Prepare a HOSR before processing any transactions (testing only)	02		2.2.27
CS	Change status code	08		2.2.28
CF	General Field change	10		2.2.31
CA	Change Notify trailer	12		2.2.36
P8	Money to suspense from Clearing	17		2.2.38

CODE	DESCRIPTION	PRIORITY	CODE	PAGE
PX	Money to suspense-no offsetting entry	17		2.2.38
CM	Change premium mode before premium accounting	20		2.2.39
PP	Pay premium adjustment	21		2.2.41
PM	Change premium mode and pay premium (no debit)	21		2.2.44
PN	Change premium mode and pay premium debit clearing	21		2.2.44
P0	Pay premium from disability	21		2.2.44
P0	Standard premium payments from clearing	21		2.2.44
P1	Premium payment from Suspense	21		2.2.44
P4	Premium payment, balance of entries given (P9)	21		2.2.44
P6	Term Prefix Premium Payment	21		2.2.44
P9	Special accounting (balance of entries - see P4)	22		2.2.51
PB	Same as P9 but no limit on type of account codes used	22		2.2.51
PC	Cancel Check-O-Matic	22		2.2.53
PG	HOGA 'Allotments	25		2.2.60
CN	Change premium mode after premium. accounting	27		2.2.39
RB	Request billing and unpaid record	60		2.2.64
RA	Request in-force ASC	65		2.2.63
RN	Request HOSR	70		2.2.26
TP	Purge this terminated record (now)	95		2.2.65
	Subroutines used by the preceding transactions.			2.2.66
	A. Change of Premium Frequency .			

CODE	<u>DESCRIPTION</u>	<u>PRIORITY</u>	CODE	PAGE
<u>TRANSACTION CODES GENERATED BY AUTOMATIC TRANSACTIONS</u>				
DA	Dividend work			None
AN	Anniversary work			None
FN	Non Forfeiture			None
NT	Policy Not Taken Letter			None

AA - DATE PARAMETERS

A. Priority = 00 File Maintenance only. (Accept as Index Card)

B. Input Format

1-2	Transaction code = AA
3-11	Blank
12-17	Today's Date (YYMMDD) (Accounting Date)
18-26	Blank (If imploding of all records required Cols. 18-24 will be punched with <u>IMPLODE.</u>)
27-30	File Maintenance year and month (YYMM)
31-32	Earliest file maintenance day #1 (DO)
33-34	Latest file maintenance day #2 (OD)
35-80	Blank

C. File Maintenance Action

Cols. 3-11 must be blank. YY must be within the period from the current year to the current year minus 3. Each must be greater than 00 and less than 13. Day #1 must be greater than 00 and less than 32. Day #2 must be greater than or equal day #1 but not greater than day #1 plus 4 days. Accounting date must lie within the range of File Maintenance dates.

D. The file maintenance dates from this Index Card will be used to create tables for the determination of all automatic internal processing of the file today with regard to billing, anniversary, dividends, nonforfeiture, notification, suspense, purging the file, etc. All affected audit trails will be updated using the accounting date. All accounting transactions generated will contain today's date.

The tables required are:

Today's date (YYMMDD)

Five file maintenance dates (YYMMDD)

Five billing dates (YYMMDD)

Five late list dates (YYMMDD)

Five late notice dates (YYMMDD)

One nonforfeiture date (YYMMDD)

Om.. purge date (YYMMDD)

Five AIF notification dates (YYMMDD)

Five AIF insert dates (YYMMDD)

Today's date is the accounting date from the input transaction. The file maintenance dates are generated from the input (from day #1 to day #2, where any unused table locations will simply repeat day #2 enough times to fill the table). The five billing dates are each exactly one month after the file maintenance dates. The five late list dates are exactly 20 days before the file maintenance dates. The five late notice dates are each one month and 15 days before the file maintenance dates. The purge date is exactly two years before the last file maintenance date. The nonforfeiture date is exactly 70 days prior to the last file maintenance date.

For Special Running of File Maintenance

cols. 48-50	WHO	CODE	XXB
51-56	(yymmdd)	---Tspecial	billing days)
57-62			
63-68			
69-74			
75-80			

NOTE Dates in Cols. 51-56 must be in ascending order.

Validation checks will be made on dates as detailed in Step C above. For this special running, the accounting date may or may not lie within the range of file maintenance dates. This will be accepted.

AB - PASS 2 DATE PARAMETER

A. Priority = 00 Pass 2 only

B. Input Format

1-2	Transaction code = AB
3-11	Blank
12-17	Today's Date (yymmdd)
18	Date Control code for special lists 0 = no special list 1 = file is at end of the month (see Pass 2 file maintenance procedure for special lists and records to be produced). 2 = File is at middle (15th) of the month (see Pass 2 file maintenance procedure for special lists and records to be produced). 3 = file is at end of the quarter (see Pass 2 file maintenance procedure for special lists and records to be produced).
19-26	Blank
27-30	File Maintenance year and month (yymm)
31-32	Earliest file maintenance day #1 (dd)
33-34	Latest File Maintenance day #2 (dd)
35-80	Blank

C. Pass II Action

Cols. 3-11, 19-26 and 35-80 must be blank. Today's date, Col. 12-17 and file maintenance year and month Col. 27-30 must be valid dates. Day #1 must be greater than 00 and less than 32. Day #2 must be greater than or equal to Day #1 but not greater than Day #1 plus 4 days. Col. 18 must be zero or contain a 1, 2 or 3.

Today's date from the input transaction will be stored and used as the preparation (current) date for all output records generated by Pass 2.

Store Col. 18 code for Pass 2 File maintenance logic to check to see what special lists or records are to be generated, if any.

See Page 7.5.1 for Pass II use of the Date Control Code.

G3 - EXTRACT THIS AGENCY

A. Priority = 00. Pass 2 only.

B. Input Format

1	System Code = D
2-3	Transaction Code = G3
4-12	Blank
13-15	Agency Code
16-19	Blank
20	Control Code 1 = Entire Agency 2 = Number Range Only 3 = List Non-contracted Agents
21-27	Blank
28-36	Lowest Policy Number
37-45	Highest Policy Number
46-48	Any Control Number (must be present for sorting)
49-51	who Code
52-80	Blank

C. Input Edit Action

cols. 4-12, 16-19, 21-27 and 52-80 must be blank; cols. 13-15 must be a valid agency code; Col. 20 must contain 1, 2 or 3. Any error detected will cause the transaction to be rejected by Input Edit. If cols. 49-51 are blank, then the computer will assign GYO as the who Code.

D. Pass 2 Action

The maximum number of these transaction per run is ten. Each record on the file (in-force and issues only) will be compared to the ten table entries as indicated by the control code. If a match occurs, a copy of the master record with an appendage which will contain a copy of the table entry will be written to the extraction output file.

GI - TRANSFER OF AGENCY

A. Priority = 00. File Maintenance Only.

B. Input Format

Cols.

1	System Code = 0
2-3	Transaction Code = G1
4-12	Blank
13-15	Agency #1
16-18	Agency #2
25	Control Code 1 = Transfer Agency of Record 2 = Replace Issuing Agency and Collecting Agency 3 = Transfer Collecting Agency
26-48	Blank
49-51	Who Code
52-80	Blank

C. Input Edit Action

Cols.

4-12	Must be blank
13-15	Must be 001 thru 150
16-18	Must be 001 thru 150
19-24	Must be blank
25	Must be 1, 2, or 3
26-48	Must be blank
49-51	If blank, GY0 is assigned
52-80	Must be blank

D. File Maintenance Action

This transaction will cause the two agency codes to be stored in working storage for comparison to each record of the file. Only one G1 (per system) can be processed per day. If more than one is submitted, only the first will be processed. The others will cause an error line to be printed on the file maintenance control listing and then they will be ignored.

CC=1 The agency code on each record in the file will be compared to agency #1. If not equal, exit their logic. If equal and status is 1, generate a decretion type 3 mode 92 and an accretion, type 3 mode 92; if status is 2, do the same as status 1 except use mode 35. If status is not 1 or 2, generate a print only record.

CC=2 The agency code on each record in the file will be compared to agency #1. If not equal, exit logic. If equal, replace issuing agency with collecting agency, Accs and Decs are same as CC=1.

CC=3 The collecting agency on each record in the file will be compared to agency #1. The issuing agency on each record in the file will be compared to agency #2. If both are equal, replace collecting agency with issuing agency. Accs and Decs are same as CC=1.

G5 - DIVEST OR REVEST (GA or SA)

General

This transaction will divest, mark a record to stop commissions at the appropriate duration on U-2 contracts or enter the forfeiture code. A revest will reverse the above.

A. Priority = 00 File Maintenance only.

B. Input Format

1 System Code =
 D

2-3 Transaction code =
 G5

4-18 Blank

A= Forfeiture of all commissions (SA)
(GA) 0= Revest (SA) (GA)
1= Maximum Divesting (SA) (GA)

(SA I.B.)

2= Divest all but 5th (12 years)
3= Divest all but 5-6 (13 years)
4= Divest all but 5-7 (14 years)
5= Divest all but 5-8 (15 years)
6= Divest all but 5-9 (16 years)
7 = Divest all but 2-4 only (17 years)

GA 7-71 (Rates not written down)

2 .= Divest all but 2nd (0-3 years)
3= Divest all but 2-3 (4-6 years)
4= Divest all but 2-4 (7-10 years)
5= Divest all but 2-5 (11-14 years)
6= Divest all but 2-6 (15-17 years)

B= Divest for GA 6-78
C= Divest for
D= Divest for (0-9 years)
E= Divest for (10-11 years)
F= Divest for (12-13 years)
 (14-15 years)
 (16-17 years)

8 = Divest all GA 10-53
9 = Divest all
20 Blank 2-10 (11-14 years)
 2-10 (15-19 years)

10/31/88

2.2.10

Retention No. IS100
Disability Manual

21-27	Agent number and suffix
28-29	Blank
30-31	Agent's contract code
32-48	Blank
49-51	Who Code
52-60	Lowest Policy Number
61-69	Highest Policy Number
70-80	Blank

C. Input Edit Action

Cols. 4-18, 20, 28-29, 32-48 and 70-80 must be blank; Col. 19 must be a valid code; in no case should Cols. 21-27 be blank. Any error will cause the transactions to be rejected by Input Edit. If Cols. 49-51 are blank, the computer will assign GY0 as the Who Code. Cols. 29-30 must be punched with AA or with valid contract code. If the highest policy number field, Cols. 61-69 is blank, it will be replaced by all 9's.

D. File Maintenance Action

This transaction will cause the data indicated (Cols. 19-31 and 52-69) to be stored in the appropriate tables. Only thirty such transactions can be processed on each run; if more occur, only the first thirty will be accepted, the others will each cause an error line to be printed and then they will be ignored. **NOTE: If control code (Col. 19) is equal to 2, 3, 4, 7, 8 or 9 and this is a sub agent, generate HOSR Error Code G52.** (This record is not processed.) As the file is processed, the agents trailer of each record will be scanned comparing each agent, type and policy number to the thirty items in the table. An agent's contract code of AA in the table will indicate a match regardless of the contract codes for this particular agent. **NOTE: To be considered a match, the agents number must be equal, the contract code must be AA or equal, and the policy number must lie within the policy number range as given in the table.** If a match occurs, the record will be changed appropriately, a print only transaction record will be generated and the date of last transaction changed to today. **NOTE that a non-numeric plan group (DI-COMM-GRP) will cause an error HOSR G55 to be issued and that master record ignored.** No accounting. Controls are not affected.

REVESTING (CONTROL CODE 0)

General

Revesting will change the divest code to 0 or change forfeiture code to a space. If the agent for this policy is not divested error code G51.

GA. If the divest code is a 1, the rates will be increased by 1% or .5% as determined by the divesting patterns. If the divest code is 8, the rates are increased by .7%, if 9, by .4%. If the divest code is (B-F), then the rates will be increased. To determine the correct rates to revest, use the divest code and the plan group code to do a table look-up.

SA. The rates will be increased as indicated by the divest code, the divesting pattern, and the bonus indicator.

DIVESTING (CONTROL CODES 1-9, AND A-F)

General

Divesting will cause that code to put into the divest code of the record. Divesting can only occur if the agent is not already divested. If a negative rate results from divesting, generate a HOSR code G53. **NOTE the case has been divested and negative rates exist in the file (not identified on HOSR).** Code A will cause a 1 to be put in the forfeiture code byte of the record.

GA. Code 1 will decrease the rates by 1% or .5% depending on the divesting pattern. Code 8 will divest by .7% and code 9 by .4% (years 2-10). If the divest is (B-F), the rates will be decreased. To determine the correct rates to revest, use the divest code and the plan group to - look up the rates in the table.

SA. The rates will be decreased as indicated in the control code and the divesting pattern.

Alternate U Contracts. Contract codes 20, 21 and 22 can only have divest codes 2-6.

6/78 Contracts. Contract code 15 can only have divest codes B-F with divesting pattern of 05.

G6 - PERSISTENCY FEES

A. Priority = 00. File Maintenance only.

B. Input Format.

Cols.

- 1 System Code = 0
- 2-3 Transaction Code G6
- 4-18 Blank
- 19 P.F. Code
 - 1. Persistency Fee payable
 - 2. Persistency Fees not payable (only if there is no post 10 vesting)
- 20 Suffix Control
 - 1. Ignore suffix
 - 2. Given suffix only
- 21-27 Agent's Number
- 28-29 Blank
- 30-31 Agent's Contract code
- 32-48 Blank
- 49-51 Who Code
- 52-60 Lowest Policy number
- 61-69 Highest Policy Number
- 70-80 Blank

C. Input Edit Action

Cols. 4-18, 28-29, 32-48 and 70-80 must be blank. Cols. 19 and 20 must be valid codes. Cols. 21-27 must be blank. Any error will be rejected. If Cols. 49-51 are blank, the computer will assign GY0 as the who Code. Col. 30-31 must be punched with an AA or with a valid contract code. If the highest policy number field, col. 61-69 is blank it will be replaced by all 9's.

D. File Maintenance Action

This transaction will place the data indicated (Cols. 19-27, 30-31, and 52-69) in the appropriate tables. Only ten such transactions can be processed on each run; if more occur, only the first ten will be accepted (the others will print an error line and then be ignored). As the file is processed the agent's trailer on each record will be scanned. An agents contract code of AA in the table will indicate a match regardless of the contract codes for this particular agent. **NOTE: To be considered a match, the agents number must equal, the contract code must be AA or equal, and the policy number must lie within the policy number range as given in the table.** If a match occurs and the items is type 2, if 1 in Col. 19 it will be placed in the fees code (if 2 in Col. 19, a space will be placed in the fees code, if no post 10 vesting flag) of the matching item, a print only transaction record will be generated, and the date of last transaction changed to today. No accounting. Controls are not affected.

G7 - AGENT EXTRACT

A. Priority = 00 Pass 2 only.

B. Input Format

1 System Code = D

2-3 Transaction code = G7

4-18 Blank

19 Control Code

NOTE: If control code = 1, 2 or 3 Cols. 28-45 must be blank.

1 = all business regardless of contract type

2 = all GA contract type (code 1)

3 = all subagent contract type (code 2)

4 = within number range given in columns 28-45

20 Suffix control

1 = ignore suffix except for C2 commission for which a 70 suffix will be added to the control numbers for a separate valuation or commission spread

2 = create valuation for each suffix. The agents suffix is added to the control number by Pass 2

3 = use given suffix only

21-27 Agents number

28-36 Lowest Policy Number - filled to 0's if left blank

37-45 Highest Policy Number - filled to 9's if left blank

46-48 Any control number. If 1st character is a Z, then any 15-54 rates will be adjusted to a 1-53.

49-50 Blank

51 C = Combined valuation Output (Type 'V' only)

52 Type

V = Agents valuation (not provided initially)

L = List

C = Commission spread

S = List Servicing agent

53-80 Blank for type L items, type C items and type S items

(Redefined for type V items only)

- 53 Persistency fee table code
 1 = no table, treated as if all ones (100% persistency).
 2 = Linton A table
 3 = Linton B table
 4 = Linton C table
 5 = National Life persistency table #2
 6 = Nonstandard table to be loaded into memory from 80
 Col. cards at run time
- 57 Interest Rate #1 (.XXXX)
- 58-61 Interest Rate #2 (.XXXX) if left blank, filled as 9999
- 62-65 Interest Rate #3 (.XXXX)
- 66 Type of detail desired
 0 = no detail of policies valued
 I = detail income projection (policy by policy)
 L = detail list of policy particulars
- 67-68 Valuation month. The present value of commissions due on or
 after 1st of the month given will be discounted to the
 first of that month. If blank, val(n) starts with the 1st
 possible due date, that is > the first of the month
 following the current (today's Executive) month. A due date
 cannot be less than the PTD. The valuation month cannot be
 more than twelve months in the future (from today's month).
- 69 Persistency Fee indicator •
 Y = Yes, include persistency fees in valuation after
 10th year
 N = No persistency fees to be included
- 70-71 Years of Service (Divestable IB commissions) filled to 0's
 if left blank.
 16 years - divest 10th and nonvested part 2-4
 15 years - divest 9-10 and nonvested part 2-4
 14 years - divest 8-10 and nonvested part 2-4
 13 years - divest 7-10 and nonvested part 2-4.
 12 years - divest 6-10 and nonvested part 2-4 Less than 12
 years - divest 5-10 and nonvested part 2-4 Death, Partially
 vested agent or greater than 16 years service coded as 99
 which will only divest the nonvested part 2-4.
- 72 Divest persistency fee contract
 Y = divest as per record (filled to Y if
 blank) N = do not divest
- 73 Divest career contract
 Y = divest as per record (filled to Y if
 blank) N = do not divest

74-75 Years of service for GA divesting The completed years of service may be entered here which will be decoded as indicated in the valuation program. Enter 20 for greater than 20.

76 Forfeit
Y = do not produce valuation if commission forfeited (i.e., code 1) Filled to Y if blank.
N = disregarded forfeiture code and produce valuation

77-80 Blank

C. Input Edit Action

Col. 4-18 and 49-50 must be blank. Col. 52 must be a V, L, C, or S. Cols. 53, 66, and 69 must be a valid code. Interest rates must be blank or be in the range of 0000-1500. Col. 67-68 must be spaces or a valid month 0-12. Cols. 70-71 must be spaces, 99, or in the range 00-16.

If Col. 52 is an L, C, or S Cols. 53-80 must be blank. Col. 72 and 73 must be Y, N or blank. Col. 74-75 not > 20 and 76 must be Y, N, 2, 3, 4 or blank.

D. Pass 2 Action

The data indicated will be stored in the appropriate table, and a maximum of forty such transactions will be accepted. If more occur, they will cause error lines to be printed and then they will be ignored. Each record on the file (in-force, issues, and terminated) will be compared to the table entries as indicated by the control code. If a match occurs, a copy of the master record with an appendage which will contain a copy of the table entry will be written to the extraction output file. Controls are not affected.

G8 - REQUEST PENSION TRUST, GROUP OR SALARY ALLOTMENT BILL

A. Priority = 90. File Maintenance only.

B. Input Format

1 System Code = D
2-3 Transaction Code = G8
4-12 Blank
13-18 Due Date (yymmdd)
19-23 Group Number of Salary Allotment Number
24 Bill Type
25 New Issue Case Y or N
26-48 Blank
49-51 who Code
52-80 Blank

C. Input Edit Action

Col. 1 must contain a 'D'. Cols. 4-12, 25-48 and 52-80 must be blank; Cols. 13-18 must contain a valid date (although the day must be ignored) between January, 1969 and December, 1976, and Cols. 19-23 must contain a valid group or salary allotment number. If Cols. 49-51 are blank, the computer will assign SPO as the who Code. Col. 24 must contain an 'S' or 'G'. Col. 25 must be a 'Y' or 'N' (New Issue Indicator).

D. File Maintenance Action

The indicated data from the first 25 transactions will be stored in a table, and only the first 25 such transactions will be accepted (any others will print an error line and then be ignored). Each in-force record on the file will be compared to each of the given group or Salary Allotment numbers. If suspend code is not N, or space or F, HOSR code G81, exit. If a match occurs, the billing appendage will be built (indicating bill only, no ASC or unpaid records) using the corresponding given due date (but not if the premium due then has already been paid) and the appended master record written out. No record will be

written out if the policy master contains a disabled code. If the due date is less than the paid-to-date, exit. If the paid-to-date is equal to the due date, build appendage. If due date is greater than the paid-to-date, add the frequency to the paid-to-date until the paid-to-date is equal or greater than the due date, if equal build appendage, if greater than, exit. **NOTE that the last transaction date is not changed by this transaction.** No accounting and no transaction records are generated. Controls are not affected.

GA - EXTRACT A PENSION TRUST, GROUP OR SALARY ALLOTMENT

A. Priority = 00. Pass 2 only.

B. Input Format

1	System Code = D
2-3	Transaction Code = GA
4-18	Blank
19-23	Salary or Group Number
24	Bill Type
25-45	Blank
46-48	Any Control Number
49-51	Who Code
52-80	Blank

C. Input Edit Action

Cols. 4-18, 25-45 and 52-80 must be blank. Cols. 19-23 must be a valid Group or Salary Allotment number. Col. 24 must be equal to 'S' or 'G'. If Cols. 49-51 are blank, the computer will assign SPO as the who Code.

D. Pass 2 Action

The first fifty of these transactions will cause the appropriate data to be stored in a table (any others will be ignored). Each in-force Group or Salary Allotment record on the file will be compared to the table of Group or Salary Allotment numbers and if a match occurs, (NOTE• If Col. 24 is equal to 'S' cases coded S in DILB-TYPE73iTary Allotment) will be selected. If Col. 24 is equal to 'G' cases coded G in DILB-TYPE (Group) will be selected. Controls are not affected.

GB - CHANGE AGENT'S NUMBER AND NAME

A. Priority = 00. File Maintenance Only

B. Input Format.

1	System Code = D
2-3	Transaction Code = GB
4	Blank.
5-11 =	Original agent number and suffix (no suffix if Col. 18 = S)
12-18	New Agent number and suffix (no suffix if Col. 18 = S)
19	Control Code S = Servicing Agent A = Agent Compensation Trailer C = GA # for Quad Fee Commissions = Delete Quad Fee GA # and percent P = Change Quad Fee percent T = Terminate agent
20	Blank
21-29	Lowest Policy Number
30-38	Highest Policy Numb&
39-41	New Quad Fee Percent (required if Col. 18 = P)
42-48	Blank
49-51	who Code
52-76	Servicing agent name (not required)
77-80	Blank

Input Edit Action

Cols. 4, 20, 42-48, 77-80 (and 52-76 if Col. 19 = C, 0 or A) must be blank. Col. 19 must be either A, C, 0, S, P or T (if S, cols. 52-76 may be all spaces, if 0, 12-18 must be blank, if P. Cols. 39-41 must be positive numeric). Cols. 5-9 and 12-16 must be positive numeric. Cols. 10-11, 17-18, 21-29, and 30-38 must be blank or positive numeric. If cols. 49-51 are blank, CC1 will be assigned. If control code is C, both suffixes given must be 77. If 21-29 is blank it will be replaced by 00000000. If 30-38 is blank it will be replaced by 99999999.

File Maintenance Action

This is a group transaction (only 30 can be processed per pass). The data will be stored in the group change table area, and every issue and in-force record on the file (status codes 1 and 2) which lies between the lowest and highest policy numbers will be processed AS follows:

1. If Col. 19 = S, the servicing agent number on the file will be compared to the number in cols. 5-9, and if equal will be replaced by the number in cols. 12-16; in addition the name in cols. 52-76 will replace the servicing agents name; (the name is reserved and a space inserted in the last character) a print-only transaction record will be generated.

If Col. 19 = T, the last characters of the servicing agents name is replaced by '?', indicating that agent is no longer contracted with the Company.

If Col. 19 = S, new agent number must be a contracted agent. The name from the agents license file will be placed in the servicing agent name (Cols. 52-76).

2. If Col. 19 = A, each agent's trailer will be scanned and if the agent's number matched the number in cols. 5-11:
 - a) generate a decurtion record (mode 35 if status 2 or 92 if status 1)
 - b) replace the agent number with the number in cols. 12-18
 - c) generate an accretion record (same mode as in "a")
 - d) change date of last activity to today.
3. If Col. 19 = C, the Quad Fee GA # in each agents trailer will be scanned and if the number matches the number in cols. 5-11, it will be replaced with the number in cols. 12-18; a print-only transaction record will be generated.
4. If Col. 19 = D, the Quad Fee GA # and rates in any matching SA trailer will be deleted and a print-only transaction record generated.
5. If Col. 19 = P, the Quad Fee GA # in each agent's trailer will be searched and if the number matches the number in cols. 5-11, then place the Quad Fee percent from Cols. 39-41 into the Quad Fee percent field in the master record. A print-only transaction will be generated. (Up. to 150 of these transactions will be processed once a quarter.)

General

This transaction is used to add (or subtract) 5% to the commission rates for years 3-10 in the agents compensation trailer for the given sub-agent on master records which were put in force during the given year. Also to set the post 10 vesting and DI bonus flags.

A. Priority = 00 File Maintenance only.

B. Input Format

1	System Code =
2-3	Transaction code GD
4-12	Blank
13-16	Year beginning date (YYMM)
17-18	Blank
19	Control S = subtract 5% A = add 5%
	P = add 5% if not already added, set post 10 and DI bonus flags
20	Suffix control
	1 ignore suffix
	2 given suffix only
21-27	Agent's number (and suffix)
28-29	Blank
30-31	Contract code (or AA)
32-48	Blank
49-51	who Code
52-60	Lowest policy number
61-69	Highest policy number
70-80	Blank

C. Input Edit Action

Cols. 4-12, 17-18, 28-29, 32-48 and 70-80 must be blank. Cols. 13-14 must be greater than 81 and less than 90. Cols. 15-16 must be a valid month. Cols. 19, 20 and 30-31 must contain valid codes. If Cols. 61-69 are blank they will be replaced with all 9's. If cols. 49-51 are blank, assign CC1 as WHO code.

D. File Maintenance Action

This transaction will place the input data in the appropriate "group transaction" table. Only the first ten GD transactions will be processed; any additional will print an error line and be ignored. Each master record will be scanned to determine whether a change is required, based on:

- a) Agents number, suffix control, and suffix.
- b) Contract control.
- c) Policy number range control
- d) Add/Subtract code (i.e., will not add if already added; will not subtract unless previously added).
- e) Date control (will add/subtract only if DI-AGY-PAID-FOR is greater than or equal to given date and less than given date plus one year)
- f) Record is not a DARE Policy (DI-FORM-NO = 72 to 75)
- * g) For given date of 1990, policy does not have a commencement date of 031.

If all tests pass 5% will be added or subtracted from the rates for years 3-10 inclusive, and a Y (if added) or N (if subtracted) will be placed in DIAGT-BONUS. A print only transaction record will be generated and the date of last transaction changed to today. Accounting, and controls are not affected.

IN - INSERT A RECORD

A. Priority = 01 File Maintenance only.

B. Input Format

1	System Code = D
2-3	Transaction Code = IN
4-12	Policy Number and Suffix
13	Blank
14	Status Code
15-48	Blank
49-51	Who Code
52-80	Blank

C. Input Edit Action

Cols. 4-12 must be a number in the range of 0,000,001-00 through 3,000,000-00. Cols. 13, 15-48 and 52-80 must be blank. If Cols. 49-51 are blank, the computer will assign ACO as the who Code.

D. File Maintenance Action

A null record will be inserted into the proper place in the master file containing only the following:

1. Policy number given
2. Line code = D (Disability)
3. Status = Given
4. Status effective date = Today

The record will contain no trailers.

If the file already contains any record for this policy number, the transaction will cause an error line to print and then it will be ignored. No accounting records will be generated. Controls are not affected. A print only transaction record will be generated. If status code is not equal to 1 or 2, set status to 1 and issue HOSR, Why Code = 'FMA'.

RN - HOME OFFICE STATUS REQUEST - NO VALUES

A. Priority = 70 File Maintenance and Pass 2.

B. Input Format

1	System Code = 0
2-3	Transaction Code = RN
4-12	Policy Number and Suffix
13-27	Blank
28	If blank, In-Force, Issue; if T, fully terminated
29-48	Blank
49-51	WHO Code
52-80	Blank

C. Input Edit Action

Col. 4-12 must lie in the range 0,000,001-00 to 3,000,000-00. Col. 28 must be blank or T. Col. 13-27, 29-48 and 52-80 must be blank. If Col. 49-51 are blank, the computer will assign ACO as the WHO Code.

D. File Maintenance and Pass 2 Action

This transaction will cause the appended master record to be written out for the appropriate policy. No accounting or control records are generated. Controls are not affected.

RX - HOME OFFICE STATUS REQUEST (SPECIAL)

A. Priority = 02 File Maintenance and Pass 2

B. Input Format

1	System Code = D
2-3	Transaction Code = RX
4-12	Policy Number and Suffix
13-27	Blank
28	If blank, HOSR for in-force or issue; if T, HOSR for terminated
29-48	Blank
49-51	WHO Code
52-80	Blank

C. Input Edit Action

Col. 4-12 must lie in the range 0,000,001-00 to 2,000,000-00. Col. 28 must be blank or T. Col. 13-27, 29-48 and 52-80 must be blank. If Col. 49-51 are blank, the computer will assign ACO as the WHO Code.

D. File Maintenance and Pass 2 Action

This transaction will build an appendage and write out the appended master record. This HOSR will present the record as it looked before other external transaction for the same pass had been processed. This transaction should only be used for program testing, and not for normal status requests. See transaction code RN for appendage contents. No accounting or control records are generated. Codes are not affected.

CS - CHANGE STATUS CODE

General

This transaction will be used in the following situations:

- a) to cancel an issued policy by either "not-taken" or "recalled" (where recalled is any other issue termination than not-taken).
- b) to change a policy from "issued" to "paid-for" without actually paying and accounting for the first premium.
- c) to terminate a policy by other means than automatic expiry.
- d) to reinstate a policy.
- e) to re-activate an AIF new issue when the policy lapsed and is reinstated.

NOTE that this transaction does no accounting, and all accounting entries associated with the change must be made via pass-through accounting transactions unless the dividend refund code = 'C'.

A. Priority- 08 File Maintenance only.

B. Input Format

1	System Code = D
2-3 File	Transaction Code = CS or CI (Internally generated by Maintenance for new issue)
4-12	Policy Number and Suffix
13-18	Effective Date
19-20	Mode
21	New Status Code
22-27	Blank
28	T for fully Terminated Record, Blank for In-Force, issued.
29-48	Blank
49-51	Who Code
52	CS-Dividend-Refund Space or C. The C is generated from the DCS2 Screen and indicates the accounting will be done and a check will be created
53-80	Blank

C. Input Edit Action

Columns 4-12 must be in the range of *0,000,001-00* to *2,000,000-00*. The effective date must not be blank. The mode and new status must be valid codes. If the who Code is blank, input edit will assign XX0.

D. File Maintenance Action

O. If suspend code = Y and WHO Code is unequal to change pending (DICP-REFER) issue HOSR code CS1, exit. If WHO codes are equal issue HOSR, WHY code = 'FMZ', go to Step OA. If the paid-to-date < issue year and anniversary month or dividend year and issue month, HOSR code C57, exit.

Oa. If the mode is not consistent with the old and new status, HOSR Code CS2, Exit, i.e., Old Status 2 New Status 4, 5, 8.
Mode: 11, 17, 23, 30, 31, 35, 01, or 03, or Old Status 2 New Status 1. Mode: 01, 03, or 35.

Ob. If suspense (only if change to status A or B or 5) other than applied in force, HOSR Code CS3, exit.

1a. If the old status code is 1 or 2, generate a decrction control record using the mode code given.

```
* If CS-Dividend-Refund = 'C'
* 1. Generate A35 HOSR
* 2. Generate CSDIV HOSR for CS-WHO
* 3. Calculate Refund of Dividend and Premium
* 4. Create Cancellation Letter
* 5. Generate PP Transaction for refund
* 6. Generate P9 Transaction for refund
* 7. Generate Refund Check
* 8. Change Dividend Option to 1
* 9. Move zeros to Current Modal Percent and Current
* Dividend
* 10. Change cash dividend send to code.
```

If the old status code is 1 or 2 and the new status code is greater than 2 or less than 0, generate a HOSR Code AT4 and reason code S??, where ?? is the mode from the input transaction. If a CT4 is generated and transaction is CS, test for possible charge back of annualized commissions as follows.

If the duration from issue to the paid-to-date is < one year and any agents compensation trailer contains an 'A' (DIAGT-C) generate an error HOSR CS5, call the mode premium continue and then call the commission routine to charge back commissions. Then continue processing. Adjust internal change control. **NOTE: The transaction code used for the accretion and decrction will be (I\$CI).**

1b. If the new status is 2 and the 1st four characters of DI-AGY-DATA1 are zeros move today's date to DI-AGY-DATA1.

2. Change the status and effective date to the given data.

3. An accretion control record is generated if the new status is 1 or 2. The mode used in the accretion is determined from the following table. Then adjust internal change controls.

<u>Old Status</u>	<u>New Status</u>	<u>Mode Used</u>
2	1	95
1	1	Mode Given
any terminated	2	Mode Given
1	2	Mode Given if 35, else 01, or 03 based on source code
2	2	Mode Given

4. If neither a decrement nor an accretion was generated, generate a print-only control record. Control not affected.

4a. If the old status is 1 and the new status is 2 and the old/new policyholder code indicates a questionable life-code P, generate a HOSR Code CS4 with the Who Code GSZ.

5. Change the date of last transaction to today.

6. Generate a paid list record with the following description based on the old and new status codes:

- a) Change from issue to not-taken "NOT TAKEN"
- b) Change from issue to recalled "RECALLED"
- c) Change from in-force to terminated "TERMINATED"
- d) Change from issue to in-force "ISS to IN FORCE-BY CHANGE"
- e) Change from issue to in-force from CI transaction "NEW ISS CON REC-IN FORCE"

CF - FIELD CHANGES

A. Priority 10 File Maintenance only.

B. Input Format

A change in a particular field or fields in the Disability master record will be initiated from a code sheet. This will be transcribed to 80-column cards with the following format:

1	System Code = 0
2-3	Transaction code - CF
4-12	Policy Number and suffix
13-18	Last Activity Date
19	Inforce/Terminated Indication
20-21	Mode code
22-24	Who code
25-27	First Field Number

Starting in column 28, will be punched the data to be changed for this particular field number. The length of the data punched is variable and depends on the length of the particular field being changed. The entire data field (including zeros and spaces) must be punched. A > is keypunched to indicate the end of the data; and if a space follows the >, then this indicates the end of punching on this 80-column card. If the next column after the > is not a space, then it must be the next field number to be changed, followed by its data, followed by another >. As many fields can be punched as will fit on a card with the only limitation that a field (field number and its data) cannot be split between two cards. That is the last character punched on a card must be >.

Each change order, which may include many field changes, will be considered a batch and will be coded with a specific mode.

The only fields in the Disability Income record which cannot be field changed are the policy number and status code.

C. Input Edit Action

Input edit will obtain a table entry for each field number appearing on the input cards. This table entry has the following format.

Field number - 3 Bytes corresponding to the field number that is keypunched.

Displacement - 4 Bytes corresponding to the displacement from the beginning of the insurance master record.

Length - 2 Bytes corresponding to the length of the field.

Format - a 1 Byte code which determines the format of the field.

B = Binary

P = Packed Decimal

U = Unpacked - 0 fields are Hex F0 (zero).

V = Unpacked - 0 fields are Hex 40 (spaces).

Acc & Dec required - a 1 Byte code which determines whether an ACC and Dec are required based on a change in this field.

1 = Acc & Dec required for Policy Exhibit and Agents Statistics

2 = A6c & Dec required for Policy Exhibit only - i.e., change in state.

3 = Acc & Dec required for Agents Statistics only - i.e., change in agents number

4 = No Acc & Dec required. Print only transaction record generated.

Control Field - a 1 Byte code which indicates that this field is under control.

A = Accounting control field C

= Insurance control field count

I = Insurance control 'field 0

= Not a control field

Check Date - a 1 Byte code which will tell File Maintenance that the last Accounting or Last Transaction activity date in the master record should be checked against the activity date that was coded for this field.

Y = Yes, check this date.

0 = No, date check not needed.

ASC Requirements - a 1 Byte code to indicate whether this field change requires preparation of corrected ASC's.

Y = Yes, ASC flag #3, today's date.

0 = No ASC required.

Input edit will check the validity of the data keypunched by checking the actual length punched to the table length and if the format specifies packed it will check the data for non-numeric. Also certain fields will have additional validity checking on the content of the data punched, i.e., checking that the data is in a certain number range. If the field number punched is not in the table or if the validity checks fail, the whole batch (Field Change for this mode) is rejected and printed as a bad batch.

Each field number coded will be compared to a table of field numbers in order to determine whether or not to build a trailer ID field change record for File Maintenance. One or more fields in each trailer will be selected as the controlling field to determine whether or not to build a trailer ID field change record for File Maintenance.

Each field number keypunched will be compared to this table of field numbers. Each entry in this table will consist of the field number and actual trailer ID for that particular trailer as well as the displacement from the beginning of the Disability master.

Trailers will be deleted in File Maintenance by determining that the whole trailer contains all null fields. Any field can be deleted (changed to zeros or spaces) by coding the field number, followed by a special delete character #, followed by the end of data symbol >. In order to delete a complete trailer or item in a variable length trailer, each field must be coded with the delete character.

Input edit will also build a record for each field that is changed with the following format to be used as input to file Maintenance.

Sort Key 24 Bytes - made up of:

- Policy number 9 characters
- Inforce/terminated Indication 1 character
- Priority code 2 characters = 10
- Batch number 6 characters
- Mode code 2 characters
- ACC & DEC Req. code 1 character
- Transaction code 2 characters - CF
- Filler Byte - 1 character
- Displacement - 4 characters - Binary Form
- length - 2 characters - Binary Form
- Control Field Code - 1 character
- Filler - 1 character
- ASC Required - 1 character
- Field Number - 3 characters (Used only for input edit print of good transactions)
- WHO Code - 3 characters
- Data - maximum 30 characters in the correct format

The batch number will be developed by input edit based on the policy number and mode. It will be in the format 00FXXX, where XXX are numeric digits. Each change in policy number or mode will cause the batch number to be increased by 1. Batches numbering more than 999 will start with 00GXXX.

A field change dummy record will be generated by input edit as the last record in each batch. This record will have the following format.

Sort key 24 Bytes - made up of:

- Policy number 9 characters
- Inforce/terminated Indication 1 character - same as detail record for this batch
- Priority code - 2 characters = 10
- Batch number 6 characters
- Mode Code 2 characters
- ACC & DEC Req. code 1 character (0)
- Transaction code 2 characters = CF
- Filler Byte - 1 character
- Check date Indicator 1 character - this character will be a "y" if any field change table entry in this batch indicates that a date check must be made. Otherwise it will be blank.
- Activity date 6 characters
- WHO Code - 3 characters

Input edit will verify that all standard information has been keypunched correctly for each batch i.e., Activity Date, Inforce/Terminated Indication and who Code. These must be the same for each field change item in a batch.

Col. 4-12 must lie within the range 0,000,001-00 to 3,000,000-00.
Col. 13-18 must contain a valid date between month 00, 1978 and December, 1987. Col. 19 must be a space or a 'T'. Col. 20-21 must contain a valid mode (000 is a valid mode for Acc. & Dec. type 4 - print only.) If Col. 22-24 are blank, then the computer will assign ACO as the WHO code.

D. File Maintenance Action

File Maintenance will first determine if the field change can be made by comparing the check date indicator in the field change dummy record (first record of the batch) to a y. If equal the activity date in the dummy record will be compared to the last accounting and last transaction dates-in the master record. If the activity date is = the latest of the two dates then the change can be made, otherwise a HOSR code CF1 will be generated, on the fly and all changes for this mode will be made as indicated.

If the control field indicator is not blank, then the difference between the amount in the master record and the incoming data must be posted to the external control field change total. **NOTE: If control field indicator is equal to 'C' and if field after field change is equal to zero (this amount has been removed) subtract 1 from external count control.** If amount is unequal to zero at beginning and still unequal to zero after field change (change in amount) no adjustment of external count control. If amount zero to start and unequal to zero at end (addition of new amount) add 1 to external count control.

The first field change record for each mode will be examined to determine whether or not a decurtion is required based on the ACC and DEC required code. If needed, the decurtion is generated before any changes are made for this mode. **NOTE: No decurtion will be made on an inserted record, i.e., no dec. if the plan-age field is blank.** A flag will be set at this time to indicate whether or not an accretion should be generated after all changes for this mode have been made.

The field will be changed in the exploded master area. A flag will be set if any field change record indicates that an ASC should be prepared. At the end of each batch these flags will be examined and if set, and if an ASC is required, the information necessary will be placed in the ASC table.

CA - ADD OR DELETE NOTIFY TRAILER

A. Priority = 12. File maintenance only.

B. Input Format

1	System Code = D
2-3	Transaction code = CA
4-12	Policy number and suffix
13-18	Notify date (yyymmdd)
19-21	Notify frequency (months)
22-26	Notify reason
27	Add or Delete code
28	T for fully terminated record, blank for inforce, issue.
29-48	Blank
49-51	Notify WHO code
52-80	Blank

C. Input Edit Action

Cols. 4-12 must be in the range 0,000,001-00 to 3,000,000-00. Cols. 13-18 must contain a valid date. Cols. 19-21 must be numeric and be equal to or greater than zero. Cols. 22-26 may be blank or contain any value. Col. 27 must contain an 'A', 'O', 'F', G, or M. Col. 28 must be blank or 'T'. Cols. 49-51 must not be blank. Cols. 29-48 and 52-80 must be blank.

D. File Maintenance. Action

If Col. 27 is an 'A' scan the Notify Trailer and build an entry from the transaction in the first empty slot. (If none HOSR CACA1 and exit.) If Col. 27 is a 'D' search the Notify Trailer and compare the date, frequency, reason and who code in the transaction to those in each entry and remove any which is equal. (If no match HOSR CACA2 and exit.) If Col. 27 is an 'F' scan the notify trailer and build an entry from the transaction in the first empty slot. Insert "FRE" as the who code. If no empty slots available HOSR CACA1 and exit. If Col. 27 is a 'G' search the notify trailer and compare the date, frequency and reason in the transaction to those in each entry. Compare "FRE" to the who code in each entry. Remove any which are equal. If no match, HOSR code CACA2 and exit. Generate a print only transaction record and change the date of last change to today. If Col. 27 is an 'M' the notify frequency (Col. 19-21) will contain the

new dividend option to be used and the notify who code that will be inserted will be 'DIV'. If Col. 27 is equal to an 'M' and the notify date is not equal to the premium due date that will equal or cross the policy anniversary next, HOSR CACA3 and exit. If Col. 27 is equal to an 'M' and the notify frequency is equal to 001 (Cash): HOSR CACA4 and continue with transaction.

PX AND P8 - MONEY TO OR FROM SUSPENSE

General.

This transaction is to be used to put money in suspense on a record or to remove suspense from the record. The account number used for suspense will be 5002862. The offsetting account is always the premium clearing account on P8 transaction unless an account number is given. On PX transaction there is no offsetting account, a P8 transaction must be used for the offset.

A. Priority = 17 File Maintenance only

B. Input Format

This input is from tape (see transaction P0). The amount involved is in bytes 27-34 and may be either positive (money from clearing to suspense) or negative (money from suspense to clearing). Bytes 35-65 are blank. The account number, if given, can only be (0002864 to 0002879 inclusive).

C. File Maintenance Action

NOTE: After calling Netting Routine, if the sign of the transaction is negative the Suspense trailer is checked for any due-date being equal to the transaction due date., If no due date is found or due dates are equal but type code is 'A' and the first digit of the who code is equal to 'C' no HOSR is issued.

0. Set up HOSR code P80"with the who code from the transaction.

1a.) Call the netting suspense routine to put the transaction amount into the suspense trailer. (Positive given amount creates (+) regular premium suspense, negative amount creates (-) suspense.) Use the due date given and ADO as the who Code if not given. Upon return if there is no room for this item, change HOSR Code to P81 or PX1, make an accounting entry if transaction is P8 to premium clearing or account given (positive amount as debit, negative amount as credit). If either PX or P8, make accounting entry to policy suspense master full (2872), go to Step 2.

1b.) If transaction P8 generate two accounting records. If given amount is negative debit suspense and credit clearing or account given. If given amount is positive debit clearing (or account given) and credit suspense. Go to Step 2. If a negative amount remains after netting (check for 'X' in FLAG from QHAPPL) change the HOSR code to 'P82'.

1c.) If transaction PX generate an accounting entry to suspense only. (Positive amount as a credit or negative amount as debit.)

2. Generate a HOSR. Exit.

CM - CHANGE OF PREMIUM MODE

General

- will not change from or to 1/6 semi-annual cases.
 - will change from or to regular annual, semi-annual quarterly or monthly provided effective date coinciding with a possible paid-to-date, and is > actual paid-to-date.
 - since we cannot effect a change in premium mode until the policy is paid to such date and we have reached such date, this transaction processing only does part of the checking indicated, and sets up a notify trailer that will subsequently effect the change as described under "change premium frequency".
 - CM will change frequency before any premium accounting (same day).
 - Mode premium adjustment amount be punched if master record already has an adjustment amount. New amount of 0 must be punched 0. Otherwise this field will be blank.
- A. Priority - CM = 20 File Maintenance only.
CN = 27 File Maintenance only.

B. Input Format

1	System Code = 0
2-3	Transaction Code = CM or CN
4-12	Policy Number and Suffix
13-18	Effective Date (YYMMDD)
19	New Frequency
20-21	New Number of Months
22-26	Mode Premium Adjustment Amount
27	Mode Premium Adjustment Sign (if negative = N, otherwise use blank)
28-48	Blank
49-51	WHO Blank
52-80	Blank

C. Input Edit Action

Col. 3-11 must be in the range 0,000,001-00 to 3,000,000-00. Col. 12-17 must be blank or contain a valid date (although the day may be ignored) between January 1969 and December 1976. Col. 18 must be a valid frequency; i.e., A, S, Q, M. Col. 19-20 must be a valid number of months; i.e., 01, 03, 06, 12 and must be consistent with Col. 18. Col. 27-47 and 51-80 must be blank. If Col. 48-50 are blank, then the computer will assign B1B as the WHO Code.

D. File Maintenance Action

Definitions

NFD = Frequency duration of new premium mode in months
OFD = Frequency duration of old premium mode in months
PTO = paid-to-date
TOD = today
ED = effective date

Each HOSR error code prefixed by transaction code (e.g., CM1 or

CM3). File Maintenance - Transaction

0. a) If suspense code = Y and WHO Code unequal to change pending DICP-REFER, issue HOSR Code 4, exit.
If WHO Codes = issue HOSR, WHY Code = 'FMZ', go to b).
- b) If old adjustment amount is not = zeros and the new adjustment amount is = blanks, error HOSR Code 5.
If the old adjustment is = zeros and the new amount is spaces the amount used in billing the notify trailer will be zeros.
1. If the old billing frequency is 1/6, error HOSR Code 3. Exit.
2. If an effective date is not given, make the effective date equal to the paid-to-date.
3. If the effective date < paid-to-date, error HOSR Code 1. Exit.
4. If the effective date > paid-to-date, then the effective date must be a possible paid-to-date if effective date - paid-to-date is an integer; OFD otherwise, error HOSR Code 2. Exit.
5. Build a notify trailer as follows: (If no room HOSR Code 7, Exit.)

DINOT-IDENT	
DINOT-L DINOT-DATE	effective date
DINOT-FREQ	NFD
D I N O T - W H O	<u>" F R E</u>
DINOT-WHY	mode premium adjustment amount (with sign)

6. Generate a PRINT ONLY transaction record.

- PP - Premium Adjustment Payment

General

1. will pay the premium given (no debit) and will perform the net **applied suspense routine for any regular applied dividend using the due date given. If Modal Dividend, we call Modal Dividend Calculation to handle the Modal Dividend due.
2. A HOSR will be generated and the transaction not processed if the payment is made within the first year of the ultimate period on a step rate plan. These payments must be processed manually (including any reinsurance accounting) by field change and pass through accounting.
3. On a straight pro-rata premium (indicated in byte 97 of the transaction all reinsurance accounting will be generated based on a **ratio of the reinsurance premium to the actual billing premium (on a mode basis) applied to the pro-rata payment. If the payment is not a straight pro-rata And is reinsured, a HOSR will be generated indicating that the reinsurance accounting must be done manually through pass through accounting.
4. will change the paid-to-date in the record by the given number of months if so indicated (byte 102 of the transaction).
5. will generate all commission records including the charge back of any annualized commissions if requested.
6. will generate all accounting entries.

A. Priority = 21 File Maintenance only

B. Input Format See format on PO transaction. The exceptions are:

1. Net amount of adjustment in Bytes 28-35 and may be positive or negative (cash calculation) with the sign indicated in Byte 99.
2. Bytes 36-43 contain the premium.
3. Bytes 44-50 and 58-64 are blank.
4. Bytes 51-57 contain the applied dividend.
5. Byte 103 contains the paid-to-date code (N = do not update, C = update by the frequency given).
6. Byte 104 contains a code for requested commissions (N = do not generate commissions, Y = generate regular commissions, A = charge back annualized commissions).

7. Byte 98 contains either a "Y" = straight pro-rata payment or "NH" = partial payment other than a pro-rata.

C. Input Edit Action

These records will be batch balanced, and if in balance will be written out in the same format as the input file, except for bytes 67-87. Input Edit will insert "PREMIUM ADJ PAYMENT" in these bytes.

The policy number must be valid in the range 0,000,001-00 to 2,000,000-00. The paid-to-date code must be N or C. The frequency cannot be less than 1 or greater than 12. The premium minus the applied dividend must crossfoot to the net adjustment amount. Byte 98 must contain a Y or N. Byte 104 must be either N, Y or A. The WHO Code, if blank, will be assigned as CAO.

D. File Maintenance Action

NOTE: When storing amounts in suspense, this routine will call the netting suspense routine and if no room will credit or debit special suspense.

- 1a. If suspend code = Y and suspend WHO Code = the WHO Code from the transaction, issue HOSR FMZ and continue. If suspend code = Y and WHO Codes are not equal, HOSR Code PP2, place amount in suspense, make accounting entry and exit. If the due date is less than the issue date, HOSR Code PP8, place amount in suspense, make accounting entry and exit.
- 1c. Perform Paragraph (0,b) of Premium Payment (PO) transaction. **NOTE: On return from PO transaction check flag set in PO transaction (Flag set if P06 error detected).** If set, money to suspense and exit, otherwise, continue processing. (This will put the policy in force if this premium is the first premium paid.
2. If the paid-to-date code is equal to N, go to Step 3. If paid-to-date code is equal to C, add (if due date is # due date is # adjusted paid-to-date HOSR Code PP9 and continue) the number of months (depending on the sign) from the master record paid-to-date. If 70 series, the duration at the original paid-to-date is > 2 years and if the duration at the adjusted paid-to-date is < 2 years, HOSR Code PPA, and continue.

NOTE: 75, 83 and 84 series uses 3 years for check.

- 2a. Determine if this premium adjustment payment crosses an anniversary. If so, HOSR Code PP1, (no change in the record has been made) place money in suspense, make accounting entry and exit.

- 2b. If the paid-to-date has been advanced forward, HOSR Code PP3 WHO Code B9Y, if FM date is > 36 days beyond the due date, (no status if due date is equal to the issue date).
3. Update the master record last payment due date, number of months and amount (negative is sign = N).
- 3a. Call Mode Premium Routine using frequency in master record and the last policy anniversary as the due date.
4. If the sign on the amount is positive, make the accounting entries (including reinsurance) to credit premiums (first or renewal).
- 4a. If the sign on the amount is negative, make the accounting entries (including reinsurance) to debit premiums (first or renewal).
- 4b. If there is no applied on the transaction or if the Dividend option = 3, go to Step 5. Enter netting suspense routine to place amount in applied suspense.
If sign is positive, put amount in suspense negative; if negative sign, put amount in suspense positive. Make accounting entry to credit (or debit) applied dividends.
5. Enter the anniversary and dividend routine with an effective date = today (inforce policy only).
- 5a. If the transaction indicates that no commission are to be generated, go to Step 7. If the transaction indicates that annualized commissions are to be charged back but none of the agents trailers have an annualized commission indicator, issue HOSR Code PP4, go to Step 7. If the transaction indicates pay regular commission but some of the agents trailers indicate commissions have already been annualized or should be annualized issue HOSR Code PP5 and go to Step 7.
6. Generate all commission records including the charge back of annualized commissions (if requested).
7. Generate a paid list record with the description equal to:
 - a) "First Premium" - if policy was in force but this is the first premium paid.
 - b) "ISS TO IN FORCE-1ST PREM" - if the policy was put in force with this payment.
 - c) otherwise - "ODD PREMIUM"

PREMIUM PAYMENTS P0, P1, P4, PD, PM, PN, P6

General

- will pay a regular premium and update the master,

P0 - from clearing

P1 - from suspense

P4 - balance of entries to follow

PM - Change premium frequency and pay (no debit)

PN - Change premium frequency and pay (debit premium clearing)

PD - from disability

P6 - Pay Term Prefix

- will generate accounting entries

NOTE: P8, P9, PP and PX are described separately.

A. Priority = 21 File Maintenance Only.

NOTE: All these premium payment transaction codes have the same priority (21) and, if more than one occurs, are processed in the order of their due dates. That is, regardless of the transaction code (P0, P1, P4, PM, PN, P6) this group is processed in due date order. The issue day is used for all processing if unequal to the transaction due day.

B. Input Format. NOTE that this input file is a tape file. Its format is:

1-9	Policy Number and suffix bytes
10	System Code
11	Status = Blank or T (T is permitted on PX, P8 or P9 only)
12-13	Priority = 21 (22 on P9)
14-15	Blank
16-21	Due Date (YYMMDD)
22	Blank
23-24	Transaction Code (P0, P1, P4, P8, P9, PD PM, PN, PP, PX)
25-27	WHO Code
28-35	Net Due

36-43	Premium
44-50	Zeros
51-57	Applied Dividend
58-64	Zeros
65-66	No. of mos (NN): only used on PM, PN and PP.
67-87	Cross reference and/or description
88-91	Batch Number
92-98	Account Number (P9, P8, PX) [On PP & PC, if byte 97 = 'Y' do Reinsurance accounting.]
99	D/S (negative) indicator for all amounts
100-103	Paid-to-date (code) (PP)
104	Commission Code (PP)
105	Filler 1 Byte

C. Input Edit Action

These records will be batch balanced, and, if in balance and no errors occur on the individual records, they will be written out in the same format as the input file, except for bytes 67-87 which are handled as follows by input edit:

- P0 - insert CASH PREMIUM PAYMENT (LEFT JUSTIFIED)
- P1 - insert PAY'T SUSP
- P4 - cross reference policy numbers placed here.
do nothing
- P8 & P9 - No change
- PD - insert DISABILITY
- . P6 - insert 'Term Prefix'

Errors on individual records are:

- a) Cross foot error if premium - applied dividend is not equal to net amount due. (Except P9, PP, PX, P8)
- b) Transaction code error if not equal to P0, P1, P4, P9, PM, PN, PD, P6.
- c) Frequency error if transaction code is PM, PN and frequency is not equal to 01, 03, 06 or 12.
- d) Policy number must lie in the range of 0,000,001-00 to 3,000,000-00.

- e) Prem. must be + numeric. Cols. 44-50 and 58-64 must be zeros.
- f) Due date must be a valid date.
- g) Amount fields must be positive numeric data except P6. A negative premium (cash cancel) will be handled by transaction PP. P6 transactions can be either + or -.

The computer will assign CAO as the WHO Code for transaction (PO, P1, P4, PD, PM, PP). If not given, the WHO code for P8, PX, P6 and P9 will be assigned CAO.

D. File Maintenance Action

Definitions

PTD = paid-to-date

Each HOSR error code prefixed by transaction code (e.g., P11 or P41)

Procedure

O. If transaction is PP or P6. go to A. If Modal Dividend, continue else go to Step A. If Transaction = 'PM' or 'PN' build old Billing frequency and old Billing months. Call Modal Dividend Calculation to handle the Modal Dividend due. If dividends are =, continue else build HOSR.

a) If P6, go to 16.

If PO transaction and who code = CAO and DILB-TYPE = C change who code to B3W. Calculate payment due premium = BP.

If suspend code = Y and who code unequal to DICP-REFER issue HOSR code 2, go to 3a. (If who code =, issue HOSR code FMZ, continue.

c) If transaction not = P6 and DITP-TERM-PAID = 'U' issue HOSR Code F, go to 3a.

If DI-PD-TO is equal to the issue date of the policy set flag NEW. If the Old/New Policyholder code indicates one of the following codes A, B, C, D, E, or F, generate a HOSR, WHY Code POD, WHO Code SSX. If PP, go to 4a.

If DI-PD-TO unequal to the issue date, exit, if PP.

1. If PD transaction and no claim trailer, HOSR Code C, exit. Compare due date from premium card to paid-to-date.

a) If equal, go to (2).

b) If unequal, error HOSR Code A, go to 3a.

2. If PM, PN

- a) If DIBP-FREQ = 1/6 semi-annual or number of months from transaction, HOSR Code PMB, go to 3a.
 - b) Perform "change premium frequency", move transaction due date to (QS-EFF), transaction WHO Code and number of months and move zeros to (QS-AD-J) adjustment amount and (QS-ENTER-FLAG). Call the mode premium subroutine again.
 - c) If PD and if DI-DISABLED code is not P, or B, set up HOSR Code 3 and exit.
3. Compare premium on input to BP, if = go to Step 4. If the input premium is not = to BP and the premium is not zero, error HOSR Code 1, go to 3a.
- a) Reset "catchup bills" flag for billing activity **to spaces. If PP exit from transaction. If PO PM, PN or P4, call the netting suspense routine with the net amount due from card (unless 0) and effective date - due date, credit suspense. If no room, HOSR Code 4 and credit special suspense.
 - b) If PO, PN, debit clearing for net amount due from card.
 - c) Exit from transaction. 4a.)

If flag NEW, set up from Step 0.b,

- i) and DINI-ACCEPT is greater than 660000 and less than today minus 5 days, HOSR Code 6, (If PP transaction set flag to put money in suspense. This flag will be checked in the PP trans.), go to 3a.
- ii) and DINI-FORMS equals Y, HOSR Code 7 to UUO (If DILB-TYPE is equal to 'D' or 'A' used WHO Code SPO) and continue.
- iii) set 'new paid' flag for step 14, if Check-O-Matic and WHO Code in special Billing Trailer is equal to '63W', generate HOSR POF, WHO Code 63W, Generate change pending trailer to Suspend Billing and Non-forfeiture. Go to 4iv. If not COM set "Catch up Bills" Flag to 'Y'.
- iv) and DI-STATUS is 1, generate a decrction control mode 95, adjust internal control, place the year and month of today's date into the first 4 bytes of DI-AGCY-DATA1.

Change the status to 2, generate accretion mode = 01 or 03 based on DI-SOURCE code = blank, 1, 4 or 5. If the Old/New Policyholder code indicates a questionable life code P, generate a HOSR, WHY Code POE, WHO Code GSZ. Exit if transaction PP.

5. If unequal to P1, go to Step 6. If P1 and net due is = zero, go to step 6, otherwise add all policy suspense items with a date equal to the due date. If total policy suspense is < net due, HOSR Code 5 and exit. If total policy suspense is > net due:
 - a) generate an accounting record to debit suspense for the net due amount.
 - b) call the netting suspense routine with the net due from the card, effective date = due date.
 - c) debit internal suspense control, go to Step 6
6. Debit applied dividends for the applied dividend. If Modal Dividend, go to Step 8. Enter the netting suspense routine with the amount (make negative) of applied dividend and due date = effective date. If no room, HOSR Code 9, credit special suspend and continue.
8. If the premium payment crosses an anniversary, split the premium into the appropriate two parts.
9. Credit premiums (first, ren) for the premium (including reinsurance). **NOTE: On the step rate plan any increase in premium is considered first year.** (Separate accounting records will be generated for reinsurance, commission and expense allowance.)
- 10
 - a) Originate commission records (annualize 1st commissions).
 - b) If dividend option = 3, build current dividend field (DICD-DIVD) current outlay field (DI-CURR-OUTLAY). Advance the PTD by appropriate number of months from record (not greater than the coverage cease duration) and enter the dividend and anniversary subroutine with an effective date equal today. Store the premium total amount as the last premium paid in record, the date = due date, today's date, and the frequency as the frequency in the record.
 - c) HOSR Code 8 to 69Y if the FM date is > 36 days beyond the due date. (No status if due date is equal to the issue date.)

12. If PD debit the appropriate disability account (using DI-DISABLED code and the claim incurred year and form number) for the net amount due from the input card.
13. If PO or PN debit clearing for the net amount due from the input card. **NOTE: Net amount due may be 0.**
14. Originate a paid list record unless all fields are zero. The description is determined as follows:
 - a) If the new paid flag is set to 'C' in Step 4. a. iii, use "FIRST PREMIUM".

If new paid flag is set to 'Y' in Step 4. a. iii, use "ISS TO INFORCE-1ST PREM" create data page transaction and cover letter if source code = 5.
 - b) If P6 use "Term Prefix".
 - c) If due date (adjusted for PT, SA, and COM) is greater than or equal to the first billing date in the table of dates, use "ADVANCE PAY'T".
 - d) If PD use "WAIVED".
 - e) If PM or PN use "FREQ CHG PD".
 - f) Otherwise use "PAYMENT" or "COM PAYMENT" if C.O.M.
- 15
 - a) If the transaction code is PM or PN or if a paid list record was generated in Step 14a (new paid for), or if premium due date is equal to the anniversary date, set ASC Flag #1 with test date = today.
 - b) Exit.
- 16 Do Step 4ai.

If DI-SERIES # 87, HOSR Code I, go to 3a.

If Term Prefix is paid and premium is positive, HOSR Code J, go to 3a.

If transaction premium # Term Prefix premium on master, HOSR Code K, go to 3a.

If premium due date # issue date, HOSR Code L, go to 3a.
 - a) Call commission routine.
 - b) Use 3003 for account number.

If premium sign is a space than credit premiums.

If premium sign is = 'N' then debit premiums.

Separate accounting records will be generated for reinsurance, commission and expense allowance.

c) If premium sign = space, move 'P' to DITP-TERM-PAID.

If premium sign = 'N', move 'U' to DITP-TERM-PAID.

d) Generate Accs and Decs using first -92 as mode code and then +92 as mode code.

e) Go to Step 14.

PB + P9 - SPECIAL DEBITS OR CREDITS TO PAY PREMIUMS

These transactions are identical except PB will not check for invalid accounts by input edit. PB will be changed to P9 by input edit.

General

They are used in conjunction with a P4 premium payment. That is, the P4 transaction will account for the premium payment items while the P9 transaction (one or more) will account for the source of the funds involved in the payment. P9 will normally be used in the case of paying premiums on the policy with values from another policy (or some other external source other than clearing or suspense). No changes are made to the accounting fields of the master record. If the account code is suspense, input edit will replace this transaction with a PX transaction so that the master record can be changed for these accounts.

If used in conjunction with a death claim, the last 6 Bytes of the Description must contain the claim number.

A. Priority = 22 File Maintenance Only.

B. Input Format

This format is essentially the same as other premium transactions (see P0). The exceptions are that the account number to be debited or credited is in bytes 92-98, the amount in bytes 28-35, and bytes 36-64 are blank.

C. Input Edit Action

See Premium Payments (P0).

Change PB to P9 and bypass account code check. If the last four digits of the account code (base account) lie within the following ranges (on P9 only) this transaction will be rejected.

1000 - 1900
2300 - 2314
2760 - 2855
2862
2880 - 2893
2910 - 2917
3800 - 4499
4520 - 4999
5200 - 5412
5800 - 6999

If the account code is PX generate a PX transaction to replace this P9 transaction.

If third digit of account code is equal to 4 or 5 and line code is equal to 21 this transaction will be rejected.

If line code is equal to 01, 03, 05, 09, 11, 13, 15, 40, 41-45, 71, or 80-85 this transaction will be rejected.

If the base account lies within the range 2864-2879 and the line code is 13 or 15, the transaction will be processed.

D. File Maintenance Action

1. Generate an accounting record using the data given.
2. Change the date of last accounting to today. Exit.

General

This multi-purpose transaction has several different functions depending on a special code. The main use of the transaction (Regular PC, Byte 104 is blank) is as follows: This transaction (given a resulting paid-to-date) will cash cancel up to four consecutive premiums, charge back commissions and remove the policy from Check-O-Matic. It will generate a confirmation letter and any necessary catch-up bills. This is a one sided entry, i.e., premiums will be debited. This transaction is always considered to be negative.

Code 'V' will annualize commissions with no accounting, transaction considered positive.

Code 'W' will cancel Check-O-Matic with no accounting, transaction considered negative.

Code 'Y' will charge back annualized commissions non Check-O-Matic, with no accounting, transaction considered negative.

A. Priority = 22

B. Input Format

Same format as the PO transactions with the following exceptions:

1. The gross premium is equal to the product of the premium times the number of months, (only if Byte 105 is blank, regular PC, otherwise net due must be blank).
2. Bytes 44-64 must be blank, (Applied Dividend).
3. Paid to date must be YYMM (bytes 100-103) only if regular PC (byte 104 equal to Blank).
4. Commission code, byte 104 must be blank or A.
5. Bytes 16-21, Effective date (YYMMDD).
6. Bytes 105: b (Blank) = Regular PC
V = Annualized commissions - no accounting.
W = Cancel Check-O-Matic - no accounting.
Y = Charge back annualized commissions (non Check-O-Matic) - no accounting.

C. Input Edit Action

These records will be batched balanced (net due is a debit).
There will be no cross foot check.

1. If byte 105 = Blank - Net due must equal the premium times the number of months. If byte 105 = V, W or Y - Net due must be blank. Premium must be unequal to 0.
2. Policy number must be in a valid range.
3. Paid-to-date YY must be 69 through 85 and MM must be 1-12, only if Byte 105 is blank.
4. If byte 105 = Blank, number of months must be 01 through 04. If byte 105 = W, number of months must be equal 01, 03, 06, 12 or blank. If byte 105 = V or Y, number of months must be blank.
5. Bytes 44-64 must be blank.
6. If byte 105 = Blank or W, Commission code must be blank or A. If byte 105 = V or Y, Commission code must be A.
7. If the who code is blank and Byte 105 is equal to blank or W, SCQ will be assigned, if Byte 105 is equal to V or Y, CAO will be assigned.
8. Byte 105 (see description under Input Format above) must be equal to blank V, W, or Y.
9. If byte 105 = V, or Y, Byte 65 must be equal to blank or A-J.

NOTE: This byte will indicate to the commission routine which agents will be annualized. For example, blank indicates that all agents are to be annualized, if equal to A, only the first agent will be annualized, etc.

10. Sign must be negative (except if Byte 105 is equal to V), then sign is left blank (Transaction is considered positive).

D. File Maintenance Action

1. If Status unequal to '2', issue HOSR code PCE, go to step 13. If Byte 105 = V, W or Y, otherwise EXIT. If byte 105 is equal to V or Y and the duration at the paid to date is greater than or equal to 1, generate HOSR code PCF and exit. If Byte 105 is equal to 'V' or 'Y' and the paid to date is equal to the issue date, generate HOSR code PCH and exit. If Byte 66 indicates a particular agent or all agents are to be annualized and the agent's trailer does not correspond, HOSR code PVH and EXIT. If suspend code = Y and the who Code is unequal to the change pending DICP-REFER, issue HOSR code PC1 and exit, if byte 105 is equal to V, W, or Y, otherwise, go to step 13. If the who codes are equal, generate HOSR code FMZ, and continue.

If byte 105 is equal to 'V', go to step 20.

If byte 105 is equal to 'W', go to step 30. If byte 105 is equal to 'Y' go to step 50.

2. If the policy is not C.O.M., HOSR code PC2 and go to step 13.
3. If the paid-to-date in the Master record minus the number of months given is not equal to the paid-to-date given, HOSR code PC3 and go to step 13.
4. If using the paid-to-date given results in backing over an anniversary, HOSR code PC4 and go to step 13.
- 5a If Modal Dividend, call Modal dividend calculation. If the actual billed premium = premium given + Modal dividend, HOSR code PCM, and money goes into suspense. If this does not equal the premium given, HOSR code PC5 and go to step 13. If DIAGT-A (DIAGT-X) = 'A' (If commissions have been annualized in any of the Agent's trailers, set annualized flag and continue.
- 5b Calculate the premium due on the paid-to-date given (1/6 semi).
- 5c If commission code in transaction is equal 'A' and no 'A' in any agents trailer, HOSR code PCC, Move spaces to commission code and process transaction.
6. For each due date from the paid-to-date in the Master record minus one month to the paid-to-date given: **(NOTE: Steps A thru C are Performed number of months times)**
 - a) Generate an accounting entry to debit premiums (first, renewal). If Modal dividend, generate an accounting entry.

Generate a paid list record with the description
"RET CK CANCEL COM.."
 - c) When processing this loop the following tests are made for each charge back (number of months).

If commission code is equal to 'A' and duration is equal to zero and commissions have been annualized, no commissions are generated, continue loop if required. **NOTE: Commission records in this situation will be generated after all loop processing if duration continues to be zero while processing the loop.** (See step 7b after all loop processing has been completed).

If commission code is equal to 'A' and duration is unequal to zero, set flag to indicate that commissions will be generated, generate commissions, continue loop if required.

If commission code is unequal to 'A' and commissions have been annualized, generate commissions, continue loop if required.

If commission code is unequal to 'A' and commissions have been annualized and duration unequal to zero, generate commission, continue loop if required.

- 7a Change the paid-to-date in the record to the paid-to-date given. Move new amount due from transaction (negative) to DI-LAST-AMT. Move no. of months to DI-LAST-MO and effective year and month to last premium date DI-LAST-DUE.
- 7b If the commission code is = A, generate commission records to charge back annualized commissions.
- 8a If there is a mode premium adjustment (DISB-ADJ not equal to zeroes), generate HOSR code PC6, clear DISB-ADJ to zeroes set flag for step 10 to not produce catch-up bills. Go to 8b.
- 8b Change DIBI-MOS to 03, DIBI-FREQ to Q and determine a new premium anniversary month (Call Change of Premium Frequency Routine, see Page 2.2.66). Go to 8c.
- 8c If DILB-DISC = 'Y' if there is an association number and the third digit of the group number is not 9 and not 7, then 0 is moved to DILB-NUMB and 'I' is moved to DILB-TYPE. Go to Step 9, otherwise move 'G' to DILB-TYPE. Move 000 to first three digits of DILB-NUMB. Issue HOSR code PCI. Go to step 9. If DILB-BIR contains an Approval Code, issue HOSR code PCD and remove List Bill Trailer, else remove LIST BILL TRAILER.
- 8d On ASI, first two digits of DILB-NUMB = 12, 96 or 97, move zeroes to DI-COLL-CHG and if DISB-HNDL is equal to FD move spaces to DISB-HNDL.
- 8e If the policy has reinsurance and DILB-DISC is presently 'Y', generate HOSR MWPCD to notify reinsurance that the list bill trailer for this policy has been eliminated.
- 9. If the paid-to-date given is equal to the issue date, generate a HOSR code PC7 and set flag for billing activity. (Do not produce Catch up bills).
- 10. If the flag was set from step 8a or 9, go to step 11, otherwise, set the catch up bill flag for billing activity.
- 11. Set up Information to generate ASC.
- 12. Exit
- 13. Place net amount due in suspense (-), (adjust accounting internal controls) make accounting entry (debit), exit. **(NOTE: if no room to place in suspense, debit suspense, HOSR code PC8, exit.)**

Section B = Byte 105 = 'V' annualized commissions, with no accounting.

NOTE: All HOSR generated in the section will use Byte 105 as the 2nd digit of the code, that is PC5 will be indicated PV5. The reason for the status will be the same as for the PC.

20. Calculate the Premium due on the paid-to-date in the record. If this does not equal the premium given, HOSR code PV5, go to step 23.
21. If commissions have been annualized, DIAGT-A equal to A, **(NOTE: byte 66 will indicate which agent will be annualized)**, issue HOSR, Code PVA, go to step 23, otherwise, generate annualized commission records. The commission routine (Page 4.10.1) will generate commission records only for the agents indicated by the code in byte 65 and move 'A' to DIAGT-A to show that commissions have been annualized for this agent. This transaction is considered positive by the commission routine. If DI-HOSR-WHY-SECD = ZK0, ZK1 or ZK2 go to step 22. Call DIACDEC for print only (indicating PC change).
22. Generate ASC information.
23. Exit.

Section C - Byte 105 = 'W' Cancel Check-O-Matic - no accounting

NOTE: All HOSR generated in this section will use byte 105 as the 2nd digit of the code, that is PC2 will be indicated as PW2. The reason for the status will be the same as for the PC.

30. If the Policy is not C.O.M. HOSR code PW2 and go to step 41.
- 30a. If Modal dividend, call modal dividend calculation. If the actual billed premium = premium-given + Modal dividend, HOSR code PWM and Exit.
31. Calculate the premium due on the paid-to-date in the record. If this does not equal the premium given, HOSR code PW5 and go to step 41.
32. If the commission code in transaction is equal 'A' and no 'A' in any agents trailer, HOSR code PWC and go to step 41, otherwise go to step 34.
33. If the commission code is not equal to 'A' and commissions have been annualized (DIAGT-A equal to A in any agents trailer), and duration equal to zero, issue HOSR code PWA, and go to step 35 (no commission records will be generated), otherwise, go to step 35.
34. If the commission code is equal to 'A' and duration is equal to 0 generate commission records, go to step 35. If duration unequal zero, issue HOSR code PW9, go to step 35.

35. If there is a mode premium adjustment (DISB-ADJ not equal to zero), generate HOSR code PW6, clear DISB-ADJ to zeros and set flag for step 39 to not produce catch up bills.
- 36a. If DILB-DISC is not equal to 'Y' and input number of months is equal to 01, change to quarterly and issue HOSR code PWB, go to step 36c.
- 36c. Determine a new premium anniversary month (call change of premium frequency routine, see **Page 2.2.66**).
37. If DILB = 'Y' if there is an association number and the third digit of the group number is not 9 and 7, then move 0 to DILB-NUMB and 'I' to DILB-TYPE, go to Step 38, otherwise move 'G' to DILB-TYPE. Move 000 to first three digits of DILB-NUMB issue HOSR code PCI, go to step 38. If DILB-BIR contains an Approval code, issue HOSR code PCD and remove list Bill Trailer, else, remove List Bill Trailer. On ASI, first two digits of DILB-NUMB = 12, 96, or 97, move zeros to DI-COLL-CHG and if DISB-HNDL is equal to ED move spaces to DISB-HNDL.
38. If the Paid-To-Date given is equal to the issue date, generate a HOSR code PW7 and set flag for step 39 to not produce catch-up bills.
39. If the flag was set from step 35 or 38, go to step 40; otherwise, set the catch-up bill flag for billing activity.
40. Generate ASC information.
41. Exit.

Section D - Byte 105 = 'Y' will charge back annualized commission on Check-O-Matic, with no accounting.

NOTE: All HOSR generated in this section will use byte 105 as the 2nd digit of the code, that is PC5 will be indicated as PY5. The reason for the status will be the same as for the PC.

50. Calculate the premium due on the paid-to-date in the record. If this does not equal the premium given, HOSR code PY5 and go to step 54.
51. If commission code in transaction is equal 'A' (**NOTE: will always be considered 'A' from transaction**) and no 'A' in any agents trailer, HOSR code PYC and go to step 54.
52. **NOTE:** Only first year cases are processed, all others have been eliminated in step 1. Generate charge back annualized commission records. The commission routine (**Page 4.10.1**) will generate commission records only for the agents indicated by the code in byte 65 and move a space to DIAGT-A to show that the annualized commissions have been charged back for the agent. This transaction is considered negative by the commission routine.

If DI-HOSR-WHY-SECD = ZK0, ZKI or ZK2 go to step 53.
Call DIACDEC for print only (indicating PC change).

53. Generate ASC information.
54. Exit.

PG - H.O.G.A. ALLOTMENT

A. Priority = 25 File Maintenance only

B. Input Format -

Bytes 1	System Code = D
2-410	Policy number and suffix
11	Status = Blank
12-13	Priority = 25
14-15	Blank
16-21	Due Date
22	Blank
23-24	Transaction Code = PG
25-27	WHO
28-35	Allotment Amount
36-66	Blank
67-87	Description
88-91	Batch Number
92-104	Blank

C. Input Edit Action

These records will be batch balanced, and if no errors exist on individual records, they will be written out. Input edit will furnish the description "HOGA ALLOTMENT" for Bytes 67-87. Bytes 25-27 will be assigned a who Code of CBD. The policy number must be in the range 0,000,001-00 to 3,000,000-00. Bytes 14, 15 and 22 must be blank and the allotment amount must be positive numeric data.

Definitions

PTD = paid to date
NGA = New allotment amount
OGA = Allotment amount in record

D. File Maintenance Action.

NOTE: If no room to place amounts in suspense, debit (or credit) special suspense, HOSR PG3, exit. When storing amounts in suspense in the following steps call the netting suspense routine.

- 0.A.) If no allotment trailer, HOSR code PG5, amount to suspense, make accounting entry, exit.
- 0.8.) If NGA OGA make OGA = NGA. (Change Record)
- 0.C.) If the status = 1 (issue), HOSR code PG6, continue.
1. If suspend code = y HOSR code PG1, amount to suspense (+) (add to), make accounting entries, exit.
 2. If today YYYY is < PTD, amount to suspense (+) (add to), make accounting entries, exit.
 3. Calculate Premium due.
 4. If NGA = calculated premium go to (7).
 5. If NGA > calculated premium, place NGA - calculated premium in suspense (+) (add to) with the effective date = zeros and account number _____. Make an accounting entry to credit suspense for the amount (NGA calculated premium). Go to (7).
 6. If NGA < calculated premium, place NGA in suspense (+) (add to) with the effective date = zeros and account number _____. Test the total suspense for this item just added to the calculated premium. If =, clear suspense item, debit suspense for difference between calculated premium and NGA, go to (7). If >, subtract calculated premium from the total suspense for this item and place result back in suspense. Make an accounting entry to debit suspense for the difference between the calculated premium and NGA. Then go to (7). If <, make accounting entries to credit suspense and debit clearing for this amount. Change the date of last accounting to today, exit.
 7. Advance PTD by the appropriate number of months from the record not greater than the premium cease duration and enter the dividend and anniversary subroutine with an effective date = today.
 - 7a. HOSR Code PG4 to B9Y if FM date is > 36 days beyond the due date (no status if due date is equal to the issue date).
 8. If the premium payment crosses an anniversary, split the premium into the appropriate two parts. Store the total premium amount as the last premium paid in the record.

9. Credit premiums (first, ren) for the premium amount(s) (including reinsurance).

NOTE: On the step rate plan any increase in premium is considered first year.

10. Make an accounting entry to debit clearing for the amount NGA.
11. Generate an item for the paid list with the description "HOGA".
12. Originate commission records.

RA - REQUEST IN-FORCE ASC

A. Priority = 65 File Maintenance Only.

B. Input Format

1	Line Code = 0
2-3	Transaction Code = RA
4-12	Policy Number and Suffix
13-48	Blank
49-51	WHO Code
52-80	Blank

C. Input Edit Action.

Col. 4-12 must be in the range *0,000,001-00* to *2,000,000-00*. Col. 13-48 and 52-80 must be blank. If Col. 49-51 are blank, the computer will assign B1B as the WHO Code.

D. File Maintenance Action.

The matching in-force record will be written out with the standard billing appendage (indicating ASC for paid file only). The due date will be the paid to date or today's date if earlier. No control records or accounting records are generated. Date of last transaction is not changed. Controls are not affected.

RB - REQUEST BILLING, UNPAID RECORD

A. Priority = 60 File Maintenance Only.

B. Input Format

1	Line Code = D
2-3	Transaction Code = RB
4-12	Policy Number and Suffix
13-18	Due Date
19-48	Blank
49-51	WHO Code
52-80	Blank

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C. Input Edit Action.

Col. 4-12 must be in range of 0,000,001-00 to 3,000,000-00. Due date must be in range 690101 to 761231. Col. 19-48 and 52-80 must be blank. If Col. 49-51 are blank, the computer will assign B1B as the WHO code.

D. File Maintenance Action.

If status code is not equal to 1 or 2 error HOSR Code RB1, exit. If due date of RB transaction is less than the paid to date or greater than the highest billing date, error HOSR RB2 and exit. If no billing information trailer is present, error HOSR Code R83 and exit. If the due date given is > coverage cease duration, error code RB4. If policy is Check-O-Matic, error HOSR RB5 and exit. If due date is not a regular premium due date, error HOSR RB6 and exit. If date given is not between the anniversary year and the anniversary year + 2, error HOSR RB7 and exit. If RB transaction same as an earlier one, error HOSR RB8 and exit. Otherwise the normal Billing appendage will be generated with the notice destinations in the appendage containing the WHO Code and the reason shown as 'Requested Bill'. The appended master will then be written out.

No control records or accounting records will be generated. Date of last transaction will not be changed. Controls are not affected.

NOTE that if the record contains a suspend billing code, this code will be shown on any notice.

TP - PURGE THIS RECORD

A. Priority = 95 File Maintenance only.

B. Input Format

1	Line Code = D
2-3	Transaction Code = TP
4-12	Policy Number and Suffix
13-48	Blank
49-51	WHO Code
52-80	Blank

C. Input Edit Action

Col. 4-12 must be in the range *0,000,001-00* to *3,000,000-00*. Col. 13-48 and 52-80 must be blank. If Col. 49-51 are blank, the computer will assign ACO as the WHO Code.

D. File Maintenance Action

The matching master record will be purged from the file provided that its status is terminated. If it is not terminated or if no matching record is found, an error line will print. In no case will an issue or in-force record be purged from the file.

CHANGE PREMIUM FREQUENCY

General

- each day (as a part of the anniversary and dividend logic) file maintenance will check if there is a notify trailer as described under "Change of Premium Mode CM". If such a trailer exists:
 - compare the effective date to the paid to date
 - if less, HOSR error CP2, exit
 - if greater, exit
 - if equal
 - if today's date < paid to date, exit
 - if today's date = paid to date, enter "change premium frequency"
 - if today's date > paid to date, HOSR error QR1, enter "change premium frequency"
- giving the trailer date as the effective date and the new frequency in months (DINOT-FREQ).
- this routine will change the frequency and generate a new premium anniversary.

Definitions

PTD = paid to date
PRA = premium anniversary month
PA = policy anniversary month
EM = month of effective date
NFD = frequency duration of new premium mode in months
ED = effective date
ADJ = mode premium adjustment amount

File Maintenance

1. Produce dec mode 35. Only on File Maintenance.
2. Change billing frequency, number of months, and adjustment amount.
3. Determine new premium anniversary.
 - a. $E'M' = EM + 12$
 - b. $E''M'' = E'M' - NFD$
 - c. Compare $E''M''$ to PA if $E''M'' = PA$ or $PA + 12$, change PRA to PA if $E''M'' < PA$ change PRA to $E''M'' + NFD$ if < 12 , otherwise $E''M'' + NFD - 12$. if $E''M'' > PA$, subtract NFD from $E''M''$, go to c.

4. Remove notify item, if not PM transaction
5. Produce an Acc mode 35.

(NOTE: Do not generate ASC if the transaction is PM, PN.)
Only on File Maintenance.

PZ - PREMIUM PAYMENTS -
MONEY FROM BANK REMITTANCE (BDPZTRNS)

PRIORITY: 21

General:

This transaction will be processed by the *PO* module (BDIPO) in the same manner as a *PO* transaction after it has first passed through the *PZ* module (BDPZTRNS).

The transaction is received from the bank remittance (MOHAWK) System. The *PZ* transaction is not intended to be created on cards or via the Online Unpaid System.

Input Format:

1-9	Policy Number and Suffix
10	Line Code (0)
11-13	Blank
14-19	Due Date (YYMMDD)
20-31	Blank
32-39	Net Amount Due
40-43	Blank
44-45	Transaction Code (PZ)
46-80	Blank

Process:

The *PZ* Transaction contains only the net amount due. The purpose of BDPZTRNS is to calculate the net premium due, the gross premium and any applied dividend.

Logic Flow

- A) The Master Record and the Common Area are saved in a work area. The rate routine (BMDICAL) is called in order to obtain all rates for the policy. The record is then caught up to the transaction due date. The original common area is then restored.

The Calculate-Payment-Due module is called in order to obtain the gross premium and applied dividend.

If the calculated net amount due >
0, Go to "C".

1. If the policy paid to date < transaction due date,
Produce HOSR with reason PZPZ1 go to D.
2. If the billing month is not equal to 01, and policy
paid-to date > transaction due date,
Produce HOSR with reason PZPZ2 go to D.

3. If the billing month is equal to 01, catch up policy and calculate premiums. The common area is again restored.
Go to C.
- r)
1. If the calculated gross premium > 999,999.99 or the calculated dividend > 99,999.99 produce HOSR with reason "PZPZ3"
Go to "D".
 2. If the calculated net premium equals the transaction amount,
Move the gross premium to the transaction record
Move the applied dividend to the transaction record
Go to "E".
- If the calculated gross premium equals the transaction amount move the gross premium to the transaction record,
Go to "E".
3. Produce HOSR with reason "PZPZ5"
Go to "D"
- If suspense trailer full credit account 0002872 instead of 0002862. Produce HOSR reason "PZPZ4".
- D) Place money in suspense credit account 0002862 debit account 0002863.
- E) Restore the saved disability master to the DI-MASTER-RECORD. This insures that the catch-up logic will not be permanently retained in the record. Return to file maintenance routine (BODFMCT).

DISABILITY CONTROLS

The following is intended to give a general picture of the various controls incorporated into the Disability System. It should be clearly understood that this is a general description attempting to bring together the control aspects. It will be necessary to refer to various parts of the Disability System description where detailed information is desired.

A. Premium Control

One of our primary objectives was to keep the manual work associated with the system to a minimum. Thus, only annual unit premiums are carried in the file. This should minimize clerical error. To help insure the accuracy of premiums, each January 1, the analysis run will check the annual unit premium on the in force at that time for the base policy. In addition, on premium payments, the amount due is recalculated and compared to the payment that is entered. There is no dependence on an unpaid premium file.

B. Status of the File

While the aspects discussed here are not necessarily a direct control of the file, they are likely worth noting since they minimize clerical input and intervention. The policy record as maintained in the master file reflects the status of the policy at this time. Dividends are not credited nor automatic contractual changes processed until we have reached the contract date and premiums are paid to such date (i.e. whichever occurs later). Thus, there should be very few instances where data has to be manually adjusted to obtain current values. Automatic nonforfeiture will occur just before normal processing 70 days after the due date, unless a suspend code has been entered. Where a suspend code appears on a record, a status print out will be prepared periodically to help insure that such code does not remain indefinitely.

C. File Control

The master file contains issues, (status 1) in force (status 2) terminated (status 4 = Dead (settled), 5 = Lapse, 8 = Rewritten, converted, expired or any other terminated, A = Issue not taken, B = Other issue terminations). The disability portion of the control applies only to issues and in force (1 + 2). On the accounting portion, policy suspense is always under control regardless of the policy status. The following fields are the control fields:

NOTE: The ADI Record (Suffix 01) is controlled in the same manner as the Base Policy.

Amount of Disability Income

Premium (count) - for Lifetime Accident

Premium (count) - for 1st Day Accident

Premium (count) - for Accident Partial or M & S Partial Disability or New Series Residual.

Premium (count) - for Cost of Living on the base

Premium (count) - for Cost of Living on Lifetime Accident

Premium (count) - for Cost of Living on Residual

Premium (count) - for Cost of Living on Lifetime Sickness

Premium (count) - for Cost of Living on specific loss

Premium (count) - for Retroactive Overhead Expense

Premium (count) - for Specific Loss

Amount of Lifetime Sickness

Amount from Accidental Death and Dismemberment

Trailer Hospital Monthly Income

Amount (Original) of AIO

Percentage rating and Flat-Extra Premium Per Policy from the Substandard Trailer.

Premium (count) - for Own Occupation on the base

Premium (count) - for Residual on Own Occupation

Premium (count) - for COLA on Own Occupation

NOTE: On control fields followed by the word "count" amount is not used, but rather a count of 1 is used to show that this particular field is present on the master

Each record will contain, in the fixed portion, a hash total of these fields, the fields being used depending on the Status of the Record. During the file pass, the following will be performed on every period:

1. The fields will be added to check the hash record before any changes are made. This is the in-hash.
2. The net effect of any changes on the hash record will be accumulated, and split between internal and external transactions.

3. The beginning hash plus the net changes will be compared to the new hash calculated by adding up the fields in the record. This latter is the out-hash. A discrepancy in these two totals will generate an error print-out on the printer. The recalculated out-hash will be carried in the record.

This will insure that our processing is consistent within a record, segregating those cases where errors occur. In addition, we will accumulate internally the following totals for the file:

	In-Ins. In Force	Hash Issue	External Changes	Internal Changes	Out-Ins. In Force	Hash Issue
Amount Disability Income Premium (count) Percentage rating and Flat-Extra	X	X			X	X
Total	X	X			X	X

ACCOUNTING

	In-Hash	External Trans.	Internal Trans.	Out-Hash
Suspense Total .	X X	X X	X X	X X

These totals will be printed out at the end of the run. The totals should cross foot if all changes and transactions have been handled properly, and the externals should check to predetermined control figures.

D. Accounting Control

Accounting items may be entered into the system in one of four ways:

1. Externally initiated transactions
2. Automatic transactions
3. Internal transactions
4. Pass through accounting

External transactions are balanced to a clearing account using batch controls, where the clearing is balanced to cash. A batch may contain offsetting debits and credits, so that in essence these batches are self-balancing. Where part of a transaction is cash and part offsetting entries, the cash portion is entered first on a single transaction to put the money in suspense on the individual policy record.

Automatic and internal transactions are self balancing as generated by the program.

Pass-through accounting is merely a means of entering an accounting item into the system that may be looked upon as having been determined manually outside the system, the pass-through picking up statistical data from the record that would otherwise have to be coded and key-punched. These will also be batch controlled, presumably to a zero balance. At the end of the run when all items are posted to the ledger, the ledger should be in balance.

NON-ACCOUNTING

Non-accounting may be described as those elements on the master record where changes affect the policy exhibits or reserves. To the extent it is impossible to visualize data on changes that may be desired in the future, it seems advisable to produce a decretion and an accretion on most changes, made up of the master record plus an appendage. The increased tape records do not appear to be an obstacle for the advantages gained, bearing in mind the difficulty in determining what data would be required for each change. There are two exceptions. Name and address changes where the state does not change, where there will only be an indication on the transaction trail that such a change was made. These exceptions seemed worthwhile in view of the volume of changes. The second is certain field changes that obviously do not require an acc or dec, such as change in date of birth, etc.

At this point, it is necessary to understand how the determination of an acc or dec is initiated. Input edit contains a table for each field in the record, in which one of the items is a one-digit code as follows:

1. Acc, dec pol exh and agency statistics
2. " " pol exh only
3. " " agency stat only
4. No acc or dec - short print record

This indicator is picked up for each field on a change and stored providing it is of lesser magnitude than a digit previously stored. Thus the people originating a field change need not be concerned about the output records from the system.

The input edit table also contains a byte indicating whether or not the change for each field requires the last accounting or transaction date be present. This should inhibit field changes being made without checking on the latest status of the record.

The manual controls will be similar in principle to our present controls. Separate control sheets will be maintained for issue and in force. Each sheet will have a column for each control field, with the net change entered for each field. These fields should balance to the print out produced at the end of the file pass for the external changes. If there is any disagreement, the net change in control fields can be checked for each policy on the transaction register to find the discrepancy.

TRAILS

There will be two major trails produced by the system, where an entry contains the date of the prior entry for tracing backwards. One is the disability journal which contains all ledger accounting entries. The other is the transaction register which has an entry for every other change affecting the master record. This transaction register consists of one line of printing for each transaction that is an indication of the type of change, (by the mode and/or transaction code) the effective date, and any change in the control fields. Details of the change can be found in the input edit print, the key-punch code sheet, or the policy change sheet.

BILLING CONTROLS

Billing counts are produced to ensure that the correct number of bills are printed for each bill triggered by the system.

These counts are displayed once at dispersion time and again at billing print time.

Since at billing print time, insurance bills are also printed, the control listing at print time includes counts for both systems (**NOTE that at insurance dispersion time also**). Policyholder Service Department receives the count listings, verifies the totals, and supplies the Mail Room with these figures.

The following jobs are run daily and produce a control report for manual field changes (cf's).

JD063 - Builds a file w/whocodes for policies where field changes were made against control fields only. The policy number, who code, and mode are written to a vsam file

Input: DIS.PINTR.DD15.DISTRN
Output: DIS.PINTR.D063.WHOCODE

JD064 - Extracts and sorts policy change records that are type '1' cf's.

Input: DIS.PINTR.DD25.PLCY.CHG
Output: [DIS.PINTR.SR](#) D.D064.PLCYCHG

JD065 - produces the control report for manual field changes. if there are no changes, a report will be produced stating that fact.

Source: NLVO.PLMF.SOURCE(ZD065) (SAS)
Input: DIS.PINTR.D063.WHOCODE
Input: DIS.PINTR.SRTD.D064.PLCYCHG
Output: DIS.PINTR.D065.F160A (Control report)
Output: DIS.PINTR.D065.F160B (Null report)

DIVIDEND AND ANNIVERSARY LOGIC SUBROUTINE
(DIADIVF & DIADIVO)

This is a very important subroutine since it controls the timing of:

1. Changing a premium frequency.
2. Obtaining dividend factors.
3. Performing the dividend calculations, accounting and controls.
4. Performing the automatic anniversary work and controls.

Thus, anyone making changes in the financial portion of the master record should be thoroughly familiar with this routine. We felt rather strongly, based on past experience, that it was highly desirable to effect changes in the master at the time they should occur. Hence,

1. A normal change in frequency can be entered via a notify trailer in advance for billing (see transaction CM), but the change will not be reflected in the master record until the appropriate date.
2. Dividend factors are normally entered into the master record on the policy anniversary. However, if there is a change in our dividend scale, they may be entered earlier.
3. Dividend calculation and the associated work is done when the records has reached the anniversary, whichever occurs later. The first year dividend calculation is delayed until two years' premiums have been paid.
4. Anniversary work, which in essence is any contractual change in premiums or benefits, is performed when the record has reached the anniversary, and in addition is paid to that anniversary, whichever occurs later.

A flow chart is attached as an aid in understanding this logic, which has been divided into sections for explanatory purposes. In order to achieve the timing desired, file maintenance enters this routine on every In-force record every day, and in addition, on all premium payments. The given date is the current day (or days) for which file maintenance is being performed. This routine is also used in catching up a record for preparation of the ASC, bills, and Home Office status.

The front logic checks if there is a change premium notify trailer, and, if so, performs the "Change Premium Frequency" subroutine, which will change the frequency and premium anniversary if such should be done at this time.

Section B determines if any dividend work at all should be done. If we have reached the policy anniversary, then we at least must pick up the dividend factors, as normally the desired factors are on the disc at this particular time, and could be changed to a new scale before the necessary premiums are paid. Since it is possible to do the dividend work manually by means of field changes, this section will determine if the dividend work has already been done, and if so, will check to see if the anniversary work should be done.

Section C will pick up the factors from the disc by building the appendage, then transfer the dividend factors to the factor trailer, if they have not already been entered.

Section E is the anniversary work. The appendage is built using the year of the anniversary work as t.

The balance of the flow chart performs the dividend calculation, etc., when it is required, which may involve two sets of dividends, and finally removes the factors trailer, unless the factor duration is less than or equal to the duration at the dividend year (caused by field changes or by internal errors in the calculation of the dividend in which case the dividend may not be performed) in which case, the factors are left on the record. **NOTE the suspend code does not prevent building the factors trailer, but does prevent dividend calculation and anniversary work, etc.**

Initially, we are not making any provision for backing off a record for dividend or anniversary work. One of the major obstacles to back tracking a record is that a non-contractual change may have occurred. Ignoring this problem, it is fairly easy to see the problems on backing off anniversary work, which would require continuous historical data on all records. The normal dividend work is not too difficult to reverse for one year except for applied dividends greater than the current premium. However, with the timing adopted, it would seem that the need for reversals would be at a minimum.

DIVIDEND CALCULATION AND ACCOUNTING
(DIDIVDF)

The following write-up pertains to the module used in File Maintenance. A separate module is used in the output runs (Billing, HOSR) which is identical with the exception that no accounting records are generated and the reinsured dividend is not computed.

This routine will compute the dividend using the factor in the factor trailer # 1 location. It will apply this dividend to the appropriate option and update the master record accordingly. Any applied dividend will be placed in suspense, and all dividend suspense with the same date will be netted. This will take care of the situation where an applied dividend has actually been used before it is earned on an advance premium payment. The amount of any dividend or portion of dividend to be paid in cash will be developed and accounted for in this routine and will be passed to the calling program.

A dividend date payable is also generated by this routine and passed to the calling program. It is normally the current policy anniversary except if the dividend is delayed until two years premiums are paid, in which event the date is the due date of the premium that will pay the policy up to or beyond the second anniversary.

The portion of the dividend reinsured (if any), will also be generated by the routine and accounted for.

NOTE: Initially this routine is written to produce a dividend on the base policy only, together with the reinsured portion of the base dividend. The par/non-par and reinsurance indicators in each benefit are ignored by this routine. If, and when, the benefits become participating, this routine will have to be changed to calculate each piece of the total dividend.

This routine is performed as follows:

1. If the factor duration is not equal to the duration at the dividend year + 1, this routine will generate a HOSR Code QD7 and exist.
2. If the dividend option is invalid or if the option is applied and the policy is HOGA, PDF (Disabled code P or B), or COM, this routine will generate a HOSR Code QD1 and the option will be treated as cash. **(NOTE the option in the record is changed.)**
3. The last dividend on expiring policies (if the option is applied) will be treated as cash and this routine will change the option.

4. The amount of dividend is computed equal to Dividend Factor # 1 x amount of base premium (DI-MP-BASIC). The base premium is first discounted by the appropriate discount (call to 'EMDGRPDI'), if applicable, before any dividend calculation is done (beginning in '90 and beyond).
5. (a) If the option is cash, the amount of dividend is stored in QD-ACASH and accounting records are generated to debit account 5005120 and credit 0002876.

(b) If the option is applied, a suspense trailer item is built with the due date equal to the policy anniversary (premium anniversary if off anniversary) except if the first dividend is delayed until two years premiums are paid, in which case the date is the due date of the premium that will pay the policy up to or beyond the second anniversary. The net suspense routine is then called. If no room in suspense, generate HOSR, Why Code QD2, WHO Code A31, continue processing.
6. The reinsured portion of the dividend (if the option is cash) is computed equal to the ratio of the (Base amount reinsured /Base amount) times the dividend times the rate in the first byte of the Reinsurance Commission Group.
7. Generate accounting records to credit account 5975120 and debit 5972860 for the amount of the reinsurance dividend. The accounting Due Date or Effective Date will be the premium due date for policies with Applied Dividends and the File Maintenance Accounting Date for Policies with Options other than Applied.

ANNIVERSARY ROUTINE
(DIANNF & DIANNO)

This routine performs all the functions of automatic change to the exploded master record, which may occur on a policy anniversary. The file maintenance run will use the routine in two fashions:

- I) On the policy anniversary, if premiums are paid to or beyond the anniversary.
- 2) After the policy anniversary, when a premium is paid which pays to or beyond the anniversary.

The catch-up logic in the output runs, Billing Dispersion, Billing and Home Office Status, also makes use of this routine. The Dividend and Anniversary Logic routine (not this routine) must determine when the anniversary work is required. **NOTE: If the dividend routine is to be used on the same policy at the same time, the dividend routine must be completed before the anniversary routine.**

The anniversary routine will perform the following actions on the exploded master record:

A. Basic Policy Changes

1. a) Update anniversary year in record by 1.
b) If no premium due on the anniversary, (off anniversary) set ASC flag # 1 with today's date.
2. Coverage Cease
a) Expires - policies which have reached their extended coverage cease duration will be expired and the status of the record changed to terminated. (Chg. status to 8)

On File Maintenance Only, generate a decrement control record mode 17. Adjust internal change controls. Change the date of last activity to today. Set Home Office Status indicator flag with WHO Code as CT4, (for General Files on all terminations) and Why Code as AN2. (See write-up of Home Office Status indicators for description of each reason - *why* code). Generate a paid list record with the description "EXPIRY".

3. Premium change - current billing premium only.
If the billing information trailer indicates a changing premium, the move of the ultimate premium in the premium change trailer to the billing information trailer will *be* delayed one year, that is, to the following anniversary; however, the reinsurance rate will be increased to 100% on the current anniversary, generate a decretion control record and then the appropriate premium from the premium change trailer will be moved to the billing information trailer and premiums remaining in the trailer will be moved up. 'Generate an accretion control record. The mode for the acc and dec will be 35.

When no further changes exist, the premium change trailer will be eliminated.

If the plan is a step rate but no premium change trailer exists, HOSR Code AN3 to WHO Code A31.

NOTE: With no premium change trailer, the premium cease duration in the Billing Information must be B. If not, set the Home Office Status flag with who Code A31 and why Code AN5 - current premium ceases but no premium change trailer.

4. Premium change for annual term products.

The appropriate premiums for term products are updated and acc/dec processing with mode 35 completed.

B. Benefit Changes

1. If the coverage cease duration of the base policy is reached, all rider and benefit trailers will be eliminated.
2. Coverage cease dates for all riders and benefits will be checked and the trailer eliminated if appropriate.
3. On File Maintenance Only, a decretion control record will be generated, if necessary, before any change to the exploded master is made. All changes will then be processed and an accretion control record will be made. The mode for the accretion and decretion will be 35. Adjust internal controls for both the accretion and decretion. Change the date of Last Activity to today.
4. Eliminate New Issue Trailer - generate a Print Only transaction record, change date of last activity to today.
5. If PDF Paid-to-date is less than or equal to the Master Paid-to-date - eliminate PDF trailer.

DISAIBILITY INCOME
MODE PREMIUM CALCULATION SUBROUTINE
(BMDIMOOE)

I. General

This subroutine will calculate the premium due on any due date (effective date) for any valid frequency. This will include calculating any off-anniversary premium, step rate premium, benefit ceasing, etc. The premium detail will be computed and will be available in the result area only on an annual basis. Therefore, any calling program (Commission Calculation, Accounting, etc.) using or needing the individual premium items will fractionalize where necessary using the same logic defined below. The calling program must furnish the following information:

1. Frequency of the desired premium. It must be A, S, Q, or 6 where 6 represents C.O.M. (monthly Check-O-Matic variety using a frequency loading factor of .085 as opposed to the normal monthly frequency loading of .088). If not, HOSR Error Code MP1 (invalid frequency). **NOTE: A request for computation of a monthly mode premium will be considered invalid and will generate a HOSR Error Code MP6.**
2. Due Date (effective date - year and month)

II. Results.

The following results will be passed back to the calling program.

1. Detail of the annual premium at the current anniversary on or prior to the due date passed. (Column 1)
2. Detail of the annual premium at the next anniversary. (Column 2)

<u>Result Table</u>	Col. 1	Col. 2
1. Base Policy		
2. Benefit Extension #1 (Lifetime Accident)		
3. Benefit Extension #2 (1st Day Accident)		
4. Benefit Extension #3 (Partial or Residual)		
5. Benefit Extension #4 (1st Day Accident on Partial Disability)		
6. Benefit Extension #5 (COL BASIC)		
7. Benefit Extension #6 (COL LIFETIME ACCIDENT)		
8. Benefit Extension #7 (COL RESIDUAL)		
9. Benefit Extension #8 (COL LIFETIME SICKNESS)		
10. Benefit Extension #9 (RETRO-OVHRD-EXP or SPEC-LOSS)		

11. Benefit Extension #10 (COL SPECIFIC LOSS)
 12. Lifetime Sickness
 13. AD & O
 14. Hospital Benefit
 15. (Zeroes)
 16. (Zeroes)
 17. AIO
 18. Substandard - Flat Extra
 19. Own Occupation
 20. Residual on Own Occupation
 21. COLA on Own Occupation
 22. Total of above
3. The actual billing premium.
 4. The discounted Annual, Semi-annual, Quarterly, and C.O.M. total premium due on the anniversary on or before the given due date. **NOTE that these premiums will be developed regardless of the frequency given and any premium adjustment will be added to the frequency premium before discount.**
 5. Step rate plan annual premium increase before the anniversary.
 6. Step rate plan annual premium increase after the anniversary.
 7. Frequency loading factor.
 8. Proportion of premium falling before the anniversary (<1.000).
 9. Proportion of premium falling after the anniversary (> 0 and < 1.0000).

III. Loading Formula

The basic policy has a three digit loading formula which applies to the base policy and each benefit and rider. These digits are made up as follows:

1. 1st Digit - Frequency Loading (FREQLDG1)

	Annual	Semi-Annual	Quarterly	C.O.M.	C.O.M.
1 =	1.0	.510	.260	.085	.088 ¹

2. 2nd Digit - Fees

0 (No Fee) =	0	0	0	0
5 =	12.00	6.35	3.50	1.06
7 =	25.00	12.75	6.50	12.13

(If DI-SERIES = 83, fee is \$12.00)

(If DI-SERIES = 84, fee is \$25.00)

(If DI-SERIES = 87, fee is \$25.00)

3. 3rd Digit - Band Differential

0 = (no Band Difference)

1 = Band Difference \$3.00 per 100

COM .088 factor used for Reserve Basis > 1 (DARE only if issue is in 1988 or greater)

The Loading Formula and Band Designation codes are shown for the following Series

All 1970, 75, and 84 Series ADI Records (01 Suffix) (No Fee)	Loading	Band
	10	00
1975 and 1983 Series Fee policies (> 400)	150	00
1984 and 1987 Series fee policies	170	00
1975 and 1983 Series Band Policies (< 400)	101	01

An invalid loading formula in the master record (must be 100, 101, 150 or 101) or an invalid Band Designation (must be 00 or 01) will result in the generation of a HOSR Error Code MP5.

IV. Premium Computation

The results described on the previous pages are arrived at as follows:

1. The gross annual premium for the base policy, each benefit extension and each rider at the current anniversary is computed and the results stored in the appropriate slot in the result table labeled Column 1. The formula used is $[[\text{Unit Prem Rate} \times \text{Percentage Rating}] + [\text{Band Difference (if any) on Base policy only}]] \times \text{No. of Units}$ where $[\]$ indicate rounded to dollars and cents. The one exception to the above formula is the substandard flat extra premium which is the total policy annual flat extra premium from the substandard trailer.
2. The total annual policy premium (Item 22 of the result table) is computed equal to the sum of Items 1 thru 21 in the result table.
3. If based on the frequency and due date given, the premium to be computed will cross an anniversary, the proportion falling before and after the anniversary are stored in the result area and Steps 1 and 2 are repeated using the unit premiums for the next anniversary and the results stored in Column 2 of the result table area.
4. The Annual, Semi-Annual, Quarterly and C.O.M. premiums are computed on the current anniversary.
 - a) If the series is 1983 and the loading is 150, add a \$12.00 fee to the total annual from column 1 (Item 22).

If the series is 1984 or 1987 and the loading is 170, add a \$25.00 fee to the total annual from column 1 (Item 22).

Using the total annual premium from Column 1 (Item 22), each total fractional premium is computed = [Dollars of total annual prem X F] + [Cents of total annual prem X F] where F = frequency loading factor and [] indicates rounding to dollars and cents.

- b) If 83 or 84 or 87 series go to 4c). The frequency premium (one of the four developed above based on the frequency given) is adjusted by the Fee if any and any mode premium adjustment or collection charge.
- c) Each of the premiums is then adjusted for the discount (if applicable).

5. Actual billing premium.

- a) The fractional premium is computed using total annual premium from Column 1 (Item 22)
[Dollars of total annual prem X F.+
Cents of total annual prem X F]
where F = frequency loading factor for the frequency given and [] indicates rounded to dollars and cents.
If series = 83 or 84 or 87 go to 5b).

The Fee (if any) is added to the fractional premium which is then multiplied by the proportion falling before the anniversary.

- b) Step 5a is repeated using total annual premium from Column 2 (Item 22) and the resulting fractional premium is multiplied by the proportion falling after the anniversary.
- c) Any mode premium adjustment or collection charge are added to the sum of the two premiums calculated above.
- d) If a discount applies, the premium is reduced by the discount and the result stored as the actual billing premium.

- 6. Any step rate plan increase in premium is computed either before or after the anniversary on an annual basis by taking the ratio of increase in base unit premiums and applying it to the base policy annual premium (Item 1 of either Column 1 or 2).
- 7. Any annual term products which require premiums in Column 2 will have rates for t+1 retrieved from the DI-RATE file.

BDINFOR - NONFORFEITURE SUBROUTINE

Calling Modules: BODFMCT

*Called Modules: BDDIVPAY
BMDIMODE
BDICOMM
BDIACDEC
BDIPAID
EMGAHOSR (EMHOSR 30)
BDICONF

This module performs 65-day, 70-day, and 120-day lapse processing.

1. If dividend option is Modal and disability code is blank:
 - a. 70-days - Create NF3 HOSR Create
Lapse Letter Place Y-
change on record
Create DEC record
Edit program
 - b. 120-days - Create NF3 HOSR
Exit program
2. If there is a data in the Suspense trailer:
 - a. 70-days - Create NF2 HOSR Create
Lapse letter Place Y-
change on record
Create DEC record
Exit program
 - b. 120-days - Create NF2 HOSR
Exit program
 - c. 65-days - If there is cash in Suspense create
NF4 HOSR Exit Program
3. If there is PDF for this record:
 - a. 70-days, 120-days - Create NFD HOSR
Place B-change on record
Exit program
4. If there is HOGA for this record:
 - a. 70-days, 120-days - Create NFJ HOSR
Place B-change on record
Exit program
5. If disabled code not blank:
 - a. 70-days, 120-days - Create NFJ HOSR
Exit program

6. If annualized commissions:
 - a. 70-days, 120-days -
If on anniversary Turn on COMM-SW
If off anniversary create NFM HOSR
7. If Pension Billing:
 - a. 70-days, 120-days - Create NFL HOSR
Place B-change on record
Exit program
8. If COMM-SW is on:
 - a. 70-days, 120-days - Back off commissions
9. If (70-day processing)
Create NFL HOSR
Create Lapse letter
Place Y-change on record
Create DEC record
Exit program
10. If (120-day processing)
Create NFT HOSR (also called AT4 HOSR)
Create DEC afte'r status is changed (2nd pass)
Create paid list entry (3rd pass)
Exit program

NETTING SUSPENSE ROUTINE
(DINET)

This subroutine performs the function of netting all suspense items with the same due date and type. Certain tests are made to determine whether the due date requires adjusting and some HOSR are produced depending on certain conditions. This routine is called by the Premium Payment and Premium Adjustment transaction and the anniversary and dividend routines in File Maintenance.

This routine will be past today's date (for the entry month and day), effective date (due date of items to be netted), flag (to determine whether or not to update the due date by one frequency), type code (A = Applied or C = Cash) an amount, and a who code.

All items with the same due date and type will be netted. **NOTE: Net all items that have either type code C or N and the same due date. After netting move N to suspense type code TNETTED CASH).** Type code A (APPLIED) will remain code A after netting. The following tests will be made before the trailer is rebuilt:

- 1) If the net result is negative, the netted item is put into the suspense trailer and if the type code is A a HOSR is produced with an error code of QHQB2.
- 2) If the net result is zero nothing is put into the suspense trailer to replace the original items and no HOSR is produced.
- 3) On type A items only, when the net result is positive a flag is checked to determine whether or not to update the due date by one frequency.
- 4) The suspense trailer is then rebuilt using any items remaining after netting. If none remain the trailer is eliminated.

NOTE: An error flag will be passed back to the calling routine if, after determining that there is no netting to do, this item cannot be added to the suspense trailer because the trailer is full.

CATCH UP LOGIC FOR HOSR BILLS & ASC's
(BDICUP)

This logic refers to the process of updating the master record for anniversary and dividend work and paid to date by simulating the payment of one or more due payments which may consist of premium and applied dividends. This routine is performed only in the Billing run and in the Home Office Status run and proceeds in the following manner.

1. Set catch-up flag (ZFM-CUP-FLAG) TO 'N'.
2. Enter anniversary and dividend logic routine with an effective date equal to the passed effective date (DIADIVO) which will bring the dividend anniversary work up to the effective date or paid to date, if earlier.
3. Test the passed effective date (ZFM-EFF) to the paid to date. If > go to step 4.
If < the record is now caught up to the effective date, exit to the calling routine.
4. Enter the calculate payment due routine (DICPYD), section 1 with catch up flag (ZFM-CUP-FLAG) set to 'Y', using paid to date as the payment due date. Store the current paid to date for step 7.
5. Update the paid to date by 1 frequency. 01"(4(1,11,0
6. Enter the anniversary and dividend routine (Igl-glikit) section 2, using the paid to date stored in step 4 as the due date. Go to Step 3.

CALCULATE PAYMENT DUE
(BMDICPYD)

This routine is performed in the Billing and Home Office Status run for calculating a payment due on a given due date to develop data necessary for billing or to provide data to update a record as part of the catch up logic. This run is written in two sections. The first section calculates the premium amount, if necessary, and stores it in a tag to be passed back to the calling routine. The second section calculates and stores in tags any applied dividend and a total amount due. **NOTE: A premium amount is calculated on PDF and disability and passed to the calling routine in a separate tag.**

Passed to this routine

- | | |
|------------------|--|
| 1. QL-DUE | Due date of this payment to be calculated. |
| 2. QL-ENTRY-FLAG | 1 if Section 1 is to be performed;
2 if Section 2 is to be performed. |

Results passed to the calling routine

- | | |
|----------------------------|---|
| 1. QL-PREM | Premium - zero on PDF and Disability |
| 2. QL-DIS-PDF | Premium amount on PDF and Disability, zeros on all other cases |
| 3. QL-APPDIV | Applied Dividend |
| 4. QL-TOTDUE | Total amount due (zero if QL-PREM is zero) |
| *5. QL-AIF-ISS-PREM-TOTDUE | Total amount due (if DI-STATUS-CODE = '1' and DI-SOURCE-CODE = 5) |

Tags used only within this routine

- | | |
|---------------|------------------------|
| I. QL-TOT-APP | Total applied dividend |
|---------------|------------------------|

This routine proceeds in the following

order: SECTION 1

- I. This routine will determine if the due date given is equal to the premium due date. If so, a premium is generated by calling the mode premium routine and the actual billing premium is stored in (QL-PREM). **NOTE: If the premium is paid by Government Allotment (i.e., HOGA Trailer), no premium is generated.** If PDF or disabled, code = P or B (QL-PREM) is moved to (QL-DIS-PDF) and zeros are stored in QL-PREM.
2. Exit to calling routine.

SECTION 2

1. If Dividend Option is 3, call Modal dividend calculation and move the Modal dividend to QL-TOT-ADD otherwise the suspense trailers are scanned to pick up all applied dividend suspense with a date equal to the given due date. This amount is then stored in (QL-TOT-APP). Store an amount in (QL-APPDIV) not greater than the premium tag (QL-PREM). If Modal go to Step 2. Subtract (QL-APPDIV) from the total applied (QL-TOT-APP) and return any excess to suspense with the suspense due date equal to the original date plus one frequency.
2. Compute a total payment due (QL-TOTDUE) equal to (QL-PREM - QL-APPDIV)
3. Compute a total AIF Total Payment Due (QL-AIF-ISS-PREM-TOTDUE) equal to QL-TOTDUE. This would only be calculated if the Disability Status Code (DI-SOURCE-CODE) equal 1 and the Disability Source Code (DI-SOURCE-CODE) equal and 5.
4. Exit to calling routine.

COMMISSION CALCULATION
(DICOMM)

This routine is used in File Maintenance to build commission records. It is also used in the billing run to produce the rates and amounts of commission for each agent to be printed on the agency status card.

OUTPUT

1. Commission record (see Page 1.8) or
2. Rate and Commission table:
0-2 N RATEL (NN.NNN+)
3-7 N AMTL (NNNNNNNN.NN+)
(these occur 10 times)

The general logic of computing the commissions is the same for both outputs. The basic difference is only in building the specific output record requested. The routine is passed the Mode Premium result area and the premium payment transaction (contains null values except for the date and transaction code of 'NR' if the output table is requested). If the transaction code is 'NR', the amounts of the output table will not contain standard first commissions, C2 commissions or persistency fees. In addition, if the premium payment crosses an anniversary and the commission rates before and after are different, the rate in the output table will be 99.999. The edit routine for the ASC will in this case emit 'SPLIT'. **NOTE: Both Fee and Discount are determined initially and stored for use in the Following Steps.**

"P6" transactions pay the commissions on the Term Prefix portion of a DI-YRT (DARE) type policy. As the Term Prefix commissions use the renewal rates, they are calculated separately. See Section P6.

TABLE OF PREMIUMS AND DURATIONS AND PREMIUM INCREASES

The first concern is to construct a table of premiums, increase in base premium for step-rate plan, and durations (consisting of two entries each). Part one of the table contains the premium, increase and duration falling before the anniversary and part two the premium, increase and duration falling after the anniversary. The duration for part one is calculated from the due date in the transaction. The part two duration is equal to the part one duration plus one year. The increase in base premium for step-rate plan for part one comes from DI-MP-BASEX1; for part two from DI-MP-BASEX2.

The "Totals" shown on line 22 in column one and two of the Mode Premium result area (see Page 4.4.1T) are moved to parts one and two respectively. If the duration of part one is 0 and DISUB-COMM is N (master record indicates no first commissions payable on substandard

extra premium), subtract entry 18 in column one of the Mode Premium result area from part one. Subtract the step rate plan increase premium parts one and two, if any, from the premium in parts one and two, respectively. (If pro-rata 'PP' transaction apply pro-rata -atio which is equal to transaction premium divided by the actual billing premium to increase premium before it is subtracted.) Since the premium total in part one and two is one an annual basis it is necessary to fractionalize (develop a mode premium) and proportion both part one and two premiums. Any premium adjustment, collection charge of Fee if required, is added to part one. If, as indicated in the list bill trailer, this policy receives a discount the amounts in parts one and two are reduced by the Discount rate developed at the Beginning of the module. If this is a premium adjustment transaction (PP), the premium is moved directly from the transaction to part one with no adjustment made.

The procedure for calculating commissions for parts one and two is identical. The subsequent steps are required for part two only if that amount is not zero.

If the durgtion is greater than zero, go to Section II (renewal commissions).

P6 TRANSACTION - TERM PREFIX COMMISSIONS

A. BUILD PART-ONE PREMIUM TABLE

1. Add or subtract transaction amount to table premium amount depending on whether sign is positive (space) or negative ().
2. Logic will loop through the 10 agent slots, calculating commissions at the 1st renewal rate.

The Commission Record is built with Type = 'R' (Renewal).

3. Commissions are not calculated if:

- a) Commissions are forfeited.
- b) Participation Rate = 0%.

4. GA Commissions are not calculated

If divest indicator < commission duration.

B. RETURN TO CALLING PROGRAM

SECTION I: FIRST AND STANDARD FIRST COMMISSIONS

CHECK FOR ANNUALIZING

1. It is necessary in certain cases (where annualization is required) to calculate a factor. The commission computed for one frequency is multiplied by this factor to arrive at the total commission. If the agent has already been annualized (DIAGT-A is an 'A') or if he is not supposed to be annualized (DIAGT-START is blank) the factor is a '1' go to step 3.

ANNUALIZING

2. When the months's duration is less than the start month (prior to annualizing) the factor is a '1'. If the month's duration is greater than the start month (should have been previously annualized) issue a HOSR with a reason of 'ZKO' and move '1' to the factor. If this is an off-anniversary policy a HOSR Code ZK1 is produced and the factor is a '1'. If the start month is equal to the month's duration this case is to be annualized. The factor is computed = $(12 - \text{DIAGT-START}) : - \text{DIBI-MOS}$, the premium is computed = $\text{annual premium} / (12/\text{DIBI-MOS})$, and 'A' is placed in DIAGT-A indicating that this agent has now been annualized. Go to step 4 (compute 1st year commission).

NO ANNUALIZATION

3. The factor is always set to a '1' since there is no annualizing. If this is not a charge back transaction (NF, CS, PP, or PC) and the agent has been previously annualized there are no commissions generated; go to section III.

CHARGE BACK

If transaction NF or CS go to compute factor. If this is a PP or PC transaction, the premium is negative, the commission code from the transaction is an 'A' and the agent has been annualized (DIAGT-A = 'A') the conditions are met to charge back annualized commissions. A space moved to DIAGT'A to indicate that annualized-commissions have been charged back. Go to 4.

NOTE: If PC Transaction and if byte 104 is blank or 'W' - no change.

If PC Transaction-and 104 is equal to 'V' commission routine must be changed in the following manner. If byte 65 is equal to blank, all agents will be annualized (generate positive commission records) for all agents and move 'A' to DIAGT-A for all agents to show that commissions have been annualized. If byte 65 is equal to 'A', only the first agent will be annualized, 'B' the second, etc. **NOTE only one commission record will be generated if only one agent is indicated in byte 65.**

If PC Transaction and if byte 104 is equal to 'Y', case should be handled the same as above except (generate negative commission records and move space to DIAGT-A).

COMPUTE FACTOR

Factor is computed equal to (DI-ISS-MM minus DI-PD-TO-MM + (12 if result < 1) divided by DI-BI-MOS)

COMPUTE COMMISSIONS

4. Compute the first year commission; COMMISSION = (FACTOR) (PARTICIPATION) (1SLYR RATE) (AMT IN PART I) If the transaction code is not 'NR' the standard first commission is computed using the preceding formula. The rate depends on the type of agent;
if GA = DI-GA1ST (normal 1st for GA)
if SA = DI-GA1ST + DI-SA1ST

All commission items concerning the first year have been computed. Go to Section III.

SECTION II: RENEWAL COMMISSIONS

STEP RATE PLAN COMMISSIONS

If there is an increase in the base premium for step rate plan, a first year commission is computed using the premium increase instead of AMT IN PART I in step 4, and a record created.

GENERAL AGENT

If the duration is greater than 9 there are no commissions. In addition, if the GA has been divested and the divest code is greater than and less than 7 and it is equal to or less than the duration, no commissions are payable; otherwise compute the GA commission;

COMMISSION = (PREMIUM) (PARTICIPATION) (RATE)

SUB AGENT

When the duration is less than ten compute the SA commission; COMMISSION = (PREMIUM) (PARTICIPATION) (RATE)

If the duration is 1 or 2 or 3 and QF commissions are payable the QF commission is computed; QF COMMISSION = (QFRATE) (COMMISSION FOR SA) and write the QF commission record.

If the duration is greater than 9 and the code in the agent's trailer indicates persistency fees payable or there is an eleventh year rate (continuous commissions) compute a commission equal to;
if persistency fee = (.05) (PARTICIPATION) (PREM) or
if continuous = (11th YEAR RATE) (PARTICIPATION) (PREM)

SECTION III: GENERAL CONTROL

If any commissions have been generated in Section I or II build and write a commission record (see Page 1.6.1) or build the output table. All ten of the agent's compensation trailers are processed as above. If there is an amount in part two of the premium table it is necessary to process all ten agent's trailers again using the amount and duration from part two. **NOTE that before processing a particular agent it is necessary to check the forfeiture of all commission codes.** If it is a 1, no commissions are generated.

BENEFIT EDIT
EDIBENF

This module is used in the print programs for producing ASC's and HOSR's. Using the Disability Insurance Master Record this routine produces benefits results at the anniversary on or before a passed effective date and uses mode premiums calculated at that anniversary.

These results are compiled in the following 18 possible items or lines. These items are in print format, divided into 5 parts (see end of run description for samples). The first two digits are a code referring to the form type. Second is the benefit description of 21 characters. Third is an amount which is normally the monthly income of the principal sum amount on AD & D. Fourth are premiums shown on an annual basis regardless of the current mode. The fifth part is the cease year of the base policy or benefit.

The results are floated to minimize the number of print lines in the benefit edit section of the reports.

1. BASE POLICY

- a) Code is the form type associated with the base policy.
- b) The description area will contain the word BENEFITS and the commencement day and benefit period.
- c) The amount shown will be the base policy monthly income.
- d) Smoker code ex. non-smoker = NS, smoker = spaces.
- e) A subsequent line is printed showing the percentage rating.

2. SUBSTANDARD RATE

- a) No form code or amount are shown.
- b) Percent will be shown.

3. LIFETIME ACCIDENT

- a) No form code shown.
- b) Series for lifetime accident.
- c) Description will be LIFETIME ACCIDENT.

4. LIFETIME SICKNESS

- a) No form code or amount are shown.
- b) Description will be: For '87 Series
 - Coy. Cease to 60 - LS5
 - Coy. Cease to 63 - LS1
 - All others - Lifetime Sick.
- c) Series for lifetime sickness.
- d) Amount shown is the Lifetime Sickness Monthly Income.

5. 1ST DAY ACCIDENT

- a) No form code is shown.
- b) Series for 1st day accident.
- c) The description will be 1st DAY ACC.

6. HOSPITAL

- a) No form code or amount are shown.
- b) Series for hospital benefit.
- c) Description will be HOSPITAL BENEF.

7. PARTIAL OR RESIDUAL DISABILITY

- a) No form code or amount are shown.
- b) Series for partial or residual.
- c) If the record indicates Partial Accident only, the description will be PARTIAL DIS ACC. If the record indicated Partial Accident and Sickness, then the description will be PARTIAL DIS A & S. If the record indicates Residual then the description will be 'RESIDUAL'.

8. 1ST DAY ACCIDENT ON PARTIAL DISABILITY

- a) No form code or amount are shown.
- b) Series for 1st day accident.
- c) The description will be 1st DAY ACC PART DIS.

9. COL BASIC

- a) No form code or amount are shown.
- b) Series for COL basic.
- c) The description will be COL BASIC.

10. COL LIFE ACC

- a) No form code or amount are shown.
- b) Series for COL life acc.
- c) The description will be COL LIFE ACC.

11. COL RESIDUAL

- a) No form code or amount are shown.
- b) Series for COL residual.
- c) The description will be COL RESIDUAL.

12. COL LIFE SICK

- a) No form code or amount are shown.
- b) Series for COL life sick.
- c) The description will be COL LIFE SICK.

13-14 Available slots.

15. RETROACTIVE OVERHEAD EXPENSE or SPECIFIC LOSS

- a) No form code shown
- b) Series for retroactive overhead expense or specific loss.
- c) Description will be RET. OVRHD. EXP or SPECIFIC LOSS

16. COL SPECIFIC LOSS

- a) No form code shown
- b) Series for COL specific loss.
- c) Description will be COL SPEC LOSS.

17. AIO

- a) No form code shown.
- b) Series for AIO
- c) Description will be AIO with the remaining amount of AIO monthly income in brackets.
- d) The amount shown is the AIO original monthly income.
NOTE: For 75 Series Amount shown is per option amount.

18. AD & D

- a) No form code shown.
- b) Series for AD&D
- c) Description will be AD & D.
- d) The amount shown is the principal sum amount for AD & D.

19. SUBSTANDARD FLAT EXTRA PREMIUM

- a) No form code or amount are shown.
- b) Description will be EXTRA PREMIUM.

20. OWN OCCUPATION

- a) No form code or amount are shown.
- b) Series for Own Occ.
- c) Description will be: Extended OWN
OCC (If DI00-TYPE-CODE = 'E')
OWN OCC.

21. OWN OCCUPATION RESIDUAL

- a) No form code or amount are shown.
- b) Series for Own Occ Residual.
- c) Description will be: Extended PROP
OC (If DI00-TYPE-CODE = 'E')
PROP OC.

22. OWN OCCUPATION COLA

- a) No form code or amount are shown.
- b) Series for Own Occ COLA.
- c) Description will be: Extended COL
OCC (If 0100-TYPE-CODE = 'E')
COL OCC.

Example:

<u>FORM CODE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>PREMIUM</u>	<u>CEASE YR.</u>
02	Benefits 31 day T65 NS	350	\$156.84	05
	Lifetime Acc		11.80	05
	84 Partial Dis. A & S		18.90	05
	AIO (400)	400	4.82	80

DMPCOL-DS15

This module contains rates for the Cost of Living on the Disability System for the 75 Series. The subroutine will provide a per unit premium value for the four new Cost of Living Benefits in the Benefit Extension Trailer of the Disability Master.

Entry name is DMPENT.

The entry-tags passed to DMPCOL are DIS-BENEFIT-PERIOD
COL-BENEFIT-CODES
COL-AGE
COL-OCCUP-CLASS
COL-SEX
COL-PREM

DIS-BENEFIT-PERIOD = '965' or '024' or '060'.

COL-BENEFIT-CODES are broken down into four fields.

COL-BASIC-CODE = '1'
COL-L-A-CODE = '0' or
COL-RES-CODE = '0' or
COL-L-S-CODE = '0' or
,.,.

COL-AGE is broken down into four fields.

COL-BASIC-AGE
COL-L-A-AGE
COL-RES-AGE
COL-L-S-AGE

COL-OCCUP-CLASS can be a 1, 2, 3, 4, or 5.

COL-SEX = 'F' or 'M'.

COL-PREM is where the four per unit premiums will be put in for the module that calls DMPCOL.

DMPCOL83 DS20

This module contains rates for the Cost of Living on the Disability System for the 83 Series. The subroutine will provide a per unit premium value for the five Cost of Living Benefits in the Benefit Extension Trailer of the Disability Master. This module also contains rates for 84 Series COL - Residual.

Entry name is DMPENT83.

The entry tags passed to DMPCOL83 are DIS-BENEFIT-PERIOD
COL-BENEFIT-CODES
COL-AGE
COL-OCCUP-CLASS
COL-SEX COL-PREM
COL-SER

DIS-BENEFIT-PERIOD = '965' or '024' or '060.

COL-BENEFIT-CODES are broken down into five fields:

COL-BASIC-CODE = '1'
COL-L-A-CODE = '0' or '2'
COL-RES-CODE = '0' or '3'
COL-L-S-CODE = '0' or '4'
COL-SPEC-LOSS-CODE = '0' or '5'

COL-AGE is broken down into five fields:

COL-BASIC-AGE
COL-L-A-AGE COL-
RES-AGE COL-L-S-
AGE COL-SPEC-
LOSS-AGE

COL-OCCUP-CLASS can be a '1', '3', '4', or '5'.

COL-SEX = 'F' or 'M'.

COL-PREM is where the five per unit premiums will be put in for the modules that call DMPCOL83.

COL-SER - is the Series Code for COL-RESIDUAL. This is to differentiate between regular COL-RESIDUAL rates and rates for 84 COL-RESIDUAL.,

MODAL DIVIDEND CALCULATIONS ROUTINE
BMDIMOL-DS16 ENTRY NAME - DIMOLENT

This module will calculate the modal dividend for the disability system. The entry tags passed to BMDIMOL are:

Disability Master
Disability Common Area
Dividend Date
Disability Dummy Area
Modal Result Area
Error Table

The modal result will contain these fields:

Modal Dividend - Total Modal Dividend)
Modal Before Dividend - (Modal Dividend piece before the anniversary)
Modal After Dividend - (Modal Dividend piece after the anniversary)

0. If Modal Dividend > 0, add Modal Dividend Adjustment.
1. Initialize work fields. Set up the correct loading factor depending on the frequency.
2. If Dividend Date < this anniversary, build HOSR BMDIMOL (unless source code = 5 and status =1). Moves zeroes to Modal Dividend. Exit. If Dividend Date > next anniversary, continue; else Go to Step 3. If Dividend Date < Next-2 anniversaries, go to step 3; else build HOSR BMDIMOL. Move zeroes to Modal Dividend; Exit.
3. If a DI-YRT policy and anniversary work has been done, we back up the effective date for Mode Premium by 1 year because the dividend rate is applied to previous premium to get current dividend. Call Mode premium routine. If billing type = C, go to Calculate One Dividend Logic (Step 5).
4. Check for Cross Anniversary Check. If this is a cross anniversary (off anniversary policy plus a billing frequency crossing the policy anniversary, then calculate the two dividend piece logic. (Step 6)

Calculate duration of the policy. If Dividend Factor trailer and Dividend Factor Duration = Duration. Use Dividend Percent in Dividend Factor Trailer. If Duration > 0, Continue; else move zeroes to Modal Result Area. Exit. Calculate the Base Premium. Reduce the base premium by appropriate discount (call to 'EMDGRPDI'), if applicable (beginning in '90 and beyond). Compute MODAL DIVIDEND = (WK-MP-BASIC * LOADING FACTOR). Exit.
5. Off Anniversary Premiums Get and store the next dividend percent from the factor trailer if present, else call DICAL to access the rate file.

6. Calculate the Modal Dividend. Base Premium (1) and (2) are reduced by the appropriate discount (call to 'EMDGRPDI'), if applicable (beginning in '90 and beyond). (Base Premium (1) * Appropriate Freq. Loading Factor, the Current Dividend Percent) + Base Premium (2), Appropriate Freq. Loading Factor * next Dividend, Percent).
7. Calculate the two dividends (one before the anniversary and one after the anniversary). Calculate the two WK-MP-BASE premiums. Multiply WK-MP-BASE-1 By Loading Factor, Giving DIVD-RESULT1. Multiply WK-MP-BASE-2 By Loading Factor, Giving DIVD-RESULT2. Compute MODAL-DIVIDEND Rounded = (DIV-RESULT1 + DIVD-RESULT2). If Modal-Dividend > 0, add Modal Dividend Adjustment. Move DIVD-RESULT1 to Modal Dividend Before Anniversary. Move DIVD-RESULT2 to Modal Dividend After Anniversary. Exit.

MODAL DIVIDEND ADJUSTMENT ROUTINE
(BDIMDA-DS21)

General

This routine will determine if and when a modal dividend adjustment should be calculated and place the adjustment (if any) in the Disability Master Record (DISB-MDA).

This routine is entered by File Maintenance (also catch-up logic for bills) for every In-force record every day and in addition after each premium payment.

Logic Flow

1. Determine if a 'Modal Dividend Adjustment' (MDA) should be built at this time as follows:
 - a. If the level outlay indicator # space, Exit.
 - b. If the record suspend code = 'Y', Exit.
 - c. If 70 Series, Exit:
 - d. If step rate or discounted premiums, Exit.
 - e. If HOGA or PDF, issue error HOSR and Exit.
 - f. If disabled code = 'P' or 'B', issue error HOSR and Exit.
 - g. If the last premium paid date = the MDA date (this means the MDA has already been done), Exit.
 - h. If the policy is off-anniversary, go to step j.
 - i. If the paid-to-date = the policy anniversary at duration 3 and the given date > the policy anniversary at duration #3, go to step 2; else, Exit.
 - j. If the next paid-to-date > the policy anniversary at duration 3 and the paid-to-date < the policy anniversary at duration 3, go to step 2.
 - k. If the paid-to-date > the policy anniversary at duration 3 and the paid-to-date < the policy anniversary at duration 4, continue; else, Exit.
 - l. If the prior paid-to-date < the policy anniversary at duration 3, continue; else, Exit.
 - m. If the last premium paid date < the policy anniversary at duration 3, go to step 2; else, Exit.

2. Call 'BDIMOL' (calculate modal dividend routine) using the record paid-to-date and issue day as the dividend date.
3. Call the Mode Premium Routine to obtain the New Premium.
4. Subtract the dividend from the New Premium giving the New Outlay and compare to Current Outlay.
5. If the result from step 4 > 10c plus or minus, issue an error HOSR, and exit.
6. Place the result in the record MDA field.
7. Place the last premium due date in the record MDA date and exit.

DI-YRT (DARE) PREMIUM MODULE
(B/KMDARATE)

PURPOSE:

To obtain premium rates for dates after the policy anniversary date. This module will be called by the Mode Premium (BMDIMODE) and Anniversary routines (BDIADIVO and BDIADIVF) whenever a Disability Term product needs the next year's rates.

The module is passed the DI Master, Common Area, Dummy and an effective date (YYMM)..

*The routine now calls 'EDILIST' to determine which '87 Series LS Rider is being used.

*To access the rate file the on-line routine calls 'KDDIPRIO' and the batch routine calls 'BNFMINIO'.

The rate routine is called from BMDARATE depending upon the options (below) which are part of the policy.

The rates are placed in the DI Common Area and are passed back to the calling routine in the same format as the MP-RESULT Table on **Page 4.4.1.**

Use the following abbreviations.

- | | | | |
|-----|-------|----------------------------------|-----------------|
| 1) | SSE | for Social Security Extension | |
| 2) | Prop | for Proportionate | (factor driven) |
| 3) | COLA | for Cost of Living Adjustment | |
| 4) | LS | for Lifetime Sickness | |
| 5) | SL | for Specific Loss | |
| 6) | 00 | for Own Occupation | |
| 7) | AIO | for Additional Income Option | (factor driven) |
| 8) | Retro | for Retroactive Overhead Expense | |
| 9) | OE | for Overhead Expense | |
| 10) | Res | for Residual | |

A)

DARE PRODUCT RESULT TABLE

<u>OCCURRENCE</u>		<u>PIECES ACCUMULATED FOR PREMIUM RESULT</u>
1)	Base	Base DARE
2)	N/A	
3)	N/A	
4)	Res	Res of Base
5)	N/A	
6)	COLA	COLA of base
7)	N/A	
8)	COLA	Res of COLA
9)	N/A	
10)	N/A	
11)	N/A	

12)		N/A	
13)		N/A	
14)		N/A	
15)		N/A	
16)	N/A		
17)	N/A		
18)	N/A		
19)	00		00 of Base
20)	Res 00	Res of 00	
21)	COLA 00	COLA of 00	
22)	N/A		

3) DI YRT PRODUCT RESULT TABLE

<u>OCCURRENCE</u>	<u>PIECES ACCUMULATED FOR PREMIUM RESULT</u>
1)	B a s e B a s e + S S E
2)	N/A
3)	N/A
4)	Prop Prop of (Base + SSE)
5)	N/A
6)	COLA COLA of (Base + SSE)
7)	N/A
8)	COLA Prop Prop of COLA of (Base + SSE)
9)	COLA LS COLA of LS
10	SL Specific Loss
11)	COLA SL COLA OF SL
12)	LS L i f e t i m e S i c k n e s s
13)	N/A
14)	N/A
15)	N/A
16)	N/A
17)	AIO (Base + SSE) + (Prop of (Base + SSE)) + (COLA of (Base + SSE) + (Prop of COLA of (Base + SSE)) (COLA of LS) + (COLA of SL) + (COLA OF (00 + SSE)) + (Prop of COLA of (00 + SSE)) + (00 + SSE) + (Prop of (00 + SSE)) + LS + (LS of 00) + SL
18)	N/A
19)	00 00 of (Base + SSE) + LS of 00
20)	Prop 00 Prop of (00 + SSE)
21)	COLA 00 COLA of 00 + Prop of COLA of 00
22)	N/A

C) DI CMI RIDER RESULT TALLE

<u>OCCURRENCE</u>	<u>PIECES ACCUMULATED FOR PREMIUM RESULT</u>
1)	CMI Base CMI Base + SSE
2)	N/A
3)	N/A
4)	Prop Prop of (Base + SSE)
5)	N/A

- 6) COLA COLA of (CMI Base + SSE)
- 7) N/A
- 8) COLA Prop Prop of COLA of (Base + SSE)
- 9) N/A
- 10) N/A
- 11) N/A
- 12) N/A
- 13) N/A
- 14) N/A
- 15) N/A
- 16) N/A
- 17) N/A
- 18) N/A
- 19) 00 00 of (CMI Base + SSE)
- 20) Prop 00 Prop of (Base 00 + SSE)
- 21) COLA 00 COLA of CMI 00 + Prop of COLA of Base 00
- 22) N/A

D) OVERHEAD EXPENSE PRODUCT RESULT TABLE OCCURRENCE

PIECES ACCUMULATED FOR PREMIUM RESULT

- 1) B a s e B a s e O E
- 2) N/A
- 3) N/A
- 4) N/A
- 5) N/A
- 6) N/A
- 7) N/A
- 8) N/A
- 9) N/A
- 10) R e t r o R e t r o
- 11) N/A
- 12) N/A
- 13) N/A
- 14) N/A
- 15) N/A
- 16) N/A
- 17) A I O B A S E + R e t r o
- 18) N/A
- 19) N/A
- 20) N/A
- 21) N/A
- 22) N/A

The BMDARATE module has extension comments in regard to the formation of plan codes used to retrieve rates from the DIPR file. You may refer to them for further detail.

DIVIDEND CALCULATION ROUTINE
B/KDDIVPAY

The Dividend Calculation Routine is used in the batch and online environment. This module is passed a Disability Master record and returns the total dividend calculated and a Good/Bad return code.

MAIN PROCESS:

- 1'. Determine the dividend option from the Disability Master.
 - a. Modal - Do the MODAL-DIVIDEND Subroutine.
 - b. Applied - Do the APPLIED-DIVIDEND Subroutine.
 - c. Other - Set TOTAL DIVIDEND AMOUNT to zeros.

MODAL-DIVIDEND SUBROUTINE:

1. Set the CALCULATION START DATE = (PAID-TO-DATE + ISSUE DAY).
2. Set the CALCULATION STOP DATE = Next Anniversary Date.
3. Set the DIVIDEND DATE = CALCULATION START DATE.
4. Do MODAL-CALCULATION Subroutine
Until the DIVIDEND DATE >= CALCULATION STOP DATE.
5. Restore original PAID-TO-DATE in master record.
6. Exit MODAL-DIVIDEND Subroutine.

MODAL-CALCULATION SUBROUTINE: ' '

1. Call Modal Calculation program (B/KMDIMOL) with the DIVIDEND DATE and the Disability master record.
2. Add the amount returned to the TOTAL DIVIDEND AMOUNT.
3. Add the number of months in the billing period to the DIVIDEND DATE to determine the new DIVIDEND DATE.
4. Replace the PAID-TO-DATE in the Disability master with the new DIVIDEND DATE (YYMM).
5. Exit MODAL-CALCULATION Subroutine.

APPLIED-DIVIDEND SUBROUTINE:

(The suspense trailer entries are examined to determine if there are applied dividends present. We ignore other suspense types.)

1. If the SUSPENSE TYPE = Applied (A) and the amount is positive; add the amount to the TOTAL DIVIDEND AMOUNT.
2. If the SUSPENSE TYPE = Applied (A) and the amount is negative; set the Bad return code and exit this routine.
3. Exit APPLIED-DIVIDEND Subroutine.

DI CF TABLE LOAD
(B/KDCFLOAD)

ABSTRACT:

This module compares an old and new version of the DI Master and loads the CF Table for fields which are different. To reduce comparison time, it only compares fields in the fixed portion and/or trailers which are tagged for comparison in the Trailer Table.

The module also processes the ADI's loaded into the policy suffix table automatically and creates PCD Register records.

LINKAGE:

Policy-Suffix-Table (ODCFPST)
Trailers Table (ODCFTRLR)
Old Master
New Master
Results

CALLING MODULES:

B/KDIAIFBD
KMPCD200
KMPC0300
KMPCD500
KMPCD600
KMPCD700
KMPC0800
KMPCD900

PROCEDURE:

- 1) Set up CF Record using information from the first level of the Policy Suffix Table.
- 2) Move spaces to all CF-IND and CF-DATA in the DI-CF Table.
- 3) Do Step 4 for each level of the trailer table, then go to Step 5.
- 4) If the trailer indicator = 'Y'
 - A) Compare the old master to the new master for each field in the trailer.
 - 1) If the old field not = new field
 - a) If the new field = dummy field image, move '#' to CF-DATA, otherwise move new field to CF-DATA.

- b) Move '*' to CF-IND.
 - c) If ADI-CHANGE = 'Y', set the automatic ADI tag.
 - d) If control = 'Y', set the Control Tag.
- 5) Call B/KDICFTBL.
 - 6) If Control tag is set, create PCD Register.
 - 7) If Automatic ADI tag is not set, GO BACK.
 - 8) Clear CF-IND in CF-TABLE for all fields unless ADI-CHANGE = 'Y' for that field.
 - 9) Add 1 to subscript for the Policy Suffix Table.
 - 10) If Policy Suffix = spaces, GO BACK, otherwise set up CF-RECORD using information from the current level of the Policy Suffix Table.
 - 11) Call B/KDICFTBL.
 - 12) Go to Step 9.

DI CF TABLE PROCESSOR
(B/KDICFTBL)

ABSTRACT:

This module processes through the CF Table and creates CF transactions for all fields indicated for change.

LINKAGES:

DI-CF-TABLE
ERROR-STAT
CF-RECORD

CALLING MODULES:

B/KDCFLOAD

PROCEDURE:

- 1) If CF-IND = '*' go to Step 4.
- 2) Add 1 to CF-TABLE subscript.
- 3) If at-end-of-table
 - a) If there remains a CF-RECORD to be written, write it to the transaction file.
 - 0-- Clear CF Indicators and fields' data.
 - c) Go Back.
- 4) If there is not room on the CF-RECORD, write it to the transaction file.
- 5) Move CF-DATA to CF-RECORD.
- 6) Go to Step 2.


PCD REGISTER REPORT

This program will produce a disability policy change (PCD) register report using the PRD.D.DD72.REGISTER file. This file is created by merging the PT.DD20.REGISTER(-1) file (batch AIF transactions) created in yesterdays file maintenance and todays PRD.D.DD71.REGISTER file (online AIF transactions).

- 1) Open files
- 2) Accept and validate date card
- 3) Check for page break and format headings if necessary
- 4) Read input file
- 5) Format detail line
- 6) write line to report
- 7) Repeat Steps 3 - 6 until all records are processed
- 8) write summary page
- 9) Close files

PCD REGISTER REPORT

This program will produce a disability policy change (PCD) register report using the PRD.D.DD72.REGISTER file. This file is created by merging the PRD.DD71.REGISTER file (batch AIF transactions) created in yesterdays file maintenance and todays PRD.D.DD71.REGISTER file (online AIF transactions).

- 
- 1) Open files
 - 2) Accept
and validate date ••te card
 - 3) Check for page break and format headings if necessary
 - 4) Read input file
 - 5) Format detail line
 - 6) Write name to report
 - 7) Repeat Steps 3 - 6 until all records are processed
 - 8) Write to summary page
 - 9) Close files

PCD REGISTER RECORD LAYOUT
COPY BOOK: OMPCDREG

REG-POL-NO	A	Policy Number and Suffix (NNNNNNNSS) Suffix 00 on base record Suffix 01 additional disability income record
REG-ACTION-CODE	A	Action Code (AIFTTFF) AIF WHO Code, trans code, filler
REG-MODE-CODE	A	Mode Code (NN)
REG-WHO-CODE	A	WHO Code (AAA)
REG-RES-BASIS	N	Reserve Basis (N) 1 = 64 CDT, 58CSO 2= DTS, 5 1/2%, 80CSO
REG-SERIES	N	Series (NN) Year this series started (i.e. 1987 = 87)
REG-FORM-TYPE	A	Form Type (A) 1 = Noncancellable 2 = Guaranteed Renewable 3 = Optionally Renewable 4 = Conditionally Continuable
REG-FORM-NUMBER	N	Form Number (NN) 0 = Form SA-0 01 = Form SA-1DI-1A (53 + 84) 02 = Form SA-2DI-2A (83 + 84) 03 = Form SA-30I-3A (83 + 84) 04 = Form SA-4 (Series 75) DI-4A (83 + 84) SA3 NY (70) 06 = Form DI-7-87 (87 Series) 08 = Form DI-108 (83 + 84) 09 = (83 + 84) Series 12-16 = Form DI-5-87 (87 Series) 33 = Form DI-3A* (84 Series) 36- 37 = Form DI-65-87 (87 Series) 50 = Form SA-0 (Step Rate 75 Series) 51 = Form SA-1 (Step Rate 70 Series) 53 = Form DI-3A (Step Rate 84 Series) 54 = Form DI-4A (Step Rate 83 + 84) 72--75 = Form DI-1-87 (Dare 87 Series)
REG-COMMENCE	A	Commencement Day (NNN)

REG-BENEFIT-PERIOD	A	Benefit Period (AAA) 006 = 6 mo. 060 = 5 yrs. 009 = 9 mo. 760 = 5 yrs. (ADEA) 010 = 10 mo. 765 = To Age 65 (ADEA) 011 = 11 mo. 965 = To Age 65 012 = 12 mo. 967 = To Age 65 (SSE) 018 = 18 mo. 995 = LA 024 = 2 yrs. 997 = LA (SSE)
REG-ISSUE-YEAR REG-	N	Year of Issue (CYY)
ISSUE-AGE REG-	N	Age at Issue (NN)
OCCUPATION-CLASS	N	Occupation Class (NN) (01 - 05)
REG-MONTHLY-INCOME REG-	N	Amount of Disability Income (NNNNN+)
LIFETIME-ACCIDENT REG-	N	Lifetime Accident (Ni-)
1ST-DAY-ACCIDENT REG-	N	1st Day Accident (Ni-)
PARTIAL-OR-RESIDUAL	N	Accident Partial Disability (Ni-)
REG-PART-1ST-DAY	N	First Day Accident on Partial Disability (Ni-)
REG-COL-BASIC	N	Col Basic (Ni-)
REG-COL-LIFETIME-ACCIDENT	N	Col Lifetime Accident (N+)
REG-COL-RESIDUAL ' REG-COL-		Col Residual (Ni-)
LIFETIME-SICK	N	Col Lifetime Sick (Ni-)
REG-OVRHD-SPEC-LOSS REG-	N	Overhead Expense or Specific Loss (N+)
COL-SPECIFIC-LOSS REG-	N	Col Specific Loss (N+)
LIFETIME-SICK-INCOME	N	Amount of Lifetime Sickness Monthly Income (NNNNN+)
REG-ADD-AMT	N	Amount of Accidental Death & Dismemberment (NNNNNNN+)
REG-HOSP-MONTHLY-	N	Dollars of Monthly Income (NNNNN+)
INCOME REG-OWN-OCC-	N	Owner Occupation (Ni-)
BAS REG-OWN-OCC-RES	N	Residual Owner Occupation (Ni-)
REG-OWN-OCC-COL	N	Owner Occupation Cola (N+)

REG-AIO-ORIG-AMT	N	Amount of AIO Monthly Income (NNNNN+)
REG-SUB-GROSS AMT (NNN.NN+)	N	Flat-Extra Premium Per Policy
REG-OVRHD-OR-SPEC	A	0 = Overhead Expense S = Specific Loss
REG-SUB-RATE	N	Percentage Rating (NNN+)
FILLER	A	23 Bytes Filler

BMTRNHIO

Transaction History File

This program is the I-0 Module for the policy history (Disability/Insurance systems). The policy history reflects the activity of a policy (both internal/external processing). The routines that process external transactions and internal transactions (such as anniversary processing), were modified to call BMTRNHIO. These modules will record the policy's transaction history by formatting a record and calling it I-0 Module for transaction history. The timing of that I-0 will be different from module to module, but they will all be changed so that at a significant point in the process, the transaction history will be recorded.

The modules must pass an event sequencer between them to identify which transaction happened in which order and also to keep the key unique. Also, they must identify whether the transaction is eligible for re-apply. In the case where a transaction formats and processes another transaction as part of its process, that secondary transaction should not be eligible for re-apply because it will be re-applied when the primary transaction is re-applied.

The I-0 functions are:

Function O: (Open)	Open File Receive Control Record Move Control Fields to History Common Area Move End Total to Begin Total Clear the Add, Update and Delete Totals Return Error Status
Function W: (Write)	Format Record Write Record Increment Add and Ending Totals Increment Event Sequencer Return Error Status
Function U: (Update)	Format Record Rewrite Record Increment Update Total Return Error Status
Function D: (Delete)	Delete Last Record Read Increment Delete Totals Decrement Ending Totals Return Error Status
Function C: (Close)	Format Control Record Rewrite Record Close File Return Error Status

Function R: Format Key
(Read) Read Record
 REturn Error Status

Function N: Format Key
(Read Next) Read Next Record
 Return Error Status

There are two monthly clean-up runs (BDCUTRAN-D463 and BICUTRAN-I463) that is responsible for deleting records with a preparation date older than two years on the policy history transaction file.

As of November 1, 1989, the following is not supported on the Policy History Files:

- 1) GO Transaction (Insurance Only)
- 2) Manual Commissions (Both Insurance and Disability System)

Accounting History File

This program loads the daily accounting into the accounting history file. This routine merges the daily accounting into the history file for both the Insurance and Disability systems. BMACCHIO performs all the I-0 functions to the accounting history file.

The Load Daily Program is dividend up in three main sections. The first section reads the Disability/Insurance accounting records, builds the history record including the key and releases the record for sorting. The second section (sorting) will be done after the Input Section. The third section will read the sorted accounting file, build the history accounting record, build M&D number by calling BMCNVACT, and call the I-0 (BMACCHIO) to write the record to the accounting history VSAM file.

The I-0 functions for BMACCHIO are as follows:

Function O: (Open)	Open Files Read Control Record Move Control Fields to History Common Area Clear the Add, Update, and Delete Totals Move End Total to Begin Total Return Error Status
Function W: (Write)	Format Record Write Record Increment Add and Ending Totals Return Error Status
Function U: (Update)	Format Record Rewrite Record Increment Update Total Return Error Status
Function D: (Delete)	Delete Record Increment Delete Totals Decrement Ending Totals Return Error Status
Function C: (Close)	Format Control Record Rewrite Record Write Controls Close Files Return Error Status
Function R: (Read)	Read Record Return Error Status
Function N:	Read Next Record Return Error Status

There is a monthly clean-up run (BMCUACCT-M673) that is responsible for deleting records with a preparation date older than two years on the policy history accounting file.

Commission History File

This program loads the daily commission into the commission history file. This routine merges the daily commission into the history file for both the Insurance and Disability systems. BMCOMHIO performs all the I-O functions to the commission history file.

The Load Daily Program is divided up in three main sections. The first section reads the Disability/Insurance commission records, builds the history record including the key and releases the record for sorting. The second section (sorting) will be done after the Input Section. The third section will read the sorted commission file, build the history commission record, and call the I-O (BMCOMHIO) to write the record to the commission history VSAM file.

The I-O functions for BMCOMHIO are as follows:

Function O:	Open Files Read Control Record Move Control Fields to History Common Area Clear the Add, Update, and Delete totals Move End Total to Begin Total Return Error Status
Function W: (Write)	Format Record Write Record Increment Add and Ending. Totals Return Error Status
Function U: (Update)	Format Record Rewrite Record Increment Update Total Return Error Status
Function D: (Delete)	Delete Record Increment Delete Totals Decrement Ending Totals Return Error Status
Function C: (Close)	Format Control Record Rewrite Record Write Controls Close Files Return Error Status
Function R: (Read)	Read Record Return Error Status
Function N: (Read Next)	Read Next Record Return Error Status

There is a monthly clean-up run (BMCUCOMM-M683) that is responsible for deleting records with a preparation date older than two years on the policy history commission file.

INPUT EDIT DISABILITY SYSTEM
(DDEDIT)

These programs accept input generated from the INPUT DISPERSION and BATCH VALIDATION program. The input tape may have a mixture of completely validated and no processing is performed here. The non-P-type transactions must be validated. Batch correlation is performed only on field change transactions.

A. Input from tape

1. Non-P-type: These transactions will be unbatched and in policy number order. They will be validated on an individual basis except for field changes. Field changes will be validated and written out to an intermediate work tape. (See Input Edit actions associated with write-up of each individual transaction.) An error in any field change transaction will cause the entire batch to be rejected and the batch number placed in a table of bad batches. Non-field-change transactions will be validated on an individual basis. Good transactions will be written to the good output tape, and the rejected transactions will be printed as errors.
2. P-type: These transactions have already been validated, and they will be written to the good output tape with no future verification.

B. Field Change Batch Processing: Batch control for field changes is made on equal policy numbers and mode codes (a blank mode code will be treated as 00 mode). Any break in policy number or mode will constitute a change in batches. At the end of the batch Input Edit will generate a CF transaction with an ACC & DEC code of 0 and calculate a new batch number.

C. Processing Intermediate Work Tape: After all the input has been read the intermediate tape will be rewound and read forward. Each field change batch number will be checked against the table of bad batches. A hit will cause the entire batch to be rejected and printed as an error. A miss will result in the batch being written to the good output tape.

D. Processing the Good Output Tape: After the intermediate work tape has been read, the good output is rewound and read forward. This will result in the printing of all good non-field-change transactions followed by all good field change batches. The P-type transactions are ignored in the printing.

E. Printed Output: The printed output will be in this order:

- Bad non-field-change transactions
- Bac field change batches
- Gaud non-field-change transactions
- Good field change batches

F. Input, Intermediate, and Output Tape Formats: The format of the records on these tapes will be identical to the output record from the INPUT DISPERSION program (see write-up).

G. Printing of Field Change Table: A null tape (double tape mark only) for input will automatically provide a listing of the current field change table.

DI CF TRANSACTION TABLE

Copy Book: ODCFTBL

ABSTRACT:

This table is built by B/KDCFLOAD and is processed by B/KDICFTBL to create CF transactions for the DI System. The table has an entry for each field change possible for the DI Master record. Each entry level has the following format:

CF-IND Change)	PIC X	(Indicator for Field
CF-FIELD-NO	PIC XXX	(Field Number)
CF-FIELD-LENGTH	PIC 99	(Field Length)
CF-DATA	PIC X(30)	(Data for Field)
CF-ADI-CHANGE	PIC X	(Automatic ADI Change)
CF-CONTROL	PIC X	(Control Field)

Generally, the table will process in the following manner:

- 1) If the indicator = '*' then the field change is processed.
 - a) The CF is set up with the field number and data (depending upon field length).
 - b) If ADI-CHANGE = 'Y' then CF's are created for all ADI records loaded into the Policy Suffix Table (ODCFPST).
 - c) If Control = 'Y' then a record is created for the PCD Register.

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	10
001	DI-ISSUE-DATE	0014	07	U	1		Y		
002	DI-RES-BASIS	0021	01	U	2		Y		
003	DI-SERIES	0022	02	U	2		Y		
004	DI-FORM-TYPE	0024	01	V	2		Y		
005	DI-RESIDE-STATE	0041	02	U	2				
*006	DI-RESIDE-	0043	03	V	2				
007	DI-FORM-MO	0025	02	U	2		Y		
008	DI-COMMENCE	0027	03	V	2		Y		
009	DI-BEN-PER	0030	03	V	2		Y		
010	DI-AGY-FLAG	0060	04	V	4				
011	DI-AGE	0033	02	U	2		Y		
012	DI-SVC-NO	0065	30	V	4		Y		
013	DI-OCC-CLASS	0036	02	V	2				
014	DI-MO-INC	0038	03	P	2	I	Y		
015	DI-BIRTH	0046	06	U	4				
016	DI-AGY	0057	03	U	3				
017	DI-SEX	0035	01	V	2				
019	DI-AGY-DATA1	0095	10	V	3				
020	DI-AGY-DATA2	0105	06	V	3				
021	DI-EFF-DATE	0116	06	U	4				
022	DI-PD-TO	0122	04	U	4				
023	DI-LAST-DUE	0126	04	U	4				
024	DI-LAST-PAID	0130	06	U	4				
025	DI-LAST-AMT	0136	04	P	4				
026	DI-LAST-MOS	0140	02	U	4				
027	DI-T-TRAIL	0142	06	U	4		Y		
028	DI-A-TRAIL	0148	06	U	4		Y		
029	DI-LAPSE	0154	06	V	2				
030	DI-MEDIC	0160	01	V	4				
031	DI-SOURCE	0161	03	V	4				
032	DI-COV-CO	0164	02	P	2				
033	DI-EXT-COV-C	0166	02	P	2				
034	DI-CONV-C	0168	02	P	4				
035	DI-SEND-TO	0173	05	V	4				
036	DI-DISABLED	0172	01	V	2		Y		
037	DI-POL-YR	0170	02	U	4				
038	DI-GA1ST	0178	02	P	3				
039	DI-SA1ST	0180	02	P	3				
040	DI-ADMIT	0182	01	V	4				
041	DI-COMM-GRP	0188	01	V	4				
042	DI-REIN-CO	0189	01	U	2				
043	DI-REIN-AMT	0190	03	P	2				
044	DI-REIN-GRP	0193	02	V	2				
045	DI-CONT-DUR	0195	02	U	4				
046	DI-ISS-AGY	0197	02	P	4				
047	DI-COLL-CHG	0199	02	P	2		Y		
048	DIBE-LIFE-A-SER	0234	02	U	1		Y		
049	DIBE-LIFE-A-	0236	02	U	1		Y		

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
050	DIBE-LIFE-A-PREM	0238	03	P	1	C	Y		0004
051	DIBE-LIFE-A-PAR	0241	01	V	2				
052	DIBE-LIFE-A-REIN	0242	01	V	2				
053	DIBE-1ST-DAY-SER	0250	02	U	2				
054	DIBE-1ST-DAY-YR	0252	02	U	2				
055	DIBE-1ST-DAY-PRE	0254	03	P	2	C	Y		0004
056	DIBE-1ST-DAY-PAR	0257	01	V	2				
057	DIBE-1ST-DAY-REI	0258	01	V	2				
058	DIBE-PART-AS-SER	0266	02	U	2				
059	DIBE-PART-AS-YR	0268	02	U	2				
060	DIBE-PART-AS-PREM	0270	03	P	2	C	Y		0004
061	DIBE-PART-AS-PAR	0273	01	V	2				
062	DIBE-PART-AS-RET	0274	01	V	2				
063	DIBE-PART-AS-PREM	0279	01	V	2				
064	DIBE-PART-1ST-SE	0282	02	U	2				
065	DIBE-PART-1ST-YR	0284	02	U	2				
066	DIBE-PART-1ST-PR	0286	03	P	2	C	Y		0004
067	DIBE-PART-1ST-PA	0289	01	V	2				
068	DIBE-PART-1ST-RE	0290	01	V	2				
069	DIBE-ADI-1ST-SER	0298	02	U	2				
070	DIBE-ADI-1ST-YR	0300	02	U	2				
071	DIBE-ADI-1ST-PRE	0302	03	P	2	C	Y		0004
072	DIBE-ADI-1ST-PAR	0305	01	V	2				
073	DIBE-ADI-1ST-REI	0306	01	V	2				
074	DILS-SERIES	0396	02	U	2				
075	DILS-ISS-YR	0398	02	U	2				
076	DILS-PREM	0400	03	P	2				0008
077	DILS-COV-C	0406	02	P	2				
078	DILS-PAR	0408	01	V	2				
079	DILS-REIN	0409	01	V	2				
080	DIADD-SERIES	0416	02	U	2				
081	DIADD-ISS-YR	0418	02	U	2				
082	DIADD-PREM	0420	03	P	2				000C
083	DIADD-AMT	0423	04	P	2	I	Y		000C
084	DIADD-COV-C	0427	02	P	2				
085	DIADD-PAR	0429	01	V	2				
086	DIADD-REIN	0430	01	V	2				
087	DIBE-LIFE-A-COV	0248	02	P	2				
088	DIBE-1ST-DAY-COV	0264	02	P	2				
089	DIBE-PART-AS-COV	0280	02	P	2				
090	DIBE-PART-1ST-CV	0296	02	P	2				
094	DIBE-HOSP-MO-INC	0449	03	P	2	I	Y		0010
095	DIBE-HOSP-COV-C	0452	02	P	2				
098	DIAIO-SERIES	0528	02	U	2				
099	DIAIO-ISS-YR	0530	02	U	2				
100	DIAIO-PREM	0532	03	P	2				0014
101	DIAIO-ORIG-AMT	0535	03	P	2				0014
102	DIAIO-REM-AMT	0538	03	P	4				
103	DIAIO-COV-C	0541	02	P	2				

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
104	DIAIO-PAR	0543	01	V	2				
105	DIAIO-REIN	0544	01	V	2				
106	DISUB-RATE	0554	02	P	2		I	Y	0018
107	DISUB-GROSS	0558	03	P	2		I	Y	0018
108	DISUB-C	0561	02	P	2			Y	
109	DISUB-EXCL	0564	01	V	4				0018
110	DIC-CLAIM-NO	0570	05	P	2			Y	001C
111	DIC-STATUS	0575	01	V	2			Y	001C
112	DIC-DATE-INC	0576	06	U	2		Y		
113	DIC-AS-CODE	0582	01	V	2		Y		
114	DIC-INC-START	0583	06	U	2		Y		
115	DIC-INC-TERM	0589	06	U	2		Y		
116	DIC-ULT-PAYT	0595	06	U	2		Y		
117	DIC-CAUSE	0601	03	V	2		Y		
118	DIC-PART-TOT	0604	01	V	2		Y		
119	DIC-OCC	0605	06	V	2		Y		
120	DILB-TYPE	0688	01	V	4				002C
121	DILB-NUMB	0689	04	P	4				
122	DILB-DISC	0693	01	V	2				
123	DILB-BIR	0694	01	V	2				002C
124	DIH-BRANCH	0698	01	V	4				0030
125	DIH-SERIAL	0699	10	V	4				
126	DIH-AMT	0709	03	P	4				
127	DIPDF-PD-TO	0714	05	U	4				0034
128	DIPDF-DATE	0719	05	U	4				
129	DIPDF-CURR	0724	04	P	4				
130	DIPDF-NEXT	0728	04	P	4				
131	DIBI-IGNORE	0667	01	V	4				
132	DISB=HNOL	0672	03	V	4				0028
133	DISB-ADJ	0675	03	P	2		Y		0028
134	DISB-CNTR1	0678	02	P	4				
135	DISB-MDA	0680	02	P	4				0028
136	DISB-START	0682	02	U	4				
137	DISB-MOS	0684	02	U	4				
138	DINI-MONEY	0638	01	V	4				0020
139	DINI-FORMS	0639	01	V	4				
140	DINI-ACCEPT	0640	06	U	2				0020
141	DIBI-FREQ	0650	01	V	2		Y		0024
142	DIBI-MOS	0651	02	P	2		Y		
143	DIBI-ANNIV	0653	02	U	2		Y		
144	DIBI-LDG	0655	03	U	2		Y		
145	DIBI-BAND	0658	02	U	2				
146	DIBI-CHG	0660	02	P	4		Y		
147	DIBI-GROSS	0662	03	P	2		Y		0024
148	DIBI-LEAD	0665	02.	P	4				
149	DICP-SUSP	0734	01	V	4				
150	DICP-REFER	0735	03	V	4				0038
151	DICP-EFF	0738	06	U	4				0038

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
152	DICD-OPT	0746	01	U	4				
153	DICD-YEAR	0747	02	U	4				003C
154	DICD-DIVO	0749	04	P	4		Y		
155	DIPC-GROSS	0760	03	P	4		Y		0040
156	DIPC-DUR	0763	02	P	4		Y		
157	DIPC-GROSS2	0766	03	P	4		Y		0040
158	DIPC-DUR2	0769	02	P	4		Y		
159	DIPC-GROSS3	0772	03	P	4		Y		0040
160	DIPC-DUR3	0775	02	P	4		Y		
161	DIPC-GROSS4	0778	03	P	4		Y		0040
162	DIPC-DUR4	0781	02	P	4		Y		
163	DIPC-GROSS5	0784	03	P	4		Y		0040
164	DIPC-OUR5	0787	02	P	4		Y		
165	DIPC-GROSS6	0790	03	P	4		Y		0040
166	DIPC-DUR6	0793	02	P	4		Y		
167	DIPC-GROSS7	0796	03	P	4		Y		0040
168	DIPC-OUR7	0799	02	P	4		Y		
169	DIPC-GROSS8	0802	03	P	4		Y		0040
170	DIPC-DUR8	0805	02	P	4		Y		
171	DIPC-GROSS9	0808	03	P	4		Y		0040
172	DIPC-DUR9	0811	02	P	4		Y		
173	DINOT-DATE	0818	06	U	4		Y		0044
174	DINOT-FREQ	0824	02	P	4		Y		
175	DINOT-WHO	0828	03	V	4		Y		
176	DINOT-WHY	0831	05	V	4				
177	DINOT-DATE2	0836	06	U	4		Y		0044
178	DINOT-FREQ2	0842	02	P	4		Y		
179	DINOT-WHO2	0846	03	V	4		Y		
180	DINOT-WHY2	0849	05	V	4		Y		
181	DINOT-DATE3	0854	06	U	4		Y		0044
182	DINOT-FREQ3	0860	02	P	4		Y		
183	DINOT-WHO	0864	03	V	4		Y		
184	DINOT-WHY	0867	05	V	4		Y		
185	DINOT-DATE4	0872	06	U	4		Y		0044
186	DINOT-FREQ4	0878	02	P	4		Y		
187	DINOT-WHO4	0882	03	V	4		Y		
188	DINOT-WHY4	0885	05	V	4		Y		
189	DINOT-DATE5	0890	06	U	4		Y		0044
190	DINOT-FREQ5	0896	02	P	4		Y		
191	DINOT-WHO5	0900	03	V	4		Y		
192	DINOTT-WHY5	0903	05	V	4		Y		
193	DINOT-DATE6	0908	06	U	4		Y		0044
194	DINOT-FREQ6	0914	02	P	4		Y		
195.	DINOT-WHO6	0918	03	V	4		Y		
196	DINOT-WHY6	0921	05	V	4		Y		
230	DIF-DATE	2176	02	P	4				0060
231	DIF-POLDIV1	2178	03	P	4				
232	DIF-POLDIV2	2181	03	P	4				
298	DISUS-TYPE	0930	01	V	4		Y		

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
299	DISUS-DUE	0935	06	U	4				0048
300	DISUS-WHO	0943	03	V	4				
301	DISUS-AMT	0946	06	P	4	A	Y		
302	DISUS-TYPE2	0952	01	V	4				
303	DISUS-DUE2	0957	06	U	4				0048
304	DISUS-WHO2	0965	03	V	4				
305	DISUS-AMT2	0968	06	P	4	A	Y		
306	DISUS-TYPE3	0974	01	V	4				
307	DISUS-DUE3	0979	06	U	4				0048
308	DISUS-WHO3	0987	03	V	4				
309	DISUS-AMT3	0990	06	P	4	A	Y		
310	DISUS-TYPE4	0996	01	V	4				
311	DISUS-DUE4	1001	06	U	4				0048
312	DISUS-WHO4	1009	03	V	4				
313	DISUS-AMT4	1012	06	P	4	A	Y		
314	DISUS-TYPE5	1018	01	V	4				
315	DISUS-DUE5	1023	06	U	4				0048
316	DISUS-WHO5	1031	03	V	4				
317	DISUS-AMT5	1034	06	P	4	A	Y		
318	DISUS-TYPE6	1040	01	V	4				
319	DISUS-DUE6	1045	06	U	4				0048
320	DISUS-WHO6	1053	03	V	4				
321	DISUS-AMT6	1086	06	P	4	A	Y		
322	DINS-SSC	1788	01	V	4				
323	DINS-SSNO	1789	05	P	4				
324	DINS-NAME	1794	25	V	4				0050
359	DI-SIG-CODE	0064	01	V	4				
363	DISUS-ENT-	0931	04	U	4				
364	DISUS-ENT-DATE2	0953	04	U	4				
365	DISUS-ENT-DATE3	0975	04	U	4				
366	DISUS-ENT-DATE4	0997	04	U	4				
367	DISUS-ENT-DATE5	1019	04	U	4				
368	DISUS-ENT-DATE6	1041	04	U	4				
369	DIBE-LIFE-A-PREC	0243	02	P	2				
370	DIBE-LIFE-A-RATE	0245	02	P	2				
371	DIBE-1ST-DAY-PRC	0259	02	P	2				
372	DIBE-1ST-DAY-RAT	0261	02	P	2				
373	DIBE-PART-AS-PRC	0275	02	P	2				
374	DIBE-PART-AS-RAT	0277	02	P	2				
375	DIBE-PART-1ST-PC	0291	02	P	2				
376	DIBE-PART-1st-RA	0393	02	P	2				
377	DIBE-ADI-1ST-PRC	0307	02	P	2				
378	DIBE-ADI-RAT	0309	02	P	2				
379	DILS-PREM-C	0401	02	P	2				
380	DILS-RATE	0412	02	P	2				
381	DIADD-PREM-C	0431	02	P	2				
385	DIADD-RATE	0433	02	P	2				
386	DIAIO-PREM-C	0545	02	P	2				
387	DIAIO-RATE	0547	02	P	2				
387	DISUB-PREM-C-RAT	0556	02	P	2				

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FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
388	DISUB-COMM	0563	01	V	4				
389	DILS-MO-INC	0403	03	P	2	I	Y		0008
390	DIBE-HOSP-SER	0442	02	U	2				
391	DIBE-HOSP-YR	0444	02	U	2				
392	DIBE-HOSP-PREM	0446	03	P	2		Y		0010
393	DIBE-HOSP-PAR	0454	01	V	2				
394	DIBE-HOSP-REIN	0455	01	V	2				
395	DIBE-HOSP-PREM-C	0456	02	P	2				
396	DIBE-HOSP-RATE	0458	02	P	2				
397	DI-DATA-OLD-NEW	0101	01	V	3				
*398	DI-ADI-NO	2283	02	U	4				006C
399	DIC-REMARKS	0611	19	V	4				
400	DIBE-COL-BAS-SER	0298	02	U	2				
401	DIBE-COL-BAS -YR	0300	02	U					
402	DIBE-COL-BAS-PREM	0302	03	P	2	C	Y		0004
403	DIBE-'COL-BAS-REIN	0306	01	V	2				
404	DIBE-COL-BAS-COV-C	0312	02	P	2				
405	DIBE-COL-L-A-SER	0314	02	U	2				
406	DIBE-COL-L-A-YR	0316	02	U	2				
407	DIBE-COL-L-A-PREM	0318	03	P	2	C	Y		0004
408	DIBE-COL-L-A-REIN	0322	01	V	2				
409	DIBE-COL-L-A-COV-C	0328	02	P	2				
410	DIBE-COL-JRES-SER	0330	02	U	2				
411	DIBE-COL-RES-YR	0332	02	U	2				
412	DIBE-COL-RES-PREM	0334	03	P	2	C	Y		0004
413	DIBE-COL-RES-REIN	0338	01	V	2				
414	DIBE-COL-RES-C3V-C	0344	02	P	2				
415	DIBE-COL-L-S-SER	0345	02	U	2				
416	DIBE-COL-L-S-YR	0348	02	U	2				
417	DIBE-COL-L-S-PREM	0350	03	P	2	C	Y		0004
418	DIBE-COL-L-S-REIN	0354	01	V	2				
419	DIBE-COL-L-S-COV-C	0360	02	P	2				
420	DIC-BASE-CPI	0630	04	P	4				
421	DIBE-COL-B-PREM-C	0307	02	P	2				
422	DIBE-COL-BAS-RATE	0309	02	P	2				
423	DIBE-COL-L-A-PREMC	0323	02	P	2				
424	DIBE-COL-L-A-RATE	0325	02	P	2				
425	DIBE-COL-R-PREM-C	0339	02	P	2				
426	DIBE-COL-RES-RATE	0342	02	P	2				
427	DIBE-COL-LS-PREM-C	0355	02	P	2				
428	DIBE-COL-LS-RATE	0357	02	P	2				
429	DIBE-OHD-SPEC-SER	0362	02	U	2				
430	DIBE-OHD-SPEC-YR	0364	02	U	2				
431	DIBE-OHD-SPEC-PREM	0366	03	P	2	(-Jr-			0004
432	DIBE-OHD-SPEC-REIN	0370	01	V	2				
433	DIBE-OHD-SPEC-PR-C	0371	02	P	2				
434	DIBE-OHD-SPEC-RATE	0373	02	P	2				
435	DIBE-OHD-SPEC-LOSS	0375	01	V	2				
436	DIBE-OHD-SPEC-COV	0376	02	P	2				
437	DIBE-COL-SPEC-SER	0378	02	U	2				

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
438	DIBE-COL-SPEC-YR	0380	02	U	2				
439	DIBE-COL-SPEC-PREM	0382	02	P	2	C	Y		0004
440	DIBE-COL-SPEC-REIN	0386	01	V	2				
441	DIBE-COL-SPEC-PR-C	0387	02	P	2				
432	DIBE-COL-SPEC-RATE	0389	02	P	2				
443	DIBE-COL-SPEC-COV	0392	02	P	2				
444	DI-PRIOR-MDA	0201	02	P	4				
445	DI-PRIOR-MDS-PCT	0203	03	P	4				
446	DI-LAST-MDA-DATE	0206	04	U	4				
447	DI-CURR-OUTLAY	0210	05	P	4				
448	DI-LVL-IND	0215	01	V	4				
449	DICD-MDA-PCT	0753	03	P	4				
450	DI-ADDR-CHG-DATE	0216	03	V	4				
451	DI-OWN-CHG-DATE	0219	03	V	4				
452	DI-BENEF-CHG-DATE	0222	03	V	4				
453	DI-S-NS-CODE	0225	01	V	4				
454	DI-COL-PERCENTAGE	0226	02	P	4				
455	DI-MM-AGT	0111	04	P	3				
456	DIBI-GRP-DY	0667	01	V	4				
457	DI-20PCT-DISCOUNT	0228	01	V	4				
458	DITP-TERM-OAUD	2186	01	V	4				
459	DITP-TERM-ISSUED	2187	06	U	4				0064
460	DITP-TERM-PREM	2193	04	P	4				
461	DITP-TERM-AMOUNT	2197	03	P	4				
462	DITP-TERM-PD-TO	2200	06	U	4				
463	DITP-REINSURANCE	2206	01	V	4				
464	DI00-SERIES-1	2218	02	U	1				
465	DI00-ISSUE-YR-1	2220	02	U	1				
466	DI00-PREM-1	2222	03	P	1	C	Y		0068
467	DI00-PAR-1	2227	01	V	2				
468	DI00-REINSURANCE-1	2228	01	V	2				
469	DI00-PREM-C-1	2229	02	P	2				
470	DI00-RATE-1	2231	02	P	2				
471	DI00-CEASE-YR-1	2225	02	U	2				
472	DI00-SERIES-2	2233	02	U	1				
473	DI00-ISSUE-YR-2	2235	02	U	1				
474	DI00-PREM-2	2237	03	P	1	C	Y		0068
475	DI00-PAR-2	2242	01	V	2				
476	DI00-REINSURANCE-2	2243	01	V	2				
477	DI00-PREM-C-2	2244	02	P	2				
478	DI00-RATE-2	2246	02	P	2				
479	DI00-CEASE-YR-2	2240	02	U	2				
480	DI00-SERIES-3	2248	02	U	1				
481	DI00-ISSUE-YR=3	2250	02	U	1				
482	DI00-PREM-3	2252	03	P	1				
483	DI00-PAR-3	2257	01	V	2				
484	DI00-REINSURANCE-3	2258	01	V	2				
485	DI00-PREM-C-3	2259	02	P	3				
486	DI00-RATE-3	2261	02	P	2				

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FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
487	DI00-CEASE-YR-3	2255	02	U	2				
488	DI-AIF-EXCLUSION	0229	01	V	4				
489	DIFE-ASSOC-NO	2274	04	P	4				006C
490	DIFE-OCC-CODE	2278	05	P	4				006C
491	DIAIF-REF-DT-1	2324	06	U	4				
492	DIAIF-REF-DT-2	2330	06	U	4				
493	DIAIF-RENEWAL-DT	2336	06	U	4				0070
494	DIAIF-YEAR	2342	02	U	4				
495	DIAIF-SUFFIX	2344	02	U	4				
496	DIAIF-DECLINED	2346	01	V	4				
*497	0100-TYPE-CODE	2263	01	V	4				
*498	DIFE-STATE-OF-EXEC	2285	02	V	4				006C

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
A01	DIAGT-CODE	1066	07	V	3		Y		004C
A02	DIAGT-CONTR	1073	10	V	4		Y		
A03	DIAGT-PROD	1083	03	P	3		Y		
A04	DIAGT-PART	1086	03	P	4		Y		
A05	DIAGT-1st	1089	02	P	4		Y		
A06	DIAGT-REN1	1091	03	P	4		Y		
A07	DIAGT-REN2	1094	03	P	4		Y		
A08	DIAGT-REN3	1097	03	P	4		Y		
A09	DIAGT-REN4	1100	03	P	4		Y		
A10	DIAGT-REN5	1103	03	P	4		Y		
A11	DIAGT-REN6	1106	03	P	4		Y		
A12	DIAGT-RENT	1109	03	P	4		Y		
A13	DIAGT-REN8	1112	03	P	4		Y		
A14	DIAGT-REN9	1115	03	P	4		Y		
A15	DIAGT-REN10	1118	03	P	4		Y		
A16	DIAGT-A	1121	01	V	4		Y		
A17	DIAGT-START	1122	02	V	4		Y		
A18	DIAGT-CODE-C2	1124	07	V	4		Y		
A19	DIAGT-PART-C2	1131	02	P	4		Y		
A20	DIAGT-PART2-C	1133	02	P	4		Y		
A21	DIAGT-BONUS	1135	01	V	4		Y		004C "
A22	DIAGT-POST 10	1136	01	V	4		Y		
B01	DIAGT-CODE-2	1138	07	V	3		Y		
B02	DIAGT-CONTR-2	1145	10	V	4		Y		
B03	DIAGT-PROD-2	1155	03	P	3		Y		
B04	DIAGT-PART-2	1158	03	P	4		Y		
B05	DIAGT-1ST-2	1161	02	P	4		Y		
B06	DIAGT-REN1-2	1163	03	P	4		Y		
B07	DIAGT-REN2-2	1166	03	P	4		Y		
B08	DIAGT-REN3-2	1169	03	P	3		Y		
B09	DIAGT-REN4-2	1172	03	P	4		Y		
B10	DIAGT-REN5-2	1175	03	P	4		Y		
B11	DIAGT-REN6-2	1178	03	P	4		Y		
B12	DIAGT-REN7-2	1181	03	P	4		Y		
B13	DIAGT-REN8-2	1184	03	P	4		Y		
B14	DIAGT-REN9-2	1187	03	P	4		Y		
B15	DIAGT-REN10-2	1190	03	P	4		Y		
616	DIAGT-A-2	1193	01	V	4		Y		
817	DIAGT-START-2	1194	02	V	4		Y		
818	DIAGT-CODE-C2-2	1196	07	V	4		Y		004C
819	DIAGT-PART-C2-2	1203	02	P	4		Y		
B20	DIAGT-PART2-C2-2	1205	02	P	4		Y		
B21	DIAGT-BONUS-2	1207	01	V	4		Y		
B22	DIAGT-POST 10-2	1208	01	V	4		Y		
C01	DIAGT-CODE-3	1210	07	V	3		Y		
C02	DIAGT-CONTR-3	1217	10	V	4		Y		
C03	DIAGT-PROD-3	1227	03	P	3		Y		
C04	DIAGT-PART-3	1230	03	P	4		Y		
C05	DIAGT-1ST-3	1233	02	P	4		Y		
C06	DIAGT-REN1-3	1235	03	P	4		Y		
C07	DIAGT-REN2-3	1238	03	P	4		Y		

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
C08	DIAGT-REN3-3	1241	03	P	4		Y		
C09	DIAGT-REN4-3	1244	03	P	4		Y		
C10	DIAGT-REN5-3	1247	03	P	4		Y		
C11	DIAGT-REN6-3	1250	03	P	4		Y		
C12	DIAGT-REN7-3	1253	03	P	4		Y		
C13	DIAGT-REN8-3	1256	03	P	4		Y		
C14	DIAGT-REN9-3	1259	03	P	4		Y		
C15	DIAGT-REN10-3	1262	03	P	4		Y		
C16	DIAGT-A-3	1265	01	V	4		Y		
C17	DIAGT-START-3	1266	02	V	4		Y		
C18	DIAGT-CODE-C2-3	1268	07	V	4		Y		
C19	DIAGT-PART-C2-3	1275	02	P	4		Y		
C20	DIAGT-PART-C2-3	1277	02	P	4		Y		
C21	DIAGT-BONUS-3	1279	01	V	4		Y		
C22	DIAGT-POST 10-3	1280	01	V	4		Y		
001	DIAGT-CODE-4	1282	07	V	3		Y	004C	
002	DIAGT-CONTR-4	1289	10	V	4		Y		
003	DIAGT-PROD-4	1299	03	P	3		Y		
004	DIAGT-PART-4	1302	03	P	4		Y		
D05	DIAGT-1ST-4	1305	02	P	4		Y		
006	DIAGT-REN1-4	1307	03	P	4		Y		
D07	DIAGT-REN2-.4	1310	03	P	4		Y		
008	DIAGT-REN3-4	1313	03	P	4		Y		
D09	DIAGT-REN4-4	1316	03	P	4		Y		
010	DIAGT-REN5-4	1319	03	P	4		Y		
D11	DIAGT-REN6-4	1322	03	P	4		Y		
D1g	DIAGT-REN7-4	1325	03	P	4		Y		
D13	DIAGT-REN8-4	1328	03	P	4		Y		
014	DIAGT-REN9-4	1331	03	P	4		Y		
015	DIAGT-REN10-4	1334	03	P	4		Y		
D17	DIAGT-START-4	1338	02	V	4		Y		
D18	DIAGT-CODE-C2-4	1340	07	V	4		Y		
019	DIAGT-PART-C2-4	1347	02	P	4		Y		
D20	DIAGT-PART2-C2-4	1349	02	P	4		Y		
D21	DIAGT-BONUS-4	1351	01	V	4		Y		
D22	DIAGT-POST 10-4	1352	01	V	4		Y		
E01	DIAGT-CODE-5	1354	07	V	3		Y	004C	
E02	DIAGT-CONTR-5	1361	10	V	4		Y		
E03	DIAGT-PROS5	1371	03	P	3		Y		
E04	DIAGT-PART-5	1374	03	P	4		Y		
E05	DIAGT-1ST-5	1377	02	P	4		Y		
E06	DIAGT-REN1-5	1379	03	P	4		Y		
E07	DIAGT-REN2-5	1382	03	P	4		Y		
E08	DIAGT-REN3-5	1385	03	P	4		Y		
E09	DIAGT-REN4-5	1388	03	P	4		Y		
010	DIAGT-REN5-5	1391	03	P	4		Y		
E11	DIAGT-REN6-5	1394	03	P	4		Y		
E12	DIAGT-REN7-5	1397	03	P	4		Y		
E13	DIAGT-REN8-5	1400	03	P	4		Y		
E14	DIAGT-REN9-5	1403	03	P	4		Y		
E15	DIAGT-REN10-5	1406	03	P	4		Y		

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
E16	DIAGT-A-5	1409	01	V	4		Y		
E17	DIAGT-START-5	1410	02	V	4		Y		
E18	DIAGT-CODE-C2-5	1412	07	V	4		Y		
E19	DIAGT-PART-C2-5	1419	02	P	4		Y		
E20	DIAGT-PART2-C2-5	1421	02	P	4		Y		
E21	DIAGT-BONUS-5	1423	01	V	4		Y		
E22	DIAGT-POST 10-5	1424	01	V	4		Y		
F01	DIAGT-CODE-6	1426	07	V	3		Y		004C
F02	DIAGT-CONTR-6	1433	10	V	4		Y		
F03	DIAGT-PROD-6	1443	03	P	3		Y		
F04	DIAGT-PART-6	1446	03	P	4		Y		
F05	DIAGT-1ST-6	1449	02	P	4		Y		
F06	DIAGT-REN1-6	1451	03	P	4		Y		
F07	DIAGT-REN2-6	1454	03	P	4		Y		
F08	DIAGT-REN3-6	1457	03	P	4		Y		
F09	DIAGT-REN4-6	1460	03	P	4		Y		
F10	DIAGT-REN5-6	1463	03	P	4		Y		
F11	DIAGT-REN6-6	1466	03	P	4		Y		
F12	DIAGT-REN7-6	1469	03	P	4		Y		
F13	DIAGT-REN8-6	1372	03	P	4		Y		
F14	DIAGT-REN9-6	1475	03	P	4		Y		
F15	DIAGT-REN10-6	1478	03	P	4		Y		
F16	DIAGT-A-6	1481	01	V	4		Y		
F17	DIAGT-START-6	1482	02	V	4		Y		
F18	DIAGT-CODE-C2-6	1484	07	V	4		Y		
F19	DIAGT-PART-C2-6	1491	02	P	4		Y		
F20	DIAGT-PART2-C2-6	1493	02	P	4		Y		
F21	DIAGT-BONUS-6	1495	01	V	4		Y		
F22	DIAGT-POST 10-6	1496	01	V	4		Y		
G01	DIAGT-CODE-7	1498	07	V	3		Y		004C
G02	DIAGT-CONTR-7	1505	10	V	4		Y		
G03	DIAGT-PROD-7	1515	03	P	3		Y		
G04	DIAGT-PART-7	1518	03	P	4		Y		
G05	DIAGT-1ST-7	1521	02	P	4		Y		
G06	DIAGT-REN1-7	1523	03	P	4		Y		
G07	DIAGT-REN2-7	1526	03	P	4		Y		
G08	DIAGT-REN3-7	1529	03	P	4		Y		
G09	DIAGT-REN4-7	1532	03	P	4		Y		
G10	DIAGT-REN5-7	1535	03	P	4		Y		
G11	DIAGT-REN6-7	1538	03	P	4		Y		
G12	DIAGT-REN7-7	1541	03	P	4		Y		
G13	DIAGT-REN8-7	1544	03	P	4		Y		
G14	DIAGT-REN9-7	1547	03	P	4		Y		
G15	DIAGT-REN10-7	1550	03	P	4		Y		
G16	DIAGT-A-7	1553	01	V	4		Y		
G17	DIAGT-START-7	1554	02	V	4		Y		
G18	DIAGT-CODE-C2-7	1556	07	V	4		Y		
G19	DIAGT-PART-C2-7	1563	02	P	4		Y		
G20	DIAGT-PART2-C2-7	1565	02	P	4		Y		
G21	DIAGT-BONUS-7	1567	01	V	4		Y		
G22	DIAGT-POST 10-7	1568	01	V	4		Y		
H01	DIAGT-Code-8	1570	07	V	3		Y		004C

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
H02	DIAGT-CONTR-8	1577	10	V	4		Y		
H03	DIAGT-PROC-8	1587	03	P	3		V		
H04	DIAGT-PART-8	1590	03	P	4		Y		
H05	DIAGT-1ST-8	1593	02	P	4		Y		
H06	DIAGT-REN1-8	1595	03	P	4		Y		
H07	DIAGT-REN2-8	1598	03	P	4		Y		
H08	DIAGT-REN3-8	1601	03	P	4		Y		
H09	DIAGT-REN4-8	1604	03	P	4		Y		
H10	DIAGT-REN5-8	1607	03	P	4		Y		
H11	DIAGT-REN6-8	1610	03	P	4		Y		
H12	DIAGT-RENT-8	1613	03	P	4		Y		
H13	DIAGT-REN8-8	1616	03	P	4		Y		
H14	DIAGT-REN9-8	1619	03	P	4		Y		
H15	DIAGT-REN10-8	1622	03	P	4		Y		
H16	DIAGT-A-8	1625	01	V	4		Y		
H17	DIAGT-START-8	1626	02	V	4		Y		
H18	DIAGT-CODE-C2-8	1628	07	V	4		Y		
H19	DIAGT-PART-C2-8	1635	02	P	4		Y		
H20	DIAGT-PART2-C2-8	1637	02	P	4		Y		
H21	DIAGT-BONUS-8	1639	01	V	4		Y		
H22	DIAGT-POST 10-8	1640		V	4		Y		
I01	DIAGT-CODE-9	1642	07	V	3		Y		004C
102	DIAGT-CONTR-9	1649	10	V	4		Y		
103	DIAGT-PROD-9	1659	03	P	3		Y		
104	DIAGT-PART-9	1662	03	P	4		Y		
105	DIAGT-1st-9	1665	02	P	4		Y		
106	DIAGT-REN1-9	1667	03	P	4		Y		
107	DIAGT-REN2-9	1670	03	P	4		Y		
108	DIAGT-REN3-9	1673	03	P	4		Y		
109	DIAGT-REN4-9	1676	03	P	4		Y		
I10	DIAGT-REN5-9	1679	03	P	4		Y		
I11	DIAGT-REN6-9	1682	03	P	4		Y		
112	DIAGT-REN7-9	1685	03	P	4		Y		
113	DIAGT-REN8-9	1688	03	P	4		Y		
114	DIAGT-REN9-9	1691	03	P	4		Y		
115	DIAGT-REN10-9	1694	03	P	4		Y		
116	DIAGT-A-9	1697	01	V	4		Y	Y	
117	DIAGT-START-9	1698	02	V	4		Y		
118	DIAGT-CODE-C2-9	1700	07	V	4		Y		
119	DIAGT-PART-C2-9	1707	02	P	4		Y		
120	DIAGT-PART2-C2-9	1709	02	P	4		Y		
121	DIAGT-BONUS-9	1711	01	V	4		Y		
122	DIAGT-POST 10-9	1712	01	V	4		Y		
J01	DIAGT-CODE-10	1714	07	V	3		Y		004C
J02	DIAGT-CONTR-10	1721	10	V	4		Y		
J03	DIAGT-PROD-10	1731	03	P	3		Y		
J04	DIAGT-PART-10	1734	03	P	4		Y		
J05	DIAGT-1ST-10	1737	02	P	4		Y		
J06	DIAGT-REN1-10	1739	03	P	4		Y		
J07	DIAGT-REN2-10	1742	03	P	4		Y		
J08	DIAGT-REN3-10	1745	03	P	4		Y		
J09	DIAGT-REN4-10	1748	03	P	4		Y		

FIELD	FIELD NAME	DISP	LENGTH	FORM	A<C	CNT	CK	ASC	ID
J10	DIAGT-REN5-10	1751	03	P	4		Y		
J11	DIAGT-REN6-10	1754	03	P	4		Y		
J12	DIAGT-REN7-10	1757	03	P	4		Y		
J13	DIAGT-REN8-10	1760	03	P	4		Y		
J14	DIAGT-REN9-10	1763	03	P	4		Y		
J15	DIAGT-REN10-10	1766	03	P	4		Y		
J16	DIAGT-A-10	1769	01	V	4		Y		
J17	DIAGTSTART-10	1770	02	V	4		Y		
J18	DIAGT-CODE-C2-10	1772	07	V	4		Y		
319	DIAGT-PART-C2-10	1779	02	P	4		Y		
J20	DIAGT-PART2-C210	1781	02	P	4		Y		
J21	DIAGT-BONUS-10	1783	01	V	4		Y		
J22	DIAGT-POST-10	1784	01	V	4		Y		
K01	DIOWN-SSC	1824	01	V	4				
K02	DIOWN-SSNO	1825	05	P	4				
K03	DIOWN-ZIP	1830	05	U	4			Y	
K04	DIOWN-NAME	1835	25	V	4			Y	0054
K05	DIOWN-ADDR1	1860	25	V	4			Y	
K06	DIOWN-ADDR2	1886	25	V	4			Y	
K07	DIOWN-ADDR3	1912	25	V	4			Y	
L01	DIN3-SSC	1942	01	V	4				
L02	DIN3-SSNO	1943	05	P	4				
L03	DIN3-ZIP	1948	05	U	4			Y	
L04	DIN3-NAME		1953	V	4			Y	0058
L05	DIN3-ADDR1		1978	V	4			Y	
L06	DIN3-ADDR2		2004	V	4			Y	
L07	DIN3-ADDR3		2030	V	4			Y	
M01	DIN4-SSC		2060	V	4				
M02	DIN4-SSNO		2061	P	4				
M03	DIN4-ZIP		2066	U	4			Y	
M04	DIN4-NAME		2071	V	4			Y	005C
M05	DIN4-ADDR1		2096	V	4			Y	
M06	DIN4-ADDR2		2122	V	4			Y	
M07	DIN4-ADDR3		2148	V	4			Y	

CODE DESCRIPTION OF ERROR NOTICE

<u>CODE</u>	<u>DESCRIPTION OF ERROR NOTICE</u>
T	ERROR NOTICES FOR DISABILITY SYSTEM INPUT EDIT
AA	COLUMNS 12-26 ARE NOT BLANK
AB	DUE DATE IS NOT + NUMERIC
AC	DUE DATE IS NOT BETWEEN 6/1/75 AND 12/31/85
AD	PT NUMBER OR SALARY NUMBER NOT + NUMERIC
AE	COLUMNS 23-44 ARE NOT BLANK
AF	DUE DATE IS NOT BETWEEN 1/1/75 AND 12/31/85
AG	COLUMNS 23-47 ARE NOT BLANK
AH	POLICY NUMBER INVALID
AI	EFFECTIVE DATE NOT POSITIVE NUMERIC AND/OR BETWEEN 1/1/71-12/31/80
AJ	COLUMNS 23-26 ARE NOT BLANK AKASSUMED PAID TO DATE IS LESS THAN EFFECTIVE DATE
AL	COLUMNS 33-47 ARE NOT BLANK
AM	THIS INPUT EDIT PASS IS NOT 1 AND THIS TRANSACTION CAN ONLY BE USED ON PASS 1
AN	COLUMN 27 IS NOT 'M' WHEN AMOUNT FIELD IS BLANK
AO	AMOUNT FIELD IS NOT + NUMERIC
AP	AMOUNT FIELD IS EITHER PRESENT OR REQUIRED AND COLUMN 27 IS NOT BLANK
AQ	COLUMN 28-47 ARE NOT BLANK
AR	COLUMNS 76-80 ARE NOT BLANK
AS	COLUMNS 52-80 ARE NOT BLANK
AT	SYSTEM DISBURSION CODE IS NOT BLANK 'I' 'R'
AU	SEND-TO CODE IS NOT BLANK 2 3 4
AV	COLUMNS 19-47 ARE NOT BLANK
AW	INTEREST NEXT DUE DATE IS NOT BLANK OR BETWEEN 1/1/71 AND 12/31/80
AX	COLUMNS 34-45 ARE NOT BLANK
AY	COLUMNS 27-45 ARE NOT BLANK
AZ	LOAN MODE IS NOT BLANK OR 01 11 21 02 12 22 32 03 10 09 19 29 41
BA	COLUMNS 18-47 ARE NOT BLANK
BB	COLUMNS 12-47 ARE NOT BLANK BCEFFECTIVE DATE IS NOT BLANK OR BETWEEN 1/1/71 AND 12/3/180
BD	COLUMNS 18-26 ARE NOT BLANK
BE	STATUS CODE IS NOT BLANK OR 'T'
BF	ASSUMED PAID-TO-DATE IS NOT BLANK OR BETWEEN 1/1/71 AND 12/31/80
BG	COLUMNS 34-47 ARE NOT BLANK
BH	MODE CODE IS NOT VALID
BI	THIS INPUT EDIT PASS IS NOT 2 AND THIS TRANSACTION CAN ONLY BE USED ON PASS 2
BJ	CONTROL IS NOT = 1, 2 OR 3
BK	LOWEST POLICY NUMBER NOT + NUMERIC AND/OR BETWEEN 000000100 AND 20000099
BL	HIGHEST POLICY NUMBER NOT + NUMERIC AND/OR BETWEEN 0000000100 AND 20000099
BM	COLUMNS 15-18 ARE NOT BLANK

CODE	DESCRIPTION OF ERROR NOTICE
BN	DATE CONTROL CODE NOT 0, 1, 2 OR 3
BO	TERMINAL DIGIT CONTROL FIELD BYTES ARE NOT BLANK OR = 'Y' (G4)
BP	COLUMNS 30-47 ARE NOT BLANK
BQ	COLUMNS 3-17 ARE NOT BLANK
BR	CONTROL CODE NOT = 0-9, A OR B
BS	COLUMN 19 IS NOT BLANK
BT	AGENTS NUMBER AND/OR SUFFIX IS NOT + NUMERIC
BU	COLUMNS 27-28 ARE NOT BLANK
BV	AGENTS CONTRACT CODE IS NOT = 01 02 03 04 05 06 07 08 09 10 11 12 13 20 21 22 AA
BW	COLUMNS 31-47 ARE NOT BLANK
BX	COLUMNS 69-80 ARE NOT BLANK B1'. F. CODE NOT = 1 OR 2
BZ	SUFFIX CONTROL NOT = 1 OR 2
CA	COLUMN 51 IS NOT BLANK
CB	DATE OF DEATH IS NOT + NUMERIC OR BETWEEN 59/00/00 AND 79/00/00
CC	COLUMNS 58-60 ARE NOT BLANK
CD	COLUMN 63 IS NOT BLANK
CE	LIVES COUNT IS NOT 0 OR 1
CF	COLUMN 65 IS NOT BLANK
CG	NOTIFY DATE IS NOT T + NUMERIC OR VALID
CH	COLUMNS 72-80 ARE NOT BLANK
CI	CONTROL CODE NOT = 1-6, 8 OR 9 OR A
CJ	NOTIFY FREQUENCY NOT + NUMERIC
CK	ADD-DELETE CODE NOT A, D, F, G OR M
CL	STATUS CODE NOT BLANK OR T
CM	.WHO CODE MUST NOT BE BLANK '(CA)
CN	COLUMNS 12-17 ARE NOT BLANK
CO	PRIMARY OPTION NOT VALID
CP	SECONDARY OPTION NOT VALID
CQ	SECONDARY OPTION PRESENT AND THE PRIMARY OPTION IS NOT = 5 - DTO - (CD)
CR	PRIMARY OPTION = 5 (DTO) & SECONDARY OPTION IS NOT 1 2 3 4 8 9 (CD)
CS	RIDER #1 OPTION NOT BLANK OR 1-4
CT	RIDER #2 OPTION NOT BLANK OR 1-4
CU	DTO RATING NOT + NUMERIC OR BLANK
CV	COLUMNS 25-47 ARE NOT BLANK
CW	NEW FREQUENCY IS NOT A, S, Q, OR M
CX	NEW NUMBER OF MONTHS DOES NOT AGREE WITH FREQUENCY CODE (CM CN)
CY	MODE PREMIUM ADJUSTMENT SIGN IS NOT BLANK OR N.
CZ	COLUMNS 27-47 ARE NOT BLANK DANEW STATUS CODE NOT EQUAL TO A, B OR 1 THRU 8
DB	COLUMNS 21-26 ARE NOT BLANK
DC	COLUMNS 3-11 ARE NOT BLANK
DO	AGENT NUMBER & SUFFIX OR CONTROL # NOT + NUMERIC
DE	AGENT SUFFIX MUST BE 00 IF CONTROL CODE EQUALS 'A'
OF	CONTROL CODE NOT EQUAL TO A, B, OR C
DG	SELECT ALL POLICIES NOT PERMITTED IF COLUMN 19 = C
OH	SELECTION CODE = 'C' WHILE THE LOAN-FINANCED-ASSIGNED CODES ARE BLANK **AND THE RANGE IS NOT 500 THRU 10000 - ERROR IS ON RANGE (GC)
DI	CAUSE OF DEATH MUST NOT BE BLANK

<u>CODE</u>	<u>DESCRIPTION OF ERROR NOTICE</u>
DJ	SELECTION CODE = 'C' AND AT LEAST ONE LOAN-FINANCED-ASSIGNED CODE IS NOT
DJ	BLANK, THE RANGE IS NOT 50 THRU 10000 - ERROR IS ON RANGE (GC)
DK	DEATH CLAIM NUMBER NOT + NUMERIC OR BETWEEN 650000 AND 790000
DL	LOAN SELECTION CODE (COLUMN 20) MUST BE 'A' OR BLANK (GC)
DM	FINANCED BILL SELECTION CODE IS NOT BLANK OR F (GC)
ON	ASSIGNED POLICY SELECTION CODE IS NOT BLANK OR 'A' (GC)
DO	STATUS CODE NOT = 1 OR 2 ON DISABILITY SYSTEM
DP	CONTROL NUMBER IS BLANK
DQ	SELECTION CODE AND LOAN SELECTION (COLUMNS 19-20) ARE 'CL' AND THE LOAN
DQ	AMOUNT IS NOT BLANK OR + NUMERIC
DR	LOW POLICY NUMBER IS GREATER THAN HIGH POLICY NUMBER
DS	COLUMNS 32-47 ARE NOT BLANK
DT	AGENCY #1 IS NOT + NUMERIC OR IS NOT WITHIN RANGE (001 TO 150)
DU	AGENCY #2 IS NOT + NUMERIC OR IS NOT WITHIN RANGE (001 TO 150)
DV	AGENCY #1 = AGENCY 2
DW	AGENCY CODE IS NOT + NUMERIC OR IS NOT WITHIN RANGE (001 TO 150)
DX	COLUMNS 20-44 ARE NOT BLANK
DY	COLUMNS 20-46 ARE NOT BLANK
DZ	SELECTION CODE AND LOAN SELECTION (COLUMNS 19-20) ARE NOT 'CL' AND THE *LOAN AMOUNT IS NOT BLANK
EA	ORIGINAL AGENTS NUMBER NOT + NUMERIC
EB	ORIGINAL AGENTS SUFFIX NOT + NUMERIC
EC	ORIGINAL AGENTS SUFFIX NOT SPACES WHEN CONTROL CODE = 'S'
ED	NEW AGENTS NUMBER NOT + NUMERIC
EE	NEW AGENTS SUFFIX NOT + NUMERIC EFNEW AGENTS SUFFIX NOT SPACES WHEN CONTROL CODE = 'S'
EH	CONTROL CODE NOT = A, C, D, S, P, 'OR T
EI	WHEN CONTROL CODE = C, BOTH OLD AND NEW AGENT NUMBER SUFFIXES MUST = 77
EK	COLUMNS 51-75 ARE NOT BLANK.
EL	COLUMNS 38-47 ARE NOT BLANK.
EM	CONTROL CODE = 'D' AND NEW AGENT NUMBER AND SUFFIX NOT BLANK
EN	BAD SYSTEM DESTINATION CODE NOT I R OR SPACES-INS OR NOT 0-DISABILITY
EO	TODAYS DATE NOT + NUMERIC AND/OR BETWEEN 1/1/71 - 12/31/80
EP	COLUMNS 19-26 ARE NOT BLANK
EQ	FILE MAINTENANCE YEAR & MONTH & DAY1 IS NOT + NUMERIC AND/OR BETWEEN 1/1/71 - 12/31/80
ER	DAY2 NOT POSITIVE NUMERIC
ES	DAY2 NOT WITHIN LIMITS 01 - 31
ET	DAY2 NOT = TO OR > THAN DAY11 EUDAY2 IS > DAY1+4
EV	DATE CONTROL = 1 AND DIVIDEND DEPOSIT ACCUMULATION RATE IS BLANK.
EW	DIVIDEND DEPOSIT ACCUMULATION RATE IS NOT + NUMERIC
EX	DIVIDEND DEPOSIT ACCUMULATION RATE IS NOT BETWEEN 3000 AND 6000 EXCLUSIVE
EY	COLUMNS 40-80 ARE NOT BLANK
EZ	COLUMN 3 IS NOT BLANK
FA	THE CONTROL CODE & SUFFIX CONTROL CODES WERE NOT ONE OF THE FOLLOWING

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<u>CODE</u>	<u>DESCRIPTION OF ERROR NOTICE</u>
FA	COMBINATIONS 1:1 1:2 2:1 2:2 3:1 3:2 4:3
FB	AGENTS NUMBER & SUFFIX NOT + NUMERIC
FC	WHO CODE (COLUMNS 48-50 MUST BE BLANK)
FD	TYPE CODE IS NOT L V OR C FEPERSISTENCY FEE TABLE CODE NOT EQUAL TO 1 2 3 4 5 OR 6
FF	TYPE OF DETAIL DESIRED NOT BLANK I OR L
FG	PERSISTENCY FEE INDICATOR NOT Y OR N
FH	INTEREST RATE #1 IS NOT + NUMERIC OR BLANK
FI	INTEREST RATE #1 IS GREATER THAN 1500
FJ	INTEREST RATE #2 IS NOT + NUMERIC OR BLANK
FK	INTEREST RATE #2 IS GREATER THAN 1500
FL	INTEREST RATE #3 IS NOT + NUMERIC OR BLANK
FM	INTEREST RATE#3 IS GREATER THAN 1500
FN	VALUATION MONTH IS NOT + NUMERIC OR VALID
FO	YEARS OF SERVICE NOT + NUMERIC OR WITHIN RANGE 00-16 OR EQUAL TO 99
FP	DIVEST PERSISTENCY NOT BLANK Y OR N
FQ	DIVEST CAREER CONTRACT NOT BLANK Y, N, 2, 3 or 4
FR	YEARS OF SERVICE FOR GA DIVESTING IS NOT + NUMERIC OR WITHIN RANGE 00-20 or 98 or 99
FS	FORFEIT NOT BLANK Y OR N
FT	COLUMNS 52-80 ARE NOT BLANK WHEN COLUMN 51 = 'L' AND 'C'
FU	COLUMNS 71-80 ARE NOT BLANK WHEN COLUMN 51 = 'V'
FV	CF POLICY NUMBER NOT BETWEEN 0,000,001-00 AND 2,000,000-00
FW	CF ACTIVITY DATE NOT WITHIN VALID RANGE
FX	CF STATUS INDICATOR NOT BLANK OR T
FY	FIRST CF FIELD NUMBER MISSING
FZ	PREVIOUS FIELD CHANGE CARD HAD ERROR AFTER LAST PROPER CAANGE
GA	FIELD CHANGE NUMBER NOT LOCATED
GB	INVALID PLANAGE ON FIELD CHANGE
GC	PROGRAM BUG IN IDENT GENERATION TABLE FOR FIELD CHANGE #
GD	FIELD CHANGE # 001 DATA IS NOT 'I' OR 'R'
GE	CF INVALID PAID-TO-DATE IN DATA FIELD - NON NUMERIC
GF	CF PAID-TO-DATE YEAR IS LESS THAN TODAYS-DATE (YEAR) MINUS 5
GG	CF X-POL-YR NON-NUMERIC DATA FOR FIELD CHANGE
GH	CF X-POL-YR IS LESS THAN TODAYS-DATE (YEAR) MINUS 5
GI	CF X-POL-YR IS GREATER THAN TODAYS-DATE (YEAR) PLUS 4
GJ	CF DATA FORMAT INVALID GKCF MODE CODE INVALID FORM
GL	MODE CODE NOT = 91 92 93 94 95 01 02 03 11 13 17 21 23 25 27 30 31 33 *OR 35 WHEN ACC/DEC CODE IS 1 2 OR 3 (CF)
GM	CF NO END SIGN '>' AT END OF FIELD CHANGE - CHECK PRIOR CARD
GN	CF FIELD CHANGE ITEM OVER MAXIMUM POSSIBLE LENGTH OF 30 BYTES
GO	CF FIELD CHANGE DATA - BINARY FIELD IS NOT POSITIVE NUMERIC
GP	CF FIELD CHANGE DATA - TOO LARGE FOR 4 BYTE BINARY FIELD
GQ	CF DATA TOO LARGE FOR A 2BYTE BINARY FIELD - LIMIT = 2,000,000,000 + OR -
GR	CF DATA FORMAT PACKED BUT DATA NOT POS/NEG PACKED NUMERIC
GS	CF DATA FORMAT '+' BUT DATA NOT POSITIVE NUMERIC
GT	CF DATA LENGTH FOR PACKED FIELD IS > 16
GU	CF INPUT FIELD LENGTH DIVIDEND 2 PLUS 1 NOT = FIELD CHANGE TABLE LENGTH PACKED

<u>CODE</u>	<u>DESCRIPTION OF ERROR NOTICE</u>
GV	CF INPUT FIELD LENGTH IS WRONG FOR VARIABLE FORMAT
GW	CF INPUT FIELD LENGTH IS WRONG FOR UNPACKED FORMAT
GX	CF INPUT DATA FIELD IS NOT NUMERIC
GY	CF NULL FIELD GENERATION IS NOT ALLOWED
GZ	CF LENGTH IN BINARY FIELD IN TABLE NOT = 2 OR 4 -- PROGRAM BUG
HA	CF FORMAT CODE IN CORE TABLE NOT VALID -- PROGRAM BUG
HB	COLUMNS 13-47 ARE NOT BLANK
HC	YEAR PORTION OF BEGINNING DATE IS NOT WITHIN RANGE 70-84
HD	MONTH PORTION OF BEGINNING DATE NOT VALID
HE	COLUMNS 16-17 ARE NOT BLANK
HF	CONTROL NOT EQUAL TO A OR S
HG	COLUMNS 35-39 ARE NOT BLANK
HH	ATTEMPT TO FIELD CHANGE DI-PD-TO TO 9999 - NOT ALLOWED
HI	TRANSACTION CODE NOT FOUND - INVALID
HJ	POLICY NUMBERS MUST BE BLANK IF CONTROL CODE NOT = 4
HK	AGENT NUMBER (5 DIGITS) NOT + NUMERIC
HL	PT # NOT 00001 & COL 23 NOT A P OR S OR R FOR INSURANCE SYSTEM
HM	PT # IS 00001 & COL 23 NOT BLANK FOR INSURANCE SYSTEM
HN	PT # NOT 00001 & COL 23 NOT AN S OR G FOR DISABILITY SYSTEM
HO	PT # IS 00001 & COL 23 NOT BLANK FOR DISABILITY SYSTEM
HP	COL 23 NOT EQUAL TO P OR S OR R FOR INSURANCE SYSTEM
HR	COL 23 NOT EQUAL TO AN S OR G FOR DISABILITY SYSTEM
HS	CHANGING THE FIELD #152 (DICD-OPT) BUT FIRST LETTER IN THE WHO CODE NOT = A
HT	WHO CODE NOT EQUAL TO 'AMW'
IA	New Agents Number not on Agents License File
IB	Control Code must be 1, 2, or 3
IC	AGY must be blank if control code = 2
ID	AGY cannot = 999 if control code = 3
HZ	COL 25 is not = 'Y' or 'N' on G8 Transaction.
GK	CF Mode Code Invalid

INPUT DISPERSION AND BATCH VALIDATION
(IBATCH)

This run will accept input from 80 column cards, and P-type transactions which have been written to tape. The P-type transactions will be completely validated as to data content, debit/credit balance, and batch totals. The data from 80 column cards and the scanner will only be checked for system destination codes (column 1). There is one reel of output for each system this program services (Insurance, Disability, A & S, and Flex). This output reel contains validated P-type and unvalidated non-P-type transactions.

A. Input

1. Non-P-Type Transaction - The non-P-type cards (80 column) are read to tape. This tape is sorted by (major to minor), policy number, transaction code and mode. It is this sorted tape that is used as input to this run. There is no batch correlation on the non-P-type card input data. Only the system destination code will be checked on these cards. The system destination codes appear in column 1 of the card record. This means that a card going into the system will have its data one column to the right of the position shown in its write-up. The Input Dispersion program will adjust the data so it will match the transaction standard layout.
2. P-type transactions - The P-type cards (80 column) are read to tape. This tape is input to this program. Each record will be written out to an intermediate work tape. All P-type records will be checked for validity, and batch balanced (see following section on batch balancing). Each batch of records will be preceded by a batch control record. If any records are invalid or if the batch fails to balance, the whole batch is considered bad and the batch number is placed in a table of bad batches.

B. Processing Intermediate Tape

After all input has been read the intermediate tape is rewound. The intermediate tape is read and the batches on the tape are compared to bad batch numbers stored in the bad batch table. Any batch numbers that match are considered bad. The bad batches are printed as errors and the good batches are written to the appropriate good individual system output tape. Batch and debit/credit totals will be printed at the end of each batch. The intermediate tape is then rewound and read forward to print all the good batches. This insures that all good P-type data, regardless of system, will be printed at one time.

C. Processing the individual output tapes

There is no processing of the individual output tapes in this program.

D. Printed output

First - any non-P-type transactions with bad system destination codes.

Second - any bad P-type batches.

Third - All good P-type batches. These batches may contain transactions for any system.

NOTE: The printing of all good and batch non-P-type transactions will be done in the individual system's input edit program.

E. Batch Balancing

1. Insurance system

- a. Amounts in transactions P1, P2, P3,-P7, PD, P1 are not used in batch balancing. The following transactions are used in calculating the batch control amount (clearing account amount)

PN, P0, PF+Amount (net due), PZ
P8 + Amount (use only if no account number
in card - D/S on card = N in col. 40
controls sign)
PG + Amount
PB, P9 + Amount if account number is premium
clearing (2863)

- b. The following transactions are used in debit/credit balancing

PM	+ Amount is a credit
P4	+ Amount is a credit
PB-P9 (regular)	+ Amount is a debit
	- Amount is a credit
PP	+ Amount is a credit
	- Amount is a debit
PX	+ Amount is a credit
	- Amount is a debit
P6	+ Amount is a credit
PC	- Amount is a debit
PB, P9 (AX)	+ Amount is a debit
PB, P9 (LX)	+ Amount is a debit
PB, P9 (DX)	+ Amount is a debit
PB, P9 (PX)	+ Amount is a credit
	- Amount is a debit
PB, P9 (LY)	+ Amount is a credit
PB, P9 (DY)	+ Amount is a credit

2. Disability System

Amounts in transactions P1, PD are not used in batch balancing.

- a. The following transactions are used in calculating the batch control amount (clearing account amount).

PO, PN, PZ	+ Amount (net due)
P8	+ Amount (use only if no account number in card - D/S in card = N in col. 40 controls sign)
PG	+ Amount
P9-PB (regular)	+ Amount if account # is premium clearing (2863)

- b. The following transactions are used in debit/credit balancing

PM	+ Amount is a credit
P4	+ Amount is a credit
PB-P9 (regular)	+ Amount is a debit
	- Amount is a credit
PP	+ Amount is a credit
	- Amount is a debit
PX	+ Amount is a credit
	- Amount is a debit
PC	- Amount is a debit
P6	+ Amount is a credit
	- Amount is a debit

F. Final output record - 200 bytes

1. Sort Keys: .

P-type transactions - 24 characters

Policy number	9 characters
Status	1 character
Priority	2 characters
Blanks	2 characters
Due Date	6 characters
Blank	1 character
Transaction code	2 characters
WHO code (first byte)	1 character

non-P-type transactions - 24 characters

Policy number	9 characters
Status	1 character
Priority code	2 characters
Activity date	2 characters
Mode code (CF only)	6 characters
ACC-DEC req. code (CF only)	1 character
Transaction code	2 characters
Blank	1 character

2. 80 bytes of data - varies by transaction code,. see individual transaction write-ups.

3. Additional data required by the edit programs.

Transaction type	X
Batch number	XXXX
Error Notices	21 characters
Clearing amount	NNNNNNNN.NN+PE
Debit amount	NNNNNNNN.NN+PE
Credit amount	NNNNNNNN.NN+PE
Input file code	X
Input transaction count	NNNN
Output file code	X
- CF field format	• X
CF critical field indicator	X
Substitute transaction code	XX
Batch total	NNNNNNNN.NN+PE
Filler	35 characters

This output record is used in INPUT DISPERSION and BATCH VALIDATION and each of the individual input edits.

G. Batch card format.

Blank	cols. 1-19
Word 'BATCH'	cols. 20-24
Batch number	cols. 25-28
Batch amount	cols. 29-39
Amount sign	col. 40
Blank	41-80

IBATCH ERROR CODES

T ERROR NOTICES FOR INPUT DISPERSION (IBATCH)
AA COLUMNS 10-13 ON INPUT CARD ARE NOT BLANK
AB COLUMNS 20-23 ON INPUT CARD ARE NOT BLANK
AC COLUMNS 46-53 ON INPUT CARD ARE NOT BLANK
AD COLUMNS 75-78 ON INPUT CARD ARE NOT BLANK
AE DUE DATE IS NOT ZEROSOR BETWEEN 1/1/71 - 12/31/80
AF STATUS CODE IS NOT BLANK OR 'T'
-AG DUE DATE IS NOT BETWEEN 1/1/71 - 12/31/80
AH STATUS CODE IS NOT BLANK
AI LOAN MODE IS NOT ZEROS OR 01 11 21 02 12 22 32 03 10 09 19 29 39
41 (P9 PB)
AJ NET DUE IS NOT + NUMERIC
AK ACCOUNT NUMBER IS NOT + NUMERIC (P9)
AL LAST 4 DIGITS OF ACCOUNT NUMBER IS BAD (P9)
REJECTED: 1000 - 1900 INCLUSIVE
2300 - 2314 INCLUSIVE 2760
- 2855 INCLUSIVE 2862 2880
- 2893 INCLUSIVE 2910 -
2917 INCLUSIVE 3800 - 4499
INCLUSIVE 4520 - 4999
INCLUSIVE 5200 - 5412
INCLUSIVE 5800 - 6999
INCLUSIVE
AM P9 TRANSACTIONS WITH 'AX' LX"DX"LY"DY' SUBSTITUTE
TRANSACTION CODES MUST HAVE A BLANK 0/S INDICATOR
AN P9 TRANSACTIONS WITH 'PX' AS A SUBSTITUTE TRANSACTION CODE MUST
HAVE BLANK OR 'N' IN THE D/S INDICATOR
AO D/S INDICATOR MUST BE BLANK OR 'N'
AP POLICY NUMBER NOT IN VALID' RANGE
AQ COLUMNS 25-31 ON INPUT CARD ARE NOT BLANK
AR 0/S INDICATOR MUST BE BLANK
AS COLUMNS 42-43 ON INPUT CARD ARE NOT BLANK
AT COMMISSION CODE = A OR B AND THE SIGN IS NOT NEGATIVE
AU COLUMN 78 ON INPUT CARD IS NOT BLANK
AV PREMIUM IS NOT + NUMERIC AWNO OF MOS IS NOT 01 02 03 04
AX PAID TO DATE YEAR NOT BETWEEN 70 AND 77
AY PAID TO DATE MONTH NOT BETWEEN 01 AND 12
AZ COMMISSION CODE NOT = A OR BLANK
BA CONFIRMATION LETTER NOT = 1 2 3 4 5 OR 6
BB NET DUE DOES NOT EQUAL PREMIUM TIMES NUMBER OF MONTHS
BC COLUMNS 20-24 ON INPUT CARD ARE NOT BLANK
BD FEE AMOUNT IS NOT + NUMERIC
BE NO OF MOS IS LESS THAN 1 OR GREATER THAN 12
BF LAST DIGIT OF PAID TO DATE NOT N OR C
BG COMMISSION CODE NOT Y OR N OR A OR W OR P OR B
BH PREMIUM MINUS APPLIED DIVIDEND DOES NOT EQUAL NET DUE
BI COLUMNS 75-80 ON INPUT CARD ARE NOT BLANK
BJ ACCOUNT NUMBER GIVEN AND NOT BETWEEN 2864 AND 2879
BK COLUMNS 20-31 ON INPUT CARD ARE NOT BLANK
BL COLUMNS 40-43 ON INPUT CARD ARE NOT BLANK
BM LOAN INTEREST NOT + NUMERIC
BN COLUMNS 68-74 ON INPUT CARD ARE NOT BLANK
BO FREQUENCY IS NOT = 01, 03, 06, 12

BATCH ERROR CODES

BP CROSS FOOT ERROR PREMIUM + LOAN INTEREST + LOAN REPAYMENT -
APPLIED DIVIDEND NOT = NET DUE
BQ COLUMNS 78-80 ON INPUT CARD ARE NOT BLANK
BR COLUMNS 54-74 ON INPUT CARD ARE NOT BLANK
BS LOAN REPAYMENT NOT + NUMERIC
BT ALLOTMENT AMOUNT NOT + NUMERIC
BU FIRST 2 DIGITS OF THE ACCOUNT NUMBER (LINE CODE) CAN'T = '05' OR
'13' OR '40'
BV IF THE 3RD DIGIT OF THE ACCOUNT NUMBER = '4' OR '5' THEN THE
FIRST TWO DIGITS CAN'T BE '21' (PB P9)
BW FIRST 2 DIGITS OF THE ACCOUNT NUMBER (LINECODE) CAN'T = '50' OR
'59' (PB P9) INSURANCE SYSTEM
BX FIRST 2 DIGITS OF THE ACCOUNT NUMBER (LINE CODE) CAN'T = '01' OR
'03' OR '09' OR '11' (PB P9) DISABILITY SYSTEM
BZ COLUMN 43 MUST BE Y OR N (REINSURANCE ACCOUNTING)
DA AMOUNT IN BATCH CARD IS NOT NUMERIC
DB THIS BATCH NUMBER IS THE SAME AS THAT OF A PREVIOUS BAD BATCH
DC P TYPE TRANSACTION NOT ALLOWED FOR PASS 2
00 DISBURSION CODE INVALID - NOT = TO I, R, D, A, OR BLANK
DE INVALID P TYPE TRANSACTION CODE - PROCESSED A 'PG' TRANSACTION
DF INVALID P TYPE TRANSACTION CODE FOR DISABILITY SYSTEM
EA INVALID P TYPE CODE - PROCESSED AS A 'PP' TRANSACTION
EB CONTROL NUMBER NOT VALID RANGE
EC INVALID CHECK DIGIT
ED INVALID INDIVIDUAL CONTRACT SLOT
EE INVALID DUE DATE
EF INVALID EFFECTIVE DATE
EG INVALID TYPE CODE SHOULD BE 'P' OR 'I'
EH PREMIUM / INTEREST NOT + NUMERIC
EI FIRST 2 DIGITS OF ACCT NUM CANNOT BE '01"03"09"11"20'
'40"41"50' OR '59'
EJ INVALID TYPE CODE SHOULD BE 'P"5"1" 'M"D"R"X"Y'
EK INVALID COMMISSION CODE
EM FIRST YEAR PREMIUM NOT NUMERIC
EN LINE-CODE SHOULD BE AN 'A' ON EX TRANSACTION
EO INVALID WITHDRAWAL DATE
EP INVALID ACCOUNT TO DEBIT CODE
EQ INVALID SURRENDER TYPE CODE
ER LINE CODE SHOULD BE AN 'A' ON SX TRANSACTION
ES INVALID TYPE CODE. SHOULD BE 'P' OR 'E' ON YRT CONTRACT
ET INVALID LINE CODE
EU STATED DOLLAR AMOUNT NOT NUMERIC OR BLANK
EV INVALID SURRENDER CHARGE INHIBITOR CODE
EW INVALID STATED DOLLAR AMOUNT HANDLING
EZ TYPE CODE OF 'I' INVALID ON YRT CONTRACT
FA PREMIUM DOES NOT = NET DUE ON YRT CONTRACT
FC FIRST YEAR PREMIUM ALLOWED ONLY IF PREMIUM TYPE CODE = 'P'
FD TYPE CODE IS 'P' BUT FEE CODE IS NOT 'G' OR 'Z'
GA SPECIAL PC CODE MUST BE BLANK OR 'V' OR 'W' OR 'Y'
GB PREMIUM CHANGE CODE NOT 'C' OR BLANK
GC FEE CODE IS 'Z' AND FEE AMOUNT NOT = SPACES
GD FEE CODE IS 'G' AND FEE-AMOUNT = SPACES

IBATCH ERROR CODES

GE FEE CODE = 'G' BUT FEE AMOUNT > *12.00*
GF PREMIUM TYPE CODE CANNOT BE 'I' IF PREMIUM CHANGE CODE = 'C'
GG FEE AMOUNT IS NOT LESS THAN NET DUE
GH TRANSACTION CODE = PO OR PP OR 04 OR PS AND LINE CODE = Y BUT
EFFECTIVE DATE NOT = SPACES
LF 3RD DIGIT OF ACCOUNT NUMBER CANNOT = '5'

FILE MAINTENANCE
(DDFMCT)

This is the principal run of the system, and it is the only run which actually changes the master disability file.

The master disability file will contain records of policies which have been issued but not paid for, in-force policies, and terminated policies.

1. Not more than one issue record.
2. Not more than one in-force record.
3. Not more than one terminated record.

If any of these conditions are violated, file maintenance will print an error indication on the control list and the file must be fixed by the appropriate use of "Change Status" and .or "Purge" transactions.

Inputs to this run are:

- a) Yesterday's master disability file.
- b) Today's transactions from input edit.
- c) 'New Issue File

The disk rate file, containing dividend percents, is on-line to the run. **NOTE: (Initially the dividend factors will not be included on the disk but stored in memory.)**

Outputs from the run are:

- a) Today's updated master file.
- b) A printed control register which contains a detail list of any records which fail to control balance, plus any transactions for which no record was found. In addition, a final control recapitulation (for balancing to manual control) is printed.
- c) Today's consolidated output file containing records for creating:
 1. Unpaid accounting records
 2. Agency Status Cards
 3. Home Office Status Reports (HOSR)
 4. Premium Notices
 5. Late Notices

6. Pension Trust and Salary Allotment Notices
7. Check-O-Matic register and checks
8. Cash dividend register and checks
9. Transaction Register and Control accretion and decurtion records
10. Commissions
11. Accounting Journal and general ledger updating
12. Agency notification list
13. Letter appendage for Not Taken Letters

- d) Group bill transactions.
- e) Alpha transaction,
- f) Data page transaction.
- g) Non-P type transaction.
- h) PCD register transaction. In general

the run proceeds as follows:

1. Normal initialization, check labels and read the first record from input file. Write out labels on the output files. Accept AA card from reader, if no AA print message on console 'No AA Date parameter'. If AA card present validate information, if error type message on console 'Error AA Date Card': Corrected AA must then be resubmitted. Print AA card on printer after heading print. (See **Page 2.2.4** for description of AA Date Parameters). Store data for all 'group transactions'.
2. As each master record is processed the control hash totals are checked for this input record and the input file total control is updated. Issue records are inserted into the proper sequence. (Insert transaction..)
- 3a. The record is checked to determine whether or not it is affected by any "group transaction" (Priority 00), and if so, the appropriate action is taken. **NOTE: If there is no master record on the file for the transaction to be processed, a dummy HOSR will be written out with the policy if taken from the transaction record and the reason code shown as FME?? (where ?? refers to the transaction code).** The who code will be taken from the input transaction. If the transaction code is PM, P4,

q.tN6410CHL, plaAwtw! 44.2110, LIAL'A. is inicroe

C-e-wenAu^{in'} 5Lts_r ns-e... w/t_e

of4a

TPA

P7₉1, SO-RE44-1k&ru• -,

P , P9, this run will generate an accounting entry to debit (or credit) a special suspense account. If the transaction code is P0, PG, P8 with a (+) amount if no account number of P9 with (+) amount and account number (2863), this run will generate an accounting entry to debit clearing (2863). An offsetting entry will be made on transactions P0, PN, PG and P8 to credit a special suspense account (2871). If the transaction code is P8 with a (-) amount and no account number or P9 with a (-) amount and account number (2863), this run will generate an accounting entry to credit clearing (2863). An offsetting entry will be made on P8 to debit a special suspense account (2871). If the transaction code is PP and the premium is zero, debit account (2871) for a positive net amount due, or credit (2871) for a negative net amount due. If the transaction code is PP and the premium is not zero, debit account (2871) for a negative net amount due, or credit (2871) for a positive net amount due. **(NOTE: Line and subline, characters 1-3 of the above account numbers will be 000.)**

- 3b. The following checks are made after the Field Change Logic. **NOTE: For all error conditions listed start on Page 7.3.1 for explanations of what changes are made to the Master Record.**

If the case is an insert and the Paid to Date (DI-PD-TO) and policy year (DI-POL-YR) are equal to zero a HOSR error code 'CF2' is issued. DI-PD-TO is changed to File Maintenance year and month. DI-POL-YR is changed to File Maintenance year. Both DIBI-MOS and DIBI-FREQ are changed to annual.

If the billing frequency (DIBI-FREQ) and the number of months (DIBI-MOSO) are not consistent, issue HOSR error code 'CF4'. Both fields have been changed to annual.

If (DIBI-FREQ) is equal to 'M' (monthly), a HOSR 'FM3' is issued.

NOTE: (If case is insert other test may be required to test if insert data is valid at this point.)

The following checks are made not only after the Field Change Logic but also after a PP transaction (Pay Premium Adjustment). If no Billing Information Trailer exists, a HOSR error code 'FM7' is issued. Also a check is made on the Paid-to-Month which must be consistent with the Premium Anniversary. If it is not, a HOSR error code 'FM8' is issued. No change in the Master Record.

4. Transactions for this record, whose priority codes are less than or equal to 20, are processed.
5. The anniversary and dividend logic is performed.
6. Transactions for this record, whose priority codes are 21 through 59, are processed.

7. The non-forfeiture logic is performed.
8. The notify logic is performed.
- 8a. Policy not taken logic is performed.
9. The billing logic is performed.
10. Transactions whose priority code(s) are greater than or equal to 60 are processed.
- 10a. Automatic not taken and AIO letter logic is performed.
11. Group transactions priority 90 are processed.
12. The purge logic is performed.
- 13a. The control hash totals of the updated records are checked and the output file totals are updated.
- 13b. If the record being processed is an ADI record, the following fields are checked to the same fields of the base record (previously stored).

DILB-TYPE

DIBI-ANNIV

DIBI-FREQ

DI-PD-TO

DI-PO-TO (unless source code = 5 on ADI record and status = 1)

DI-STATUS-CODE (unless source code = 5 on ADI record and status = 1)

DI-STATUS-CODE

DI-SEND-TO

Any unequal conditions will cause an error HOSR of FMB to be generated.

DIN3-NAME-3

Any unequal conditions will cause an error HOSR of FMJ to be generated.

DIN4-NAME-4

Any unequal conditions will cause an error HOSR of FMK to be generated.

DIOWN-TRAILER

Any unequal conditions will cause an error HOSR of FML to be generated.

DIH-BRANCH

DIH-SERIAL

Any unequal conditions will cause an error HOSR of FMM to be generated.

DIBI-LEAD
DILB-NUMB
DILB-DISC
DILB-BIR

Any unequal conditions will cause an error HOSR of FMN to be generated.

DINS-NAME
DINS-SSNO
DICD-YEAR (unless source code = 5 on ADI record and status = 1)
DIPDF-PD-TO
DICD-OPT

Any unequal conditions will cause an error HOSR of FMO to be generated.

DI-RESIDE
DI-BIRTH
DI-SEX
DI-ADMIT
DI-SIG-CODE
DI-SVC-NAME

Any unequal conditions will cause an error HOSR of FMP to be generated.

DI-AGY DI-POL-YR (unless source code = 5 on ADI record and status = 1)
DI-S-NS-CODE
DI-COL-PERCENTAGE-MK

Any unequal conditions will cause an error HOSR of FMQ to be generated.

DI-AIF-EXCLUSION

Any unequal conditions will cause an error HOSR of FMS to be generated.

For CMI Riders, there must be a premium for COLA, Proportionate, or Own OCC if those riders exist on the Base Record. CMI01 = COLA, CMI02 = Proportionate, and CMI03 = Own OCC discrepancies.

Status on the Disability Base produced because of some type of discrepancy between the Base and ADI. (FMFMX)

- 13c. Then the record is checked for discrepancies which are unique to the DARE product: OWNOC, DRES1, DARE1, DARE2, and DARE3.
14. The record is then written out to the updated master file.
15. At the end of the run, the file control recapitulation is printed, and all the files are closed.

Separate write-ups of the non-forfeiture, notify, AIF activity, billing, and purge logic follow. Transaction processing is described in section 2.2. Anniversary and dividend logic is described in section 4.

New issue records entering the file (by insert with status 1) will be processed in the following manner by File Maintenance.

1. All disability control fields will be added together and the total added to the control total for external changes - disability. All accounting control fields will be handled in a similar manner. (See section on controls, **Page 3.1.1**)
2. An accretion will be generated with the mode indicated, as 91. Move file maintenance date (today's date) to DI-EFF-DATE.
- 3a If DINI-MONEY is equal to 'EP', 'G', or 'R' and DI-HOW-ISSUED is equal to 0, 1, 2 or 3 perform change return - CI transaction with the effective date equal to today and the mode as 95. The new status will be 2 and the WHO-CODE assigned as XXX.
- 3b Generate a paid list record (**NOTE: The new issue description is determined by calling the module MISDRCP**).
4. An issue ASC and unpaid record output record will be generated for every new issue input. This output record will have a due date equal to the policy issue date. The description (reason) will be produced by calling the issue description module 'MISDRCP'.

Col. 41 on the unpaid record will be the same code as shown in DINI-MONEY.
- 5a All external transaction processing including field changes and internal processing is performed for this new issue record.
- 5b If source code = 5, HOSR AIFRI will be done and AIFCM and AIFWP will be checked.
6. the output accounting and insurance proof totals will be generated. The exploded master record will be condensed and written out.
7. If group bill type is 'G' or 'S', a HoSR is produced for who Code 625 with reason code issue

FILE MAINTENANCE
NON-FORFEITURE LOGIC

The non-forfeiture logic described here is performed on each in-force record in the file every day.

1. If paid-to-date is equal to the issue date, exit. Compare the paid-to-date to the non-forfeiture date in the dates table.

If greater, exit.

If equal, check the Change Pending Trailer for suspension of non-forfeiture and if suspended set HOSR error FM1 and exit; if not suspended, go to step 2.

If less than, check the Change Pending Trailer for suspension of non-forfeiture. If suspended, check change pending reference code for 979.

If Change Pending reference code # 979 go to step 2.

If paid-to-date > 120 day non-forfeiture date, go to step 2.

If modal, set up NF120 HOSR, go to step 2.

If Change Pending suspend code = 'B' or 'F', set up NFFM1 HOSR, go to step 2.

2. Perform the "Non-forfeiture" subroutine, and exit.

NOTIFY LOGIC

This section initiates all automatic external notifications from the system originating from the change pending, notify trailers, and also from the error tables created by other file maintenance routines. The procedure is as follows:

Compare the day in the effective date of the change pending trailer to each of the file maintenance days in the activity table. If equal, initiate a H.O. Status; build the sort key (refer to) and reason (CP1) codes in the appendage; write out the appended master record.

Compare the notify date in each of the six notify fields to each of the file maintenance dates in the activity table. If equal to or less than (if year within 00 to 30 the year 2000 or greater is assumed and no status is generated on the less than condition) initiate a H.O. Status; build the sort key (notification to) and reason; write out appended master record; if the repeat frequency is zero, remove the notification item (if none remain, remove the trailer); if the repeat frequency is not zero, advance the notify date by the number of months indicated by the repeat frequency; set the master output connector to implosion.

Check all the error tables. If any item is not equal to hex-zero, initiate an ASC or a H.O. Status, build the sort key, using the WHO Code, type code and the reason (error code); write out the appended master record; clear the error tables.

NOTE that normal notification (notify trailer) is a transaction, and a print-only control record will be generated; no accounting; date of last transaction changed to today; controls are not affected. Notifications generated from the error tables are not transactions and there is no other output nor should the last transaction date be changed.

If the notification to code (WHO) is "FRE" a H.O. Status is not generated. This is to handle a change in premium frequency. See transaction CM & CN (see Page 2.2.39).

If the paid-to-date on a premium paying policy is greater than T+3, less than T, or if the duration at the paid-to-date is greater than the base policy coverage cease duration, initiate a H.O. Status (no values) NL1 with a destination code A31.

POLICY NOT TAKEN LOGIC

If status is "1" and New Issue Ident > 0 compare file maintenance date 5 to the policy acceptance date + 2 months.

If the policy acceptance date + 2 months is < file maintenance date 5 continue else exit.

If there is a "y" suspend, exit.

If there is money in suspense or any other suspend code issue a HOSR with who code BZA and exit.

PURGE LOGIC

PURGE LOGIC: Issue a HOSR, who code AT4, reason CS594.

Create a Dec Record. Mode - 94. Create a Transaction Register Record, Code NT. Change Status Code to "A", record will purge. Issue a "Not Taken" Letter to the insured, copy to agency exit.

The last section of activity logic in file-maintenance is the determination of when to purge records from the file.

First check the status of the record. If A or B, purge this record. If it is not terminated, exit. If it is terminated other than A or B, check the previous record number and status. If it was the same policy and the previous record is in-force, purge this record. On all other terminated records, compare the effective date to the purge date (working storage). If the effective date is less than or equal to the purge date, purge this record.

NOTE: If policy has ADI, a letter will only be produced for the face policy.

If the base policy purges but the ADI does not or if the ADI purges but the base policy does not, and error HOSR will be produced, who code = 65F, reason = NTADI.

BILLING ACTIVITY MODULE FOR DISABILITY SYSTEM
(DIBILLM)

The billing activity module consists of three sections. These may be performed together or individually depending on which program initiates the call. Section one contains the normal billing activity logic, including first payment catch-up logic and cancel COM catch-up logic (PC), and sets flags in the Billing Activity Table depending on what output is required. Section two is entered from section one, if any flags have been set in the billing table, from the RB module and from the G8 routine (request PT or SA bill). Section two determines, from the flag settings what bill is required and builds the appropriate appendage. Section three is entered for every policy and if there are any flags set in the ASC table produces the required inforce ASC output. This section is also entered directly from "Request ASC" and "New Issue Logic".

Section I
(entry DI1BLENT)

BILLING ACTIVITY TABLE: This table is set to null values when the routine is entered. It is built by either one logic, RB module or G8 logic, explanation:

SOURCE	1 = Section one billing activity 2 = Section one catch-up logic (other than PC) 3 = Section one catch-up logic (PC) 4 = RB routine 5 = G8 routine
DESTINATION	The notice destination code. It is set in the RB and G8 routines. It is built in section two when the source is 1, 2 or 3.

The following has four entries:

DUE DATE	1. The due date for the premium. 2. The due date for late notice. 3. The due date for Agency Notification info. list. 4. The due date for cash dividend.
----------	---

INITIAL CHECKING

1. If the status of the record is 2 (inforce) and the paid-to-date is equal to the issue date go to Section three Step 1 (ASC Table check).
2. If the suspend code (DICP-SUSP) is 'A', 'B' or 'Y' or the status is not 2 go to step 9.

CATCH-UP BILLING

3. The subroutine handling premium payment transactions will indicate by setting a flag that catch-up bills are required on this policy. The source code is set to a '2' for premium payment catch-ups other than 'PC' and to '3' for 'PC'. This step will test the catch-up flag and if set, will generate a billing appendage (by placing the due date in the premium entry of the Billing Table and performing section two) for each due date from the paid-to-date to and including the last due date prior to the earliest of the billing dates in the FM date table. **NOTE: There are no catch-up bills on HOGA.** There cannot be more than 2 premiums in arrears for C.O.M. If there are, issue HOSR BABAS.

GROUP BILLING CATCH-UP (DILB-TYPE = a,\$)

For PHS Group Bills only, bills may be produced on only the first or fifteenth of the month. At all other times a code is set in the master record to indicate that a catch-up bill should be produced on the next appropriate day (ie day = 01 or 05). These codes are as follows:

DIBI-GRP-DY

Meaning

1. Produce bill on 1st of month.
- '2. Produce bill on 1st of month but also Section One Catch-up Logic (other than CC) is to be performed.
3. Produce bill on 1st of month but also Section One Catch-up Logic (CC) is to be performed.
4. Produce bill on 15th of month.
5. Produce bill on 15th of month but also Section One Catch-up Logic (other than CC) is to be performed.
6. Produce bill on 15th of month but also Section One Catch-up Logic (CC) is to be performed.

When a 2,3,6 or 7 is in DIBI-GRP-DY this indicates a catch-up bill is to be produced but has not yet been produced. When bill is actually produced, code will be reset to either a 1 or a 5.

CHECK-O-MATIC BILLING

C.O.M. records are drafted 4 times a month. To determine which records get drafted on what date, the C.O.M. group number has been prefixed with 21 or 22 or 23 or 24.

Group numbers with a prefix of 21 will be drafted on the 28th day of every month. The premiums for Group 21 will be paid on the first day of the following month. Group 22-will be drafted on the 6th of every month. The premiums for group 22 will be paid on the 8th day. Group 23 will be drafted on the 13th of every month and premiums paid on the 15th. Group 24 will be drafted on the 20th of every month and premiums paid on the 22nd.

In addition to these group number prefixes, there have been assigned 12, 96, 97 and 98 to ASI cases. These are always drafted with the 22s on the 8th of the month. There are no policies on the disability file for group 98. These cases are drafted independently from the C.O.M. bank Records.

REGULAR BILLING ACTIVITY

Regular billing activity determines what output, if any, is required and builds the corresponding entries in the Billing Activity Table. The source code in the Billing Activity Table for these and the rest of Section One billing is set to a '1'.

4. BILL PREMIUM. If HOGA go to step 9. If the premium cease duration is equal to or less than the duration at the paid-to-date there is no premium to be billed; go to step 7. Manufacture a next due date (date X) which consists of the paid-to-date month and year and the issue day. This date is adjusted for PT, SA and COM. On SA cases the day is changed to 01. On PT cases if the lead time is 00 then the day is left at 01.
5. If the next due date (X) is equal to any of the billing dates (or any of the file maintenance dates if COM) go to Step 6. Otherwise add 1 frequency to X and test again to the dates. If equal go to step 6. If greater go to step 7 (no premium to be billed). If less loop back and add another frequency until date X is equal to or greater than the dates. **NOTE: If the duration at X is equal to or greater than the premium cease go to step 7.**
6. This step builds the premium due entry in the Billing Activity Table. Move date X to the due date and change the due day to the issue day. Move the notice send-to code to the 'TO' code. **NOTE: When billing premium due on or after the coverage cease duration, change destination code of bill to a special WHO Code ACO.**
7. Late Notice: There are no late notices prepared on PT, SA, DIS, COM, HOGA or PDF. None is prepared if there is any policy suspense. If the policy is any of the above, go to Step 8 (late list). If the next due date is equal to any of the late notice dates, build the late premium entry in the Billing Activity Table, or else go to Step 8. Move the next due date to the due date, move the notice send-to code to the 'TO' code.

8. DUPLICATE LATE NOTICE: When the duplicate send-to-code is present, a Duplicate Late Bill is generated with a destination code of 61X. If a Special Bill Handling code is present an error HOSR, BABA9 is generated instead of the Duplicate late notice.
9. LATE LISTING: There are two types of late lists. One 20 days after the due date and one 45 days after the due date (same as late notice dates). If the paid-to-date issue day is equal to any of the late list or late notice dates build the appropriate table entry. None on DIS, COM, HOGA or PDF.
10. CASH DIVIDEND: If the cash dividend flag is not zero build the cash dividend entry in the Billing Activity Table. Set the due date to the File Maintenance date and move the cash dividend send-to code to the 'TO' indicator. (If the cash dividend send-to code is a space move '2'.)

11. PREMIUM CHANGE LETTER: If policy is not Check-O-Matic go to Step 12. If policy is not at anniversary time go to Step 12. The logic that follows obtains the premium due prior to anniversary and the premium due after anniversary. If the two premiums are the same no letter will be produced. If there are ADI's on the policy only one letter will be produced combining the premium amounts. At end-of-file and just prior to closing the consolidated file in FM any outstanding letters will be written out at that time.
12. CHECK TABLE: If all of the Billing Activity Table entries are null there is no billing activity for this policy. Go to Section three to check for ASC's. If there are entries continue with Section two.

13. OMNI OVERDUE PREMIUMS REPORT: There are three types of overdue premiums.

- 1) 15 days after the due date,
- 2) 31 days after the due date,
- 3) 45 days after the due date.

If the paid-to-date issue day is equal to any of the OMNI late list dates, build the appropriate appendage. None on DIS, COM, HOGA or PDF.

Section II (entry DI2BLENT)

This section builds the billing appendage(s) as required from the information contained in the Billing Activity Table. Entry is made from Section one, RB and G8 routines. The RB and G8 logic is responsible for building a Billing Activity Table with the appropriate entries filled.

IF letter produced will also be creating a transaction that will update the GO-M Depositor File at a later date w/ new prem amt (7/19/91)

1. NOTICE DESTINATION: If this section is called from either the RB or G8 routines the notice destination will be in the Billing Activity Table; go to Step 2. The following table indicates special handling codes. Part one codes are automatically generated by this routine: Part two codes must be placed in the Special Billing Trailer (DIS-HNDL) and will be used by this routine when present. If none of the table entries apply to a policy the agency is used as the destination code. **(NOTE: The destination code for bills is changed to zero if it is equal to the agency code. This permits sorting by ZIP code for all but special handling cases.)**

SPECIAL BILLING CODES

PART I (automatically generated)

61X - Duplicate Late Notice
69W - Disability
B1S - Premium Deposit Fund
61T - Government Allotment
000 - PT list bill only
FDB - SA list bill only, when SA# > 19999

NOTE: If paid to date is less than due date destination code is changed to B5C and Part II is bypassed. This text is made only if the frequency is quarterly and will not be made if a special handling code was generated above in Part I.

PART II (must be in Special Billing Trailer)

B1U - Special Handle - New Issue
B1V - Special Handle - Billing to Agency
61W - Notice in closed envelope
B1Y - Home Office Deduction
B1Z - Special Air Mail (foreign)
61R - Special odd ball cases

NOTE: Disability bills go to Benefits Division, Secretary's Department. B1 cases go to Change Division, Secretary's Department.

2. The billing records are built and written until all entries have been processed. **NOTE that the sort keys are built by this routine as documented in the Billing Appendage description.**
3. A duplicate notice is produced when a premium is due and the duplicate notice sent-to-code is not a space. None on list bills.
4. Section II Exit: If this section is called by the RB or G8 routines return to them. If it is being performed by the catch-up logic in Section I return to Section I; otherwise continue with Section III.

Section III
(entry DI3BLENT)

Section III produces inforce and issue ASC's as required from the information contained in the ASC Table. This section is entered for every policy from Section I or Section II. It is also called directly by the RA (request ASC) module and by File Maintenance new issue logic. The RA and new issue routines are responsible for building their own ASC Table with the appropriate entries filled.

ASC TABLE

05	DI-ASC-TABLE
10	DI-ASC-SUB - contains the current # of entries.
10	DI-ASC-WHO - WHO code, destination of the ASC (sent to last destination)
10	DI-ASC-WHY-AREA - Occurs 5 times. 15 filler 1 byte 15 DI-ASC-WHY - why Code (2 bytes made up of the transaction code).
10	DI-ASC-PREM - premium generated by a premium payment, S9(7)V99
10	DI-ASC-APPD - applied dividend generated by a premium payment, S9(7)V99

Each table entry is a reason why this ASC has been prepared. Each 'why code' is added to the ASC reason area in the appendage. The reason 'HOGA' is substituted when present on the policy. If the 'why code' is RA "REQUESTED ASC" is used. If the 'why code' is 'IS' the reason code is determined from information contained in the New Issue Trailer:

If DINI-MONEY = 'B', 'G' OR 'R' and DINI-FORMS not =
'Y'--'ISSUE-CR-INFORCE'

If DINI-MONEY = 'B', 'G' OR 'R' and DINI-FORMS =
'Y'-'ISSUE-COD (EX-CR)'

If DINI-MONEY = 'I' or 'U' 'ISSUE-COD (EX-CR)'

If DINI-MONEY = 'F' and;
ISSUE AS APPLIED = 1 'ISSUE-COD (A+A)'
ISSUE AS APPLIED = 2 'ISSUE-COD (ALT)'
ISSUE AS APPLIED = 3 'ISSUE-COD (ADD)'
ISSUE AS APPLIED not = '1', '2' or '3' 'ISSUE-COD'

1. Inforce - Issue ASC's: If PTD < today's date move PTO
to the effective date; go to Step 3.

2. If PTD - 1 frequency > today's date, move PTD - 1 frequency to
the effective date; otherwise move today's date.

3. Generate an in force or issue ASC using the effective date determined above.
4. ASC EXIT: Before leaving the billing module set the ASC Table to null values. If this is regular billing activity set the Billing Activity Table to null values. If any records have been produced make a final call to the I/O routine instructing it to write the appended master.
5. No ASC's will be produced if A. DI-AGY = 17, 41, 55, 56, 96.

H.O. STATUS REQUEST OUTLINE FOR DISABILITY SYSTEM

This routine will be used in three ways to build a H.O. Status appended condensed master record. A code given to this routine will determine what action is required.

- 1) Code = 1 based on a request or error condition that a H.O. Status should be written out immediately.
- 2) Code = 2 based on an internal error and is placed in HOSR table. If the table is full a H.O. Status is written immediately.
- 3) Code = 3 multiple H.O. Status records will be written out (just prior to completion of processing this master record) using information accumulated in the H.O. Status table.

The data given to this routine in addition to the code mentioned above will consist of:

Status Type Code - 1 Byte that indicates the type of status prepared
2nd digit of the transaction code for requests
Z, for internal errors if HOSR table is full
E, for all internal-errors
y, for all other notifications

Who Code - 3 Bytes - destination of H.O. Status (Blank for Code 3)

Quotation Code - 1 Byte that indicates what type of values are required where:

N = Normal
Z = Dummy HOSR
(Blank for Code 3)

This routine will build a type B appendage (H.O. Status). Data will be placed in the appendage area from the information given, or, for Code 3, from the table entry. It will also determine if the premium due on the paid-to-date has been billed, and if so will place a code in the appendage.

HOSR ERROR ROUTINE

This routine will be used only in the output runs (Billing and H.O. Status). It will be given the same data as described above in the H.O. Status Routine.

Using the data given, this routine will generate a disk record each time it is entered. The record will be in the format (NQXXX), where NQ is standard for each Error and the XXX will be the last three characters of the WHY Code. It will also contain the policy number. At the end of the run a listing of these errors is produced.

HOME OFFICE STATUS INDICATORS (HOSR)

A HOSR entry will be generated by each subroutine when it detects an error or when it must pass information back to the requestor. In file maintenance, this entry must be passed to the H.O. Status request routine. In the output runs, this entry must be passed to the HOSR disk routine (see Page 7.2.8). **NOTE: The using statement and entry name are the same for both subroutines.**

Each HOSR entry generated will use the tags described and have the following format:

05 DI-HOSR-AREA

10 DI-HOSR-TYPE - 1 character that indicates the type of status prepared. For external requests it will be the 2nd digit of the transaction code. For internal errors it will contain an E. For all other notifications it will contain a y. (See H.O. Status Request Routine for description, see Page 7.2.8)

10 DI-HOSR-WHO - 3 characters - destination of status, included in input transaction for externals; generated on internals (see WHO Code table - see Page 7.2.8)

10 DI-HOSR-WHY - 5 byte reason code

10 DI-HOSR-QUOTE - 1 character that indicates what type of values are required.
Z = Dummy HOSR
N = Normal

05 DI-HOSR-CODE - 1 character code that tells when and how to use the H.O. Status Request routine (see Page 7.2.8).

05 DI-HOSR-TERM - 1 Byte - may be considered Filler area by subroutines generating this entry.

BUILDING ACCOUNTING RECORD
(DIACC)

This subroutine will build a short accounting output record for one given account number and amount each time it is entered. It will be used in File Maintenance to generate accounting records and in Pass II and in the Income Valuation Extract to calculate the reinsured portion of the total annual premium.

Module is called in File Maintenance by DDFMCT, DIDIVDF, DIPBP9, DIPC, DIPG, DIPPP, DIPXP8 and DIPO; in Pass II by DDFMP2 and in Income Valuation Extract by DDEXT. In turn it calls DDFP2C, DIFMC, DIFP2C, DIHOSRM and Z6GAHOSR.

This write-up describes the handling of positive transactions. Negative transactions will use the same accounts but with the opposite sign.

Each time an accounting entry needs to be made, this routine will be entered with the following data given in the common area:

Type Code: 1 character.

If = to L, will indicate that the line code must be generated by this routine. If blank will indicate that the 7 digit account should be used as given.

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Account Code: 7 characters

Amount: 9 characters with sign.

Description: 25 characters.

Transaction code: 4 characters.

(The first character will indicate whether this entry involved an external or internal transaction)

Effective or Due Date: 6 characters.

WHO Code (requestor): 3 characters.

PROCEDURE

If series = 83 and loading = 150, then fee is *\$12.00*.

If series = 84 or 87 and loading = 170, then fee. is *\$25.00*.

If loading formula = 150, then set the fee to be used (*12.00* for annual-fee, 6.35 for semi-fee, 3.50 for quart-fee, 1.06 for COM-FEE) otherwise it is a non-fee policy and zeroes will be used.

If DI-FORM-NO is 72 through 75 move 'Y' to DARE Flag and don't call EMDGRPDI.

If DI-20PCT-DISCOUNT = 'Y' and this is the policy's 2nd year give a 20 percent discount and don't call EMDGRPDI.

If the list bill indicator (DILB-DISC) is set to 'Y', call EMDGRPDI to set correct discount.

If transaction is P6 go to Term Prefix accounting section.

For transactions PB, P9, PX and P8 generate an accounting record for the account given adding a line code of 500 to the account number where requested and go to the reinsurance section.

For transactions with reinsurance generate accounting record for the account given adding a line code of 500 to the account number where requested and exit this module.

For foreign's PP transactions, a ratio is developed by dividing ACCOUNT-AMOUNT, which is the PREMIUM-NET-DUE in the PP transaction, (see Page 2.2.41) by the actual billing premium DI-MP-ACT-BILL-PREM).

The above PP transactions plus P0, P1, P4, PC, PG, PM and PN, with an account code of 3001 or 3021 will use the results of the mode premium routine (the annual premium for the policy year before and after the policy anniversary) (see page 4.4.1), to account for any step rate increase and first or renewal premiums. The premium due date may be off anniversary causing the premium to be a combination of the charges before and after the anniversary. Using the mode premium area, passed (modifying the result by the fee (ldg. factor), if necessary, calculate and account for the step rate portion of the premium falling before the anniversary, if any, as a credit to 5003001, then the remainder of the premium falling before the anniversary as a credit to 5003001 or 5003021. Also, the step rate portion of the premium falling after the anniversary, as a credit to 5003001 and the remainder of the premium falling after the anniversary, as a credit to 5003001 or 5003021. On PP transactions, the total amount accounted for will be the amount in the transaction instead of the results of the mode premium routine. (There are four transactions that call DIACC a second time for an offsetting entry. P0 and PN have entry debited to account 0002863, P1 has entry debited to 0002862 and P4 has entry debited to 0005024.)

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REINSURANCE SECTION' kA,MAN\ 04a1eA 41

- A. If the base amount reinsured (DI-REIN-AMT) is equal to zero, exit. o\ ' ek, \I'?----
- C. 1. If the originating transaction code is not P0, P1, P4, PG, PD, PM, PC, PN, PP or PZ exit. kLkr.) i
- (1)-
- C
2. If the originating transaction code is PP and the se ac •u t b ass: s 3051, 021, 517;5 or 52• and bate of the PP ra• ac ion is = ' , no nsura e accoun n• will be done an HOSR Pg, ill be produced, and exit.

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3. If the base account number passed is not 3001, 3021, 5024 or 5100, exit. If DI-REIN-CO not numeric, HOSR code PPB, exit.
4. Compute a ratio equal to: Base Amount Reinsured / Base Amount.
 If the base account number passed is equal to 5100, go to section F. (This will generate the reinsured portion of the applied dividend.)
- C. Build an accounting record for the premium due the reinsurer (one for the premium due before the anniversary and another for the premium due after the anniversary) as follows:
 1. If a particular benefit is not reinsured, determined by the reinsurance code in each trailer not being set to 'Y', zero the corresponding premiums in the mode premium table.
 2. If there is a step rate premium, (DI-MP-BASEX1 and DI-MP-BASEX2 not equal zeroes) and the premium calculated is the initial premium, it is adjusted by the Discount Rate initially set at the beginning of the module. (The initial period is determined by a policy reaching its fifth anniversary or the anniversary following the insureds thirtieth birthday, whichever occurs first.)
 - 3a The premium before the anniversary (DI-MP-BASEX1) is multiplied by DI-FREQ-LDG-FACTOR, DI-MP-FRACTION-BEFORE and the discount, if any. The premium after the anniversary (DI-MP-BASEX2) is multiplied by DI-FREQ-LDG-FACTOR, DI-MP-FRACTION-AFTER and the discount, if any. The two answers are added giving TOTBASEX.
 - 3b Apply the ratio obtained in step B4 to the step rate increase premiums (step C 3a above), if any, and produce accounting records for these amounts. (A debit to 5973001 and a credit to 5972860). **NOTE:** Since the mode premium results are always on an annual basis regardless of current mode, before any premium is accounted for, it must be fractionalized (develop a mode premium BMDIMODE, see Page 4.4.1) and proportioned (percentage of premium either before or after the anniversary).
 4. Sum the mode premium table for a total of premiums before the anniversary and a total of premiums after the anniversary, deducting the step rate premium from the total.
 5. Add to the total of premiums before the anniversary any mode premium adjustment and collection charge.
 6. If a discount applies to this policy, reduce the totals above by the Discount Rate initially set at the beginning of the module.
 7. Apply ratio obtained in Step B4 to the premium totals in Step 6. These results are the reinsured premium amounts and will be used for calculating the reinsurance commission and expense allowance.

8. Generate an accounting record for each reinsured premium total (if not zero) debit account number 5973001 if first year or 5973021 if renewal and credit 5972860.
- D. Build an accounting record for the commission reinsured based on the premium developed in Step C(7) above, as follows:
1. Determine the commission and expense allowance rates applicable from the 2nd byte of the Reinsurance Commission Group. (DI-REIN-GRP, **see Page 1.1.5.**)
 2. Generate a duration (by subtracting the issue date from the premium due date) for corresponding to Col. 1 (before the anniversary) and Col. 2 (after the anniversary) of the mode premium table.
 3. Apply the commission rates based on the duration to the premium totals developed in Step C(7).
 4. Generate the accounting record for each reinsured commission amount (if not zero) credit account number 5975200 if first year or 5975220 if renewal and debit 5972860.
 5. If the reinsurance premium obtained in Step C(3) is not zero, apply the first year commission rate and generate an accounting record to credit account number 5975200 and debit 5972860.
- E. Build an accounting record for the expense allowance reinsured based on the premium developed in Step C(7) above, as follows:
1. Apply the expense allowance rates based on duration obtained in Step D to the premium totals developed in Step C(7).
 2. Generate an accounting record for each reinsured expense allowance amount (if not zero) credit account number 5976368 and debit 5972860.
 3. If the reinsurance premium obtained in Step C(3) is not zero, apply the first year expense allowance rate and generate an accounting record to credit account number 5976368 and debit 5972860.

F. Build an accounting record for the applied dividend reinsured equal to ratio computed in Step B (4) multiplied by the dividend amount, as passed by the calling routine, multiplied by the rate indicated in the first byte of the reinsurance commission group in the master record (DI-REIN-GRP). Credit account 5975100 and debit account 5972860.

TERM PREFIX ACCOUNTING SECTION

Generate an accounting record for the amount given using a line code of 500. The account number given should be 3003 for Term Prefix.

*Expense Allow
for Unum
Re '91 = 5943420
Bst '91 = 5943421
Bayer
36.4% of reins
amt. if issue
prior to '91
Take 70 ages if
issue after '91A.*

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B. If the base reinsurance amount is equal to zero, exit.

- 1) Compute a ratio equal to base amount reinsured/base amount.
- 2) Multiply this ratio by the amount passed giving the reinsurance amount.
- 3) Debit account 5973003 and credit account 5972860.

- C. 1) Multiply 2nd year commission percent by the amount obtained in Step B2 to get the reinsurance commission amount.
- 2) Multiply 2nd year expense allowance percent by the amount obtained in Step 62 to get the reinsurance expense allowance amount.
 - 3) Credit account 5975200 with the reinsurance commission amount and debit account 5972860.
 - 4) Credit account 5976368 with the reinsurance expense allowance amount and debit account 5972860.

NOTE: For Term Prefix we pay second year commissions.

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BUILD ACC & DEC RECORD
(BDIACDEC)

This subroutine will build an appendage for the ACC or DEC record each time it is accessed. It will be used only on File Maintenance and will be written to be linked to a using routine. An ACC or DEC record may be generated by an external transaction, either automatic or by a field change, and/or by an internal transaction. Only 1 ACC or DEC will be generated for a given mode. The appendage built by this routine will be written out to the consolidated output tape along with a copy of the condensed master record.

The subroutine must be given the following

information: Policy Change type - 1 character

1 = Normal ACC or DEC

2 = Transaction - Print Only

* 4 = Normal DEC for Policy History

Output used where - 1 character

1 = Both Agents Statistics and Policy Exhibit

2 = Policy Exhibit Only

3 = Agents Statistics Only

4 = Print Only

Mode Code = 2 characters with sign (packed format).

NOTE: + sign indicates ACC -
 sign indicates DEC

Transaction Code - 4 characters, the first character will indicate whether this is from an external or internal transaction (E or I), the second character will be blank, the third & fourth characters will be the originating transaction code.

Effective Date - 6 characters packed format.

All other information needed to build this appendage will be taken from the exploded master record.

***NOTE:** The type 4 DEC will be built whenever the master changes. The appended master to the DEC will be a reflection of the master at the beginning of that day. Only one type 4 DEC will be built per day on a policy.

BUILD AN OMNI RECORD - TYPE "F"

This subroutine will build a short paid list record each time it is entered.- It will be used only on File Maintenance and will be written to be linked to a using routine. A record will be generated upon payment of a premium or any termination and on almost any change in status. (See Page 1.4.1 Paid and Termination List Record Description.)

The following information must be given to this routine:

Premium Paid	9 numeric characters, with sign (Blank if Termination)
Applied Dividend	9 numeric characters, with sign (Blank if Termination)
Net Due	9 numeric characters, with sign (Blank if Termination)
Transaction Code	2 characters
Number of Months	2 characters - from record except on PP transactions (Blank for Terminations).
Action Code	1 character. Space = no action. 4 = Destroy issue file
Paid-Terminate Indication	1 character P = Payment T = Terminated N = New Paid
Description	24 characters
Due Date of Effective Date	6 characters

This data will be placed in the short output record area. All other information will be picked up from the master record.

This subroutine will not write out the record. This will be a function of the using routine.

The record generated by this routine is used to build the data file for OMNI Termination report #8.

DISABILITY CONFIRMATION LETTERS
DICON-0030 (Module)

Function: Produce printed confirmation letters based on a text and variation code using appended master.

A parameter card provides for selection of all letters, a particular who-code, or all remaining letters starting with a particular who-code.

Passed:

1. Disability Master
 and
2. Confirmation appendage
 - a) from sorted miscellaneous and request items disc file (0028)
 - b) sorted by who-Code
 - c) input type "E" records only
 (file also contains "F" omni records).
3. File Status
 - a) '0' middle of file
 - b) '1' first record •
 - c) '2' end of file

Processing:

1. open print file and align form
2. validate text code, date
3. select letter type processing routine based on text code.
 - a) build and print heading table
 - b) move passed dates + amounts to text lines
 - c) consolidate print lines where applicable
 - d) access to agents name and address file
 - e) print applicable closing
 - 1) who/agy prefixed by ACY indicates multiple letters

Output: Confirmation Letters

- a) produce1 daily
- b) Form 650 - 3 part

AUTO INCREASE FEATURE DRIVE
(BDFMAIF)

Abstract:

Each record is processed by this module. If it qualifies for AIF and the F.M. date is a key day for the record, then AIF activity will happen. This entails tabulating premiums and monthly amounts and the building of the Policy Suffix Table. When there is a break on the policy number and AIF activity has been done on the previous policy, this module will call the BDIAIFBD module to complete the activity.

Linkages:

DI-AIF-RESULTS (ODAIIRST)
COMMON-AREA
DI-MASTER
DUMMY-MASTER

Calling Modules:

BDDFMCT

Procedures:

- 1) If policy number # previous policy number and we have AIF activity and there are no errors indicated, call BDIAIFBD to complete AIF processing.
 - 2) Validate current record for AIF. It must be the correct product type (87 Series YRT or level), correct occupation class, AIF elected, and not 2 declines logged.
 - 3) If the record is a base record, calculate the next effective date for AIF activity. (1st premium due on or after the next policy anniversary).
 - a) Effective date starts at DIAIF-YEAR, DIBI-ANNIV, DI-ISS-OD.
 - b) The target effective date starts at DI-POL-YR, DI-ISS-MM, DI-ISS-DD.
 - c) If those years are equal, we add one to the target year.
 - d) If the AIF-EFFECTIVE-DATE is less than the target effective date, we add billing frequency to the AIF-EFFECTIVE-DATE until it is not less than the target date.
 - 4) If the AIF-EFFECTIVE-DATE is not = or < than the DIAIF-RENEWAL-DATE, then AIF has expired.
 - a) If the FM-DATE = (6 months + RENEWAL-DATE) create renewal letter.
 - b) Exit.
 - 5) If AIF has been declined for the first time and we are dealing with the current year activity then no further AIF activity will be done and exit.
 6. Next, the module determines if one of the FM-DATES is a key AIF date for the record.
 - e) This is 90 days pr-1 to the AIF-EFFECTIVE-DATE for the Ci.c..\-ti increase letter and days prior to billing or premium change letters for creation of increase records.
- (The day of the month is adjusted to the 1st for group bills and to the appropriate Check-O-Matic draft day for Check-O-Matic cases. 7. If the FM-DATE is not a key date, exit.
8. If CHANGE-PENDING = 'Y' and the CHANGE-PENDING-REFER = '979' (lapsed policy), do not process AIF activity, produce HOSR (AIFCP) and exit.

a) drays 1 A11--FTUE-b42,-- ctY- 4611 -
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Disability Manual

9. Next, the module catches the record up to the AIF-EFFECTIVE-DATE.

- a) Save the DI Master and Common Area.
 - b) Call BMDICAL to get dividend factors.
 - c) Call BDICUP to catch the record up.
 - d) Call EMDIDUR to ensure age < 56.
 - 1) If age is too high, restore DI Master and Common Area, and exit.
- 10) Store appropriate information in the Policy Suffix Table.
- a) Policy number, suffix, and last change date.
- 11) Call BMDIMODE and store premium information in the AIF result area.
12. Store the monthly income into the AIF result area.
- a) If maximum issue limit has been passed, exit.
 - b) If the record is not CMI and the benefit period is the same as base, increment the income eligible for 6% increase.
13. Restore master and common area to original form.
14. Exit.

AIF BUILD
(B/KDIAIFBD)

Abstract:

This module changes a record around so that it looks like an AIF record at time of issue. It then builds a quote or an increase record with insert/CF transactions depending upon the code passed from the AIF driver.

Linkages:

DI-MASTER (Base record caught up to AIF-EFFECTIVE-DATE)
AIF-RESULTS (ODAIIRST)
COMMON-AREA
DUMMY-MASTER
DI-MASTER (Base record's original image)
POLICY-SUFFIX-TABLE (ODCFPST)

Calling Modules:

BDFMAIF
KDDAIFTC

*Called Routines

EDILIST - To determine which '87 Series LS Rider is being used.

Procedure:

- 1) Change the caught-up base record into an AIF suffixed record.
 - a) Call EMDIDUR using AIF-EFFECTIVE-DATE.
 - b) Build suffix number by using last suffix in Policy Suffix Table incremented by 1.
 - c) Change monthly income and lifetime sickness income to 6% of income eligible amounts in result area.
 - d) Change age to Policy-Yr - Issue-Yr + age.

If call EDILIST '87 Series LS Rider is the enhanced rider (cov. cease 63) then go to Step E.

Else, if age154, clear lifetime sickness trailer.
 - e) Change paid-to to AIF effective date.
 - f) Change status to 1 and source code to 5.
 - g) Change all riders.
 - 1) Issue YR.
 - 2) Reinsurance = N.
 - 3) Coverage ceases.
 - h) Change all agents in agent-compensation trailer.
 - 1) No annualized commission.
 - 2) Correct 1st year commission depending upon issue age.
 - i) Clear other trailers which don't apply.
 - 1) AIO.
 - 2) Claims.
 - 3) Suspense.
 - 4) Dividend Factor.
 - 5) Term Prefix.
 - 6) PDF.
 - 7) AIF.

- j) Change new issue trailer.
 - 1) Money = F.
 - 2) Acceptance = AIF-EFFECTIVE-DATE + 5 months.
- k) Clear other miscellaneous fields.
 - 1) Call rates routine depending on rate structure (B/KMDARATE or B/KDLVLRTE).
 - 1) Load new rates into premium fields.
- 2) If we are building a quote.
 - a) Call B/KMDIMODE.
 - b) Update premium quote fields in result area.
 - c) In batch environment, call BDICON for letter quote.
 - d) Exit.
- 3) If we are building an increase record.
 - a) Save passed Policy Suffix Table.
 - b) Build Policy Suffix Table for AIF record only.
 - c) Set up trailer table for B/KDCFOAD.
 - d) Create insert transaction (create RN transaction also if CICS environment),
 - e) Call B/KDCFLOAD with Dummy Master as old master and AIF record as new master.
 - f) Restore Policy Suffix Table.
 - g) - Adjust DI-ADI-NO and AIF trailer on original base record.
 - h) Set up trailer table for B/KDCFLOAD.
 - i) Call B/KDCFLOAD with original base record as OID Master and adjusted base record as new record.
- 4) Exit.

AIF LEVEL RATE MODULE
(B/KDLVLRTE)

Abstract:

This routine calls the DI Rate generation routine to retrieve the rate needed for AIF records. These premiums are the issue age premiums only. There is no provision for attained age premium. That is the only difference between these routines and the YRT versions (B/KMDARATE).

Linkage:

DI-MASTER
COMMON-AREA
DUMMY MASTER
LEVEL PREMIUM CHANGE (Base premium step up in 4th year).
LEVEL CURRENT SERIES (Do you want current series override).

Calling Modules:

B/KDIAIFBD

*Called Modules:

- * EDILIST - To determine which '87 Series LS Rider is being used.
- * KDDIPRIO - On line routine that calls the rate file.
- * BNFMINIO - Batch routine that calls the rate file.

Procedure:

The rate routine is called with the proper plancodes depending upon which riders are active on the master record.

The rates are placed in the **DI** Common Area and are passed back to the calling routine in the same format as the MP-RESULT Table on **Page 4.4.1.**

Use the following abbreviations.

- | | | | |
|----|------|-------------------------------|-----------------|
| 1) | Prop | for Proportionate | (factor driven) |
| 2) | COLA | for Cost of Living Adjustment | |
| 3) | LS | for Lifetime Sickness | |
| 4) | SL | for Specific Loss | |
| 5) | 00 | for Own Occupation | |
| 6) | AIO | for Additional Income Option | (factor driven) |

87 Series Level Product Result Table

Occurrence		Pieces Accumulated for Premium Result
1)	Base	Base
2)	N/A	
3)	NJA	
4)	Prop	Prop of Base
5)	N/A	
6)	COLA	COLA of Base
7)	N/A	
8)	COLA Prop	Prop of COLA of Base
9)	COLA LS	COLA of LS
10)	SL	Specific Loss
11)	COLA SL	COLA of SL
12)	LS	Lifetime Sickness
13)	N/A	
14)	N/A	
15)	N/A	
16)	N/A	
17)	AIO*	Base + Prop of Base + COLA of Base + Prop of COLA of Base + COLA of LS + COLA of SL + COLA of 00 + Prop of COLA of 00 + Prop of 00 + LS + LS of 00 + SL
18)	N/A	
19)	00	00 of Base + LS of 00
20)	Prop 00	Prop of 00
21)	COLA 00	COLA of 00
22)	NJA	

* NOTE: AIO does not apply to AIF.

DISABILITY SYSTEM

NOTE: The WHO Codes associated with the following errors will come from the transaction being processed unless otherwise indicated.

A) File Maintenance Control (DDFMCT)

	<u>WHO</u>	<u>WHY</u>	
1)	ACF	022	Critical Field change on Paid to Date
2)	ACF	230	Critical Field change on Dividend Factor Date
3)	231	231	Critical Field change on Dividend Factor 1
4)	ACF	232	Critical Field change on Dividend Factor 2
5)	ACF	301	Critical Field change on Suspense Amount 1
6)	ACF	305	Critical Field change on Suspense amount 2
7)	ACF	309	Critical Field Change on Suspense Amount 3
8)	ACF	313	Critical Field change on Suspense Amount 4
9)	ACF	317	Critical Field change on Suspense Amount 5
10)	ACF	321	Critical Field change on Suspense Amount 6
11)	ACF	A16	Critical Field change on Agents Rate
12)	ATO	CF1	Activity date on this transaction is not equal to the latest of either the accounting or transaction date. Batch has been processed.
13)		CF2	This error is created on an insert policy # which has processed some field changes but either DI-PD-TO, DI-POL-YR or DIBI-MOS is equal to zeros. <u>NOTE: On this case, the DI-PD-TO is changed to equal todays date (year and month of File Maintenance running) DI-POL-YR is equal to the File Maintenance year. Both DIBI-MOS and DIBI-FREQ are changed to annual. A Master Record is generated but the, record is not correct) and field changes must be made to correct this record. A change pending trailer is generated with a suspend 'Y' Code. This record requires <u>immediate attention</u>. If other transactions are processed against the policy #, a FM4 HOSR error will be generated.</u>

	WHO	WHY
14)	AT2	CF3 Status code is 1 but mode code is unequal to 90, 91, 92, 93, 94, or 95 or status is other than 1 and mode code is equal to one of the above modes. Complete batch is rejected.
15)		CF4 The DIBI-FREQ and DIBI-MOS conflict. Both have been changed to annual.
16)	A31	CF5 Anniversary year beyond premium change year.
17)	AXX	CF7 Field change on field #012 (DI-SVC-NO) and WHO code is not equal to collection agency or WHO code is numeric. Transaction not processed.
18)	ALN	DCOL1 COL Rider on base policy with a occupation class > 3.
19)	ALN	DCOL2 Policy needs to have COL on Base policy before any other COL Riders are added.
20)	ALN	DCOL3 COL on ADI 12 month RDR.
21)	ALN	DCOL4 This policy has COL on Specific Loss but no Specific Loss (Invalid)
22)	Change pending FM1	Nonforfeiture would have been processed on trailer this policy for the premium due but change pending trailer says to suspend nonforfeiture.
23)	B1B	FM2 Discount code in list bill trailer is equal to 'Y' but billing type is equal to a space.
24)	A31	FM3 DIBI-FREQ Code is equal to 'M' (monthly). Record must be corrected.
25)		FM4 Transaction with same policy # as invalid insert. Also one or more of the following fields were zero after all the field changes were processed for the insert. (DI-PD-TO, DIBI-MOS, DI-POL-YR).

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	WHO	WHY	
26)		FM5	This error is created on an insert policy # which has had no field changes processed against it. NOTE: On this case, the DI-PD-TO is changed to equal today's date (year and month of File Maintenance running) DI-POL-YR is equal to the File Maintenance year. Both DIBI-MOS and DIBI-FREQ are changed to annual. A Master Record is generated but <u>the record is not correct</u> and field changes must be made to correct this record. A change pending trailer is generated with a suspend 'Y' Code. This record requires <u>immediate attention.</u>
27)	ALN	FM6	The following situation may occur under this error. ADI Record Present (Suffix greater than 00) but <u>no Base Record</u> (Suffix equal to 00). This record requires <u>immediate attention.</u>
28)	ATO	FM7	Policy is in force, but no billing information trailer exists. All transactions following field changes have not been processed. This record requires <u>immediate attention.</u>
29)	B2T	FM8	Paid-to-date month is not consistent with the premium anniversary. No change has been made in the record.
30)	ALN	FM9	Case is off anniversary and duration of policy is greater than base policy coverage cease duration.
31)		FMA	Status on insert case is not equal to 1 or 2. Status is changed to 1. Transaction is processed.
32)	A31	FMB	Verification check between Base Policy and ADI Record. This error indicates a discrepancy in one of the following fields: Policy Status, Premium Paid-to-Date, Billing Frequency, Policy Anniversary, List Bill Type and send to Information. Record requires immediate attention. (NOTE only on Status 1 & 2.) Allows discrepancy between status and paid-to-date when ADI record is source code = 5 and status = 1.

	WHO	WHY
33)		FME Inforce policy number associated with the transaction not on the master file. Check HOSR status to determine if a terminated record exists.
34)		FMF Transaction on a terminated record but no terminated record exists. There is an inforce record on the master file for this policy #.
35)		FMG Transaction on a terminated record but no record exists for the policy #.
36)	A31	FMI Discrepancy between Base and ADI on the issue month and day.
37)	A31	FMJ Verification check between base and ADI indicates discrepancy in NAME #3 trailer.
38)	A31	FMK Discrepancy between Base and ADI in NAME #4 Trailer.
39)	A31	FML Discrepancy between Base and ADI in owner Trailer.
40)	A31	FMM Discrepancy between Base and ADI in HOGA Trailer.
41)	A31	FMN Discrepancy between Base and ADI in the following areas: Lead Time, Group #, Discount on group bills, IRS Approval Code.
42)	A31	FMO Discrepancy between Base and ADI in the following areas: Insured's Name, Insured's Soc. Sec. #, Dividend year, DIPDF-PD-TO (premium to).
43)	A31	FMP Discrepancy between Base and ADI in the following areas: Residence, Insured's birth date, Sex, Age Admitted, Signature code, Servicing Agt. Name. Allows difference on DIV-YEAR when ADI is source code = 5 and status = 1.
44)	A31	FMQ Discrepancy between Base and ADI in the following areas: Agency code, year k.!. wh-tda_autorma-t-i-c--&ftniv-e-r-sary ehtnges <u>completed</u> . Allows difference on POL-YR when ADI is source code = 5, and-
45)	A31	ier Discrepancy between base and ADI in the following area! Cost of living percentage (only if ADI has a benefit period > 24).

	WHO	WHY	
45)	A31	FMX	Because of some discrepancy between Base and ADI, error HOSR produced on Base.
46)	UUO	FMY	Policy issued with UUO who Code in Notify Trailer (mmi.w4) E.040Rn4-t —r>vFAe.A,33:scuccAolts7-e;
46)		FMZ	Master record contains suspend all code. Transaction has been processed because the input transaction contains the same WHO Code as the change pending trailer.
47)	ALN	OVRC	Invalid form number for a Retroactive Overhead Expense policy.
48)	ALN	SPCOD	Invalid Retroactive Overhead expense on Specific Loss code. Should be '0' or 'S' = and series must be 83 84 or 87
48)	ACF	B16	Critical Field Change on Agents Rate 2
49)	ACF	C16	Critical Field change on Agents Rate 3
50)	ACF	D16	Critical Field change on Agents Rate 4
51)	ACF	E16	Critical Field change on Agents Rate 5
52)	ACF	F16	Critical Field change on Agents Rate 6
53)	ACF	G16	Critical Field change on Agents Rate 7
54)	ACF	H16	Critical Field change on Agents Rate 8
55)	ACF	I16	Critical Field change on Agents Rate 9
56)	ACF	J16	Critical Field change on Agents Rate 10
57)	ALN	CFMOD	Dividend Option is 3 and the premium frequency is changed unless source code = 5.
58)	A32	FM016	Series is 70 and Dividend Option is 3. Change Pending is built.
59)	A32	FM011	The policy is discounted or is a Step Rate or 87 Series and level indicator equal space.
	A32	FM010	Series = 70 and dividend option = 3 error.
60)	A32	FM012	Series is 83 and Dividend Option is 2. Change pending is built.

	WHO	WHY	
61)	BGR	MODAL	Notify-who is DIV
62)	A32	FM013	84 series must have loading of 100 or 170.
63)	A32	FM014	Series < 84 and col - percentage > 0 errors.
64)	A32	FM015	84 Series col must have col - percentage of 6% or 10%.
65)	ALN	SPCLO	Specific Loss must have series of 83 or 84 or form # of 54, 04, 03, 02 and Benefit period of 965. Series 84 or 87 can also have form = 33.87 Series can also have form #12-16.87 Series can have benefit periods of 965, 967, 995, or 997.
66)	ALN	LIFEA	Lifetime Sickness = 83 and Benefit = 965 and Lifetime ACC Prem = Zero Error.
67)	ALN	DRES1	Own Occ Residual premium without Base Residual premium.
68)	ALN	OWNOC	Own Occ Residual premium or Own Occ Cola premium without Own Occ Base premium.
70)	ALN	DARE2	DARE Product with a discount.
71)	ALN	DARE3	DARE Product with a premium change trailer.
72)	AIO	AI086	If DIAIO-IDENT > 0 and DIAIO-REM-AMT < 100
73)	AEX	AIOEX	If DIAIO-IDENT > 0 and (DISUB-RATE > 0 DISUB-EXCL = 'Y')
74)	AGE	AGE86	If (DIAIO-IDENT > 0) and (WS-ATTAINED-AGE > 49 or < 81)
75)	AOC	OCCCL	If (DIAIO-IDENT > 0) and (DI-OCC-CLASS equal '04')
76)	AIO	AIOPL	IF (DIAIO-SERIES = 86) and (DI-FORM-NO = 8 or 9)
77)	AOE	OEDAY	If (DI-FORM-NO = 8 or 9) and (DI-COMMENCE = '061' or '091' and (DIBE-OVRHD-SPEC-LOSS = '0') and DI-SERIES < 87.

- 78) A40 CMI01 A CMI Rider has a COLA Premium existing while the base does not or vice versa.
- 79) A40 CMI02 A CMI Rider has a Proportionate premium while the base does not or vice versa.
- 80) A40 CMI03 A CMI Rider has an Own OCC premium while the base does not or vice versa.
- 81) BCL FMF68 New Issue Record with Disabled Code = 'P' unless source code = 5.
- 82) A40 OWN87 Own Occ Trailer exists where DI Series not = 87
- 83) A40 ASSOC Association Number Usage is Incorrect
- 84) B5K FMNFO This policy has ADI records. While some of these records would normally lapse, one or more has a condition preventing lapse of entire policy.
- 85) A40 FMFMS The AIF-EXCLUSION is not consistent between the base record and its ADI's.
- 86) B3A AIFCM An AIF record has been inserted which is a Check-O-Matic case.
- 87) B5K AIFWP An AIF record has been inserted which has an active disabled code.
- 88) AMW AIFRI A notice to reinsurance that an AIF record has been inserted.
- 89) A41 EXT00 Extended Own Occ on a Capstone, Foundation, or Classic policy that has a bft per < 65 or
Extended Own Occ not available on a PA Capstone or PA Foundation policy.
- 90) A41 CLS00 Own Occ is missing on a Classic policy that has a bft per > 24 months.
- 91) A41 RDR87 '87 Series riders added to base policy that is '84 series or older (can only be added to an '87 series base policy).

B) MODE PREMIUM ROUTINE (DIMODE)

	WHO	WHY	
1)	ACO	MP1	Invalid frequency; no premium calculated.
2)	ACO	MP2	No billing information trailer; no premium calculated.
3)	ACO	MP3	Premium change indicated but cannot find on premium change trailer; no premium calculated.
4)	ACO	MP4	Premium change indicated but no change trailer; no premium calculated.
5)	ACO	MP5	Invalid loading formula; no premium calculated.
6)	ACO	MP6	Frequency requested = M; no premium calculated.
7	WHO-CODE entered at time of transaction	MP7	Rating less than 100 (treated as 100 and premiums are calculated.
8)	WHO-CODE entered at time of transaction	MPS	First day ADI benefit but no ADI trailer.
9)	ACO	MP9	Rate access error; no premium calculated. (DIDAR-RATE-FLAG = 'N') Effective date < Issue date for base policy or rider. (Error found in BMDARATE) DIDAR-RATE-FLAG = 'E'
10.	ACO	MPA	Premium cannot be calculated for off-anniversary, term-product with 20% discount available.

C) RA TRANSACTION (DDFMCT)

1)	RA1	Inforce ASC requested on a terminated policy. This transaction has not been processed.
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D) NONFORFEITURE SUBROUTINE (DINFOR)

	WHO	WHY	EXPL.	ACTION
1)	B5C	NF1	produced on 70th day of NF (cash)	create letter, change pending, dec, then exit.

WHO		WHY	EXPL.	ACTION
B5C		NF2	produced on 70th and 120th day (applied).	only produced on 70th day; letter, change pending, dec, then exit.
3)	B5K	NF3	produced on 70th day (modal)	create letter, change pending, dec, then exit.
4)	B5K	NF4	Cash in suspense	day 65 only no processing
5)	B5K	120	produced on NF date of 120 days or >, with a dividend option of 3 (modal).	no processing.
6)	From automatic transaction	NFD	transaction eff date > PDF pd-to-date - or - PDF current amt is >0	create change pending then exit. exit.
7)	B9W	NFJ	any non-null disabled code	create change pending then exit.
8)	B2D	NFJ	HOGA	
10)	B3X			
9)	From automatic	NFL	PT case (DILO-Type = D or A)	create change pending then exit.
11)	AT4	NFT	Last status of record before termination by NF (NF of 120 days >)	continues processing comm. but comm. have not been charged back.
		NFM	Annualized comm. should be charged back, but issue mo = anniv.mo.back	continue processing

E) DIVIDEND CALCULATION, CONTROL, AND ACCOUNTING FOR DISABILITY FILE MAINTENANCE (DIDIVDF)

	WHO	WHY	EXPL.	
1)	ATO	QD7	factor duration to duration at divd year + 1 (exits)	
11/31/88			7.3.9	Retention No. IS00 Disability Manual

	WHO	WHY	<u>EXPL.</u>
2)	B6R	QD1	dividend option invalid - or - option is applied and one of the following: - policy is HOGA or - PDF or - disabled code P or B or - COM (option treated as cash and continues)
3)	A31	Q02	No room to place applied dividend in suspense. Dividend is posted to special suspense.

F) DURATION SUBROUTINE (DIDUR)

(no HOSR errors)

G) DIVIDEND FACTORS (DICAL)

	WHO	WHY	<u>EXPL.</u>
1)	ATO	RATE	Rates for this policy cannot be located or duration > age 65

*H) ANNIVERSARY AND DIVIDEND LOGIC (BDIANNF & DIANNO)

	WHO	WHY	<u>EXPL.</u>
1)	CT4	AN2	Automatic expiry
2)	A31	AN3	Step rate plan code with premium change trailer present but no premium change indicated.
3)	A31	AN4	Invalid extended coverage cease duration.
4)	A31	AN5	Billing Information trailer indicates a premium change but no change trailer exists.
5)	ACO	AN6	Term Rate not found
6)	BCL	AN7	DARE N.J. Commencement Change
* 7)	AMW	MWABE	Benefit Extension trailer has been changed for a policy with reinsurance.
* 8)	AMW	MWABI	Billing Information trailer has been changed for a policy with reinsurance.
* 9)	AMW	MWACM	Commencement Day has been changed for a policy with reinsurance.

	WHO	WHY	EXPL.
* 10)	AMW	MWAHO	Hospital Benefit trailer has been changed for a policy with reinsurance.
* 11)	AMW	MWALS	Lifetime Sickness trailer has been changed for a policy with reinsurance.
* 12)	AMW	MWA00	Own Occupation trailer has been changed for a policy with reinsurance.
* 13)	AMW	MWAPC	Premium Change trailer has been changed for a policy with reinsurance.
* 14)	AMW	MWASB	Substandard trailer has been changed for a policy with reinsurance.
* 15)	AMW	MWST8	Status Code has been changed to 8 for a policy with reinsurance.

I) NOTIFY LOGIC AND NOT TAKEN LOGIC (RESIDENT IN FILE MAINTENANCE)

	<u>WHO</u>	<u>WHY</u>	<u>EXPL.</u>
	B6H		
1) Change pending trailer			CP1Change pending (prepared monthly on the effective day or change).
2)	A31		NL1Incorrect paid-to-date on this policy (either > T+3 or < T or > base policy premium cease duration.
3)	B5F		NTNT1 Policy is status 1 (issue) but the paid to date is unequal to the issue date (unless source code = 5). The acceptance date < the issue date. Policy is beyond the acceptance date plus three months but DINI-MONEY indicates money at issue. Note, not taken logic is halted under any of the above conditions.
4)		NTCP2-	Not taken logic would have been performed on this policy, but you have suspended this record.
5)		NTCP1	Not taken logic would have been performed on this policy, but the policy suspense trailer has money.
6)		NTADI	Part of this record was processed as not taken but this ADI could not be processed as not taken.
7)	B5K		ATAIF Same as NTADI except when
10/31/88			S o 7.3.11
			Retention No. IS100 Disability Manual

urce code = 5.

J) PO TRANSACTION (DIPO)

Each error code listed below is prefixed by one of the following codes: PO, P1, P4, PM, PN, PD, PZ.

	WHO	WHY	<u>EXPL.</u>
1)		P01	Premium from the transaction is unequal to the premium calculated. Transaction has not been processed.
2)		P02	Change pending trailer indicates suspend all transactions. This transaction not processed.
3)		P03	PD transaction where policy not disabled. Transaction not processed.
4)		P04	Error on this transaction but no room to place amount due in suspense on this policy. Money is posted to special suspense.
		P05	Total policy suspense is less than net due. Transaction not processed.
6)		P06	DINI - Accept date is greater than 660000 and less than today minus 5 days. Money to Suspense. Transaction not processed.
7)	UUO	P07	DINI-FORMS = Y
8)	B9W	P08	File Maintenance date is 36 days beyond the due date.
9)	P09		Amount of applied dividends from the transaction should be placed in suspense on this policy, but there is no room in the suspense trailer. It has been posted to special suspense.
10)	POA		Due date given on this transaction is unequal to the paid-to-date; transaction is not processed.
11)	PMB		Cannot change from 1/6 semi with this transaction or number of months from transaction is equal to 01. Not processed, money posted to suspense.
12)	POC		No claim trailer.

	<u>WHO</u>	<u>WHY</u>	<u>EXPL.</u>
13)	SSX		POD Old/New Policyholder code is equal to A,B,C,D,E, or F. (Presidents welcome letter)
14)	GSZ		POE Change of status to inforce - lives credit questionable and must be fixed (if necessary) in the agents statistical system.
15)	B3W		POF C.O.M. Case and WHO Code is equal to 'B3W'. Generate change pending trailer. No catch up bills generated.
16)	ANK		POG Extended Coverage Cease and Issue = or Paid-to-date and frequency <
17)	POH		Dividend on the premium payment # to the calculated MODAL-DIVIDEND. Transaction not processed, money posted to suspense.
18)	P6I		P6 tran and DI-SERIES # 87.
19)	P6J		P6 tran on policy with Term Prefix already paid.
20)	P6K		P6 transaction with premium not equal to the Term Prefix premium.
21)	P6L		P6 transaction with due date not equal to Term Prefix issue date.
22)	POM		NON-P6 payment without Term Prefix paid.
23)	PDC		PD transaction with no claim trailer. K)

PG TRANSACTION (DIPG)

	<u>WHO</u>	<u>WHY</u>	<u>EXPL.</u>
1)		PG1	Change pending trailer indicates suspend all transactions. This transaction not processed.
2)		PG3	No room to place amount in suspense on this record. It has been posted to special suspense.
3)	B9W	PG4	File Maintenance is greater than 36 days beyond the due date.
4)		PG5	No allotment trailer. Transaction not processed.

5)

PG6 Allotment premium on issue policy.

L) PP TRANSACTION (DIPP)

	WHO	WHY	<u>EXPL.</u>
1)	PP1		The number of months from this transaction added (or subtracted if negative) to the paid-to-date, causes this premium to be split across an anniversary. The anniversary and/or dividend work has not been adjusted and the total premium has been placed in suspense.
2)	PP2		Change pending trailer indicates suspend all transactions or a danger code exists on this policy. No processing has occurred.
3)	B9W	PP3	Paid-to-date has been advanced and the File Maintenance date is more than 36 days beyond the due date.
4)	PP4		This transaction calls for charging back annualized commissions but the record indicates commissions have not been annualized previously. This payment has been processed, but no commissions have been calculated.
5)	PP5		This transaction calls for calculations of a first year commission on this payment, however, the record indicates that the commissions have already been annualized. The payment has been processed but no commissions have been calculated.
6)	PP6		Byte 97 contains 'N', no reinsurance accounting will be done. (Generated by the accounting routine.)
7)	PP7		Error exists on this policy, but there is no room to place payment due in suspense. It has been posted to special suspense.
8)	PP8		Due date prior to issue date. Money placed in suspense. No other processing.
9)	PP9		Positive amount but due date unequal to paid-to-date or negative amount, but due date unequal to adjusted paid-to-date. Commission may be incorrect because of wrong effective year and should be checked. Transaction has been processed.

	WHO	WHY	<u>EXPL.</u>
10)	PPA		This transaction has changed the paid-to-date from >1 the second anniversary to >I the first anniversary. As a result because of the 2 year rule on dividends, dividend and anniversary work must be adjusted. (70 series). 75 series is: >1 the third anniversary to >1 the second anniversary.
* 11)		PPB	DI-REIN-CO not numeric or DI-REIN-GRP not between 01 and 08.
12)		PPC	Dividend on the premium payment # calculated Modal-Dividend. Processing continued.

M) PX - P8 TRANSACTIONS (DIPXP8)

	WHO	WHY	<u>EXPL.</u>
1)		P80 PX0	Every P8 or PX transaction generates a HOSR to indicate that a suspense transaction has occurred. If no other errors occur, the reason code will be shown as P80.
2)		P81 PX1	No room to place amount in suspense on this policy. It has been posted to special suspense.
3)		P82	A suspense item has been found containing the same account number and due date given on this transaction. However, the amount from this transaction when added, produces a negative item. Transaction has been completely processed.

N) DIVIDEND AND ANNIVERSARY FRONT LOGIC FOR DISABILITY OUTPUT RUNS
(DIADIVO)

	WHO	WHY	<u>EXPL.</u>
1)	B1B		QE1 Current dividend trailer missing. No dividend work done.
2)	B1B		QE2 Change of premium frequency was made but today's date > paid-to-date.

0) DIVIDEND AND ANNIVERSARY FRONT LOGIC FOR DISABILITY FILE
MAINTENANCE (DIADIVF)

	WHO	WHY	EXPL.
1)	WHO-CODE GIVEN	CP2	Effective date for change of premium frequency < paid-to-date.No change made.
2)	WHO-CODE	QR1	Change of premium frequency was made but today's date was > paid-to-date.
3)	A31	QR2	Wrong factor duration (no factors generated).
4)	A31	QR3	Current dividend trailer missing. No dividend work done.
5)	A31	CP3	WHO code in notify trailer is equal to 'FRE'but notify frequency (months) is equal to zero. Change premium frequency routine not processed.
6)	AT4	AMODE	Notify Reinsurance Section of change in mode of premium payments.

P) CHANGE STATUSCODE FOR DISABILITY (DICS)

	WHO	WHY	EXPL.
1)	WHO Code given ACO	CS1 or CI'	Change pending trailer indicates all transaction and WHO Codes do not match; transaction not processed.
2)	WHO Code given ACO	CS3 or CI3	Status change and record contains suspense.
3)	WHO Code given ACO	CS2 or CI2	Old status code or mode not consistent with new status code.
4)	AT4	SXX	(Where XX equals mode given) change of status to terminated, normal HOSR quote to general files.
5)	WHO Code	CS5	Annualized commissions should be charged given back, but anniversary month is unequal to the issue month. Transaction processed but commissions must be handled manually.
6)	WHO Code	CS6	Master record status is '1' and given CI6 transaction status is 'A' or 'B' and year and month is not equal to pd to year and month. Allows paid-to not = issue date if source code = 5. Transaction not processed.

	<u>WHO</u>	<u>WHY</u>	<u>EXPL.</u>
7)	ALN	CS7	Status change to 5 or 8 requested, but not valid paid-to-date. Transaction not processed.
		CS8	Dividend Option is 3 and change status code = 5 and we are in a dividend paying year.
	A35	CSXXA	(Where XX equals the mode given and A equals the status given.) Normal HOSR quote before processing the CS changes.
10)	WHO Code		CSLTR No cancellation was produced because an ADI Record was cancelled without canceling the base.
11)	WHO Code	CSDIV	Normal HOSR quote before processing the CS changes.
* 12)	AMW	MWCSx	x = the new status code for a policy with reinsurance.

Q) CHANGE OF PREMIUM MODE - CM - CN - FOR DISABILITY (BDICMCN)

	<u>WHO</u>	<u>WHY</u>	<u>EXPL.</u>
1)	WHO Code given		CM1 Effective date given is < paid-to-date. Transaction rejected.
2)	CM2		Effective date given is not a possible paid-to-date. Transaction rejected.
3)	CM3		Trying to change frequency from 1/6. Transaction rejected; must be done by field change.
4)	CM4		Change pending trailer indicates suspend all transactions; transactions not processed.
5)	GSZ	CS4 or CI4	Change of status to inforce. Lives credit questionable and must be fixed (if necessary) in the agent's statistical system.

GD Transaction

GD1 DIAGT-REN not numeric.

WHO	WHY	<u>EXPL.</u>
-----	-----	--------------

G8 Transaction

- | | | |
|----|-----|--|
| | G81 | Suspend code not space or F or N. |
| 1) | CM5 | Policy has a mode premium adjustment but input transaction contains no adjustment. Transaction processed with mode premium adjustment amount cleared to zeros. |
| 2) | CM7 | Notify trailer has no room for this transaction. Transaction not processed. |

*R) RB TRANSACTION (BDDFMCT)

- | WHO | WHY | |
|-----|-----|--|
| 1) | RB1 | Status code is not equal to 1 or 2. This transaction is not processed. |
| 2) | RB2 | Due date of RB transaction is less than the paid-to-date or greater than the highest billing date. Transaction is not processed. |
| 3) | RB3 | Premium paying policy but no billing information trailer. Transaction not processed. |
| 4) | RB4 | Duration of base policy at the given due date is beyond the coverage cease duration. Transaction is not processed. |
| 5) | RB5 | Policy is Check-O-Matic. Transaction not processed. |
| 6) | RB6 | Due date given is not a regular premium due date. Transaction not processed. |
| 7) | RB7 | Date given is not between the anniversary year and the anniversary year + 2. Transaction is not processed. |
| 8) | RB8 | RB transaction is the same as an earlier one. Transaction not processed. |

S) CA TRANSACTION (DICA)

- | WHO | WHY | <u>EXPL.</u> |
|-----|-----|---|
| 1) | CA1 | Attempted to build a notify trailer from input and no room was found. |

	WHO	WHY	<u>EXPL.</u>
2)		CA2	Notify trailer was searched for one identical to input and not found.
3)		CA3	Transaction code was 'M' and notify date did not equal premium due date that will equal or cross next policy anniversary.
4)		CA4	Transaction code was 'M' and notify frequency was 001 (cash) Transaction will continue processing.
5)		CA5	Attempting to change 83 Series policy to regular applied dividends. Transaction rejected.
6)		CA6	Attempting to add Modal Dividends to 70 Series policy. Transaction rejected.

	<u>WHO</u>	<u>WHY</u>	<u>*T) COMMISSION CALCULATION (BDICOMM)</u>
1)	B3X	ZK0	<u>EXPL.</u> Duration of payment greater than starting duration for annualizing commissions. No commission annualized, will be paid as regular commissions.
2)	B3X	ZK1	Off anniversary case, commissions not annualized, will be paid as regular commissions.
3)	B3X	ZK2	Pro Rate PP 1st premium, commissions not annualized, will be paid as regular commissions or policy is in the 1st year-commissions annualized; manual commission adjustment may be necessary. (DIBI-MOS unequal to transaction number of months).
4)	B5K	ZK4	AIF Paid for date not correct resulting in special 1st year commission not calculated
5)	B5K	ZK5	AIF PP Transaction with incorrect premium number of months resulting in special 1st year commission not calculated.

U) SPECIAL FIELD CHANGE (BDICFMOD)

	WHO	WHY	<u>EXPL.</u>
1)	AIH	CLCHG	Field changes have been processed against the Disabled Code or a field from the
01/24/89		7.3.19	Retention No. IS100 Disability Manual

Claim trailer.

	WHO	WHY	EXPL.
2)	AD4	CLCHG	If there is reinsurance on the policy, a CLCHG HOSR is sent to reinsurance also.
	AMW	MWxxx	xxx = the field number being changed for a policy with reinsurance.
4)	AMW	MWCBE	Benefit Extension trailer has been changed for a policy with reinsurance.
* 5)	AMW	MWCBI	Billing Information trailer has been changed for a policy with reinsurance.
6)	AMW	MWCHO	Hospital Benefit trailer has been changed for a policy with reinsurance.
* 7)	AMW	MWCLS	Lifetime Sickness trailer has been changed for a policy with reinsurance.
* 8)	AMW	MWC00	Own Occupation trailer has been changed for a policy with reinsurance.
* 9)	AMW	MWCPC	Premium Change trailer has been changed for a policy with reinsurance.
10)	AMW	WMCSB	Substandard trailer has been changed for a policy with reinsurance.

V) NET APPLIED SUSPENSE ROUTINE (DINET)

	WHO	WHY	EXPL.
1)	B20	QH2	After netting a negative amount remains in applied suspense.

W) G5 TRANSACTIONS (BULK)

	WHO	WHY	EXPL.
1)		G51	Transaction calls for revesting. This agent was never divested. The transaction was ignored.
2)		G52	Control code equal to 2, 3, 4, 7, 8, or 9 and this is a sub agent. Transaction not processed.
3)		G53	Negative commissions - resulting from divesting.
4)		G55	Commission group not numeric.

X) PASS 2 OF DISABILITY FILE

	WHO	WHY	<u>EXPL.</u>
1)	B8D	AIOXX	Policy has an AIO trailer and an option date will occur in today's month plus 2. (XX is equal to the age)
2)	ALN	ATT65	Control code is a 1 or 3 and 6 months prior to the 65th birth date.

Y) DIMOL - Modal Dividend Calculations

	WHO	WHY	<u>EXPL.</u>
1)	ALN	DIMOL	Dividend date > next-annv-date. Dividend date (this-anniv-date.

Z) DIMDA - Modal Adjustment

	WHO	WHY	<u>EXPL.</u>
1)	A L N M D I V 1		Routine
2)	A L N M D I V 2		Policy with HOGA or PDF, Exit.
3)	A L N D I M D A		Disabled Code = 'P' or 'B'.
			New Outlay premium and the old outlay premium have a difference of + or - .10.

AA) BDPZTRNS - PZ Premium Payment

	WHO	WHY	<u>EXPL.</u>
1)	Transaction WHO Code	PZPZ1	Policy Paid-To-Date less than or equal to transaction date and Amount due = 0.
2)	Transaction WHO Code	PZPZ2	Policy Paid-To-Date 0 transaction date and amount due = 0 and billing months 4 01.
3)	Transaction WHO Code	PZPZ3	Calculated Gross Premium 0 999,999.99 or calculated dividend 0 99,999.99.
4)	Transaction WHO Code	PZPZ4	Suspense Trailer Full (this HOSR generated in combination) with other PZ HOSRs.
5)	Transaction WHO Code	PZPZ5	Calculated Total Due 4 transaction amount or calculated premium 4 amount.

PC Transaction (DIPC)

	<u>WHO</u>	<u>WHY</u>
1.	PC1	Change pending trailer indicates suspend all transactions. Transaction not processed.
2.	PC2	Policy is not C.O.M. Transaction not processed.
	PW2	Paid-to-date in the record minus the number of months.
3.	PC3	given is not equal to the paid-to-date given. Transaction not processed.
4.	PC4	The paid-to-date given results in backing over
	PCG	an anniversary. PCG relates to term products. Transaction not processed.
5.	PC5	Calculated premium due on the paid-to-date
	PY5	given is not equal to the premium given.
	PV5	Transaction not processed.
	PW5	Mode premium adjustment not equal to zeroes.
		Set adjustment
6.	PC6	(DISB-ADJ) equal to zero. Set flag to produce catch up PW6 bills. Continue processing.
7.	PC7	Paid-to-date given is equal to the issue date.
	PW7	Set flag to not produce catch up bills. Continue processing.
8.	PC8	No room to place money in suspense, debit special suspense. Transaction not processed.
9.	PC9	Commission code is 'A' but commissions have not
	PW9	been annualized and duration is unequal to zero. Regular commission records will be generated.
10.	PCA	Commissions have been annualized and the
	PVA	duration at the paid-to-date given is less than
	PWA	1 year. No commission records are generated.
11.	PCC	Commission code in transaction is 'A' but no
	PYC	'A' in Agents Trailer, Transaction Processed.
12.	PCD	List Bill Trailer has been removed by DISB-DISC was coded with a 'Y' or DILB-BIR was equal to 1, 2, or 4.
13.	PCE	Case is Status 1. Transaction not processed.
14.	PCF	Change pending trailer indicates suspend all transactions. Transaction not processed.
15.	PCH.	Code equal to 'V' or 'Y' and paid-to-date equal to issue date. Transaction not processed.
16.	PVH	Transaction with 'V' or 'Y' code and the annualized code indicates a particular agent to be annualized. This agent's number is blank in the master. Transaction not processed.

17.	PWB	DILB-DISC is not equal to 'Y', and transaction input (number of months) is equal to 01. Transaction not processed.
18.	PCM Dividend. PWM PY5	Actual billed premium = prem. + Modal
19.	PCI	Case has been converted to Group Bill but there also is an association number.
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AIF ACTIVITY

AB) BDFMAIF (AIF Driver)

	<u>WHO</u>	<u>WHY</u>	
1)	B5K	AIFID	AIF year, ident, or renewal date = 0 on base record. No AIF activity done.
2)	B5K	AIFDT	FM date 0 AIF effective date and change pending not = Y and B. No AIF activity done.
3)	B5K	AIFS2	One of the records for the policy is not status 2. AIF activity not done but needs to be.
4)	B5K	AIFYR	AIF-YEAR < POL-YR - 1 or AIF-YEAR \neq POL-YR + 1. AIF activity not done but needs to be.
5)	B5K	AIFCP	Y change pending exists, when AIF activity was done.
6)	B5K	AIFPD	An existing AIF record which is status 1 has a paid-to-date less than the base record.
7)	B5K	AIFBD	An error return code came back from BDIAIFBD. AIF activity needs to be done but is now incomplete.

AC) BDIAIFBD (AIF Build)

	<u>WHO</u>	<u>WHY</u>	
1)	B5K	AIFRT	An error return code came back from BDLVLRTE. AIF activity was not done but needs to be.
2)	B5K	AIFIN	An error return code came back from BDINPIO while trying to write the insert transaction. AIF activity needs to be done but is now incomplete.
3)	B5K	AIFHG	AIF activity was done and the base record has a HOGA trailer.
4)	B5K	AIFDF	AIF activity was done and the base record has a PDF trailer.

PASS 2 OF MASTER FILE
(DDFMP2)

This run of the Master File is used primarily to provide a second opportunity during the day to get Status Reports. In addition, facility is provided to get records from the file for agency valuations and other lists. The run (optionally) will also produce records to provide:

- a) Disability Income in-force totals by agency
- b) Applied Suspense detail
- c) PDF detail
- d) Policy suspense detail by agency
- e) Issues beyond accept-date detail by agency
- f) Agent's service lists

All of the above (a)-(f) will be produced at the end of the month. (d) will also be produced in the middle of the month. This is controlled by the date control code in the AB transaction.

Input. The input to the run is the master file and a sorted transaction file in the same format as File Maintenance Input and consists of the following permissible transactions:

- a) AB (must be present)
- b) G3, G7, GA
- c) RN and RX

NOTE: that none of these transactions cause any change in a master record, and the Master File is not updated. The disk rate file is on-line to the run.

Output. There are two output files (optionally three). They are:

- a) A consolidated output file, identical in format to the output from file maintenance, containing appended master records. This file will be processed through the HOSR sort and print runs. These records result from RN and RX transactions and errors which have been detected.
- b) An extraction output file containing appended master records for agency valuations and other lists resulting from G3, G7, and GA transactions.

Optionally (on the 15th and at the end of the month according to the date control in the AB transaction) a file of records to produce the reports listed above (a thru f),

Pass 2 Logic. This first transaction (AB) will provide today's date and the date control code to set the conditions for steps 3, 4, and 5. Then the G3, G7 and GA transaction data will be stored in their respective tables. Next the Master file will be opened and each record will be processed as follows:

1. If the record meets the requirements of any table entry in the G3, G7, or GA tables, the table entry will be appended to the record and it will be written to the extraction output file. **'NOTE that the record should be written out once for each match that occurs in the tables.'**
2. If an RN or RX transaction occurs for this policy number, the HOSR appendage (type B) must be built and the appended master record written to the consolidated output tape.
3. If the date control code is zero, exit for this record.
4. If not zero, check the record for any policy suspense, and if present, prepare a record for the Inventory and Service List file. If status is equal to 2 and DI-EFF-DATE plus 7 is less than run date and paid-to-date (year month) is equal to issue (year month), generate HOSR Who Code B7K reason unpaid.
- 4a. If the control code is 2, perform error checking routine.
5. If the date control is 2, exit for this record. (If not 2, it must be 1 or 3.)
6. If the control is 1 or 3, and the policy is:
 - a) in-force, update in-force totals by agency
7. If the control code is equal to 1 or 3 and the status code is equal to 1 or 2, generate a record for the Inventory and Service List file'
 - a) If DISUS-TYPE (1 thru 6) equals 'A' build type 7 (Applied Suspense) record.
 - b) If the Dividend Option = 3, check for unpaid or paid in advance dividends and if any build type 7 (applied suspense) record.
 - c) If DI-REIN-AMT is unequal to zero build type 7 (Reinsurance) record.
 - d) If DICD-IDENT is unequal to zero' and DICD-YEAR is equal to DI-ISS-YY and duration on today's date is greater than zero and duration on DI-PD-TO is greater than zero, build type 7 (Delayed First Dividends) record.
 - e) If DIPDF-IDENT is unequal to zero, build type 3 (PDF) record.

- f) If DI-STATUS-CODE is equal to 1 and DINI-ACCEPT is less than CALC-DATE (today's YYYY day 31) build type 2 (Issue) record.

NOTE: No count or weighted count is generated for type 6 records and Type 7 reinsurance records for ADI records.

8a. If the policy has an AIO trailer and an option date will occur in today's month plus 2 produce an Agency Service List, which indicates the beginning and ending date of the AIO option period. (who Code B8D Reason Code AIOXX, where XX is equal to the age.)

8b. If control code is 3:

- A. 1. Build a WS date (quarter beginning date) equal to quarter ending year and quarter ending month (-2) and day = 01.
2. Test PTD -(issue day) > quarter ending date
- a) > If go to B
- b) <If test PTD (issue day) < WS
date if < go to B
if > calculate mode premium due on PTD write out record (code DU), go to B
- B. Store PTD - number of months in WS. If WS < today, exit. If WS > today
- a) calculate mode premium due on WS date
- b) write out record (code PD)
- c) subtract number of months from WS. If WS > today, return to (a), otherwise go to 8c.

8c. If the control code is a 1 or 3, and 6 months prior to the 65th birth-date, generate a HOSR. who Code A29, Reason Code ATT65.

NOTE: A premium change trailer must be set up if insured elects to continue policy for one more year.

9. At the end of the run, generate a series of Inventory and Service List records to permit the printing of the totals generated in Step 6. See description of this record on. **Page 1.10.1.**

10. Pass 2 - error codes. (where XX is the transaction code)

WHO	WHY
Transaction	##XXO No matching master record found for this transaction.

WHO	WHY	
Transaction	XX1	Invalid transaction code.
Transaction	XX2	Master ;•ecord has been found on file but <u>transaction</u> has either requested a terminated record (record on file is inforce) or <u>transaction</u> requested is for an inforce record (record or file is terminated). Request policy number again using correct code in column 28 of policy status request code form.
ATO	XX3	Agency code is not between 1 and 150.
ATO	XX4	State code is not between 01 and 99.
B1K	XXE	Insured trailer is present and name is identical to owner's name (insured trailer should be removed).
CC1	XXF	The sum of agent's participation is not equal to <i>100%</i> on one or more of the four commissionable elements (basic GA and basic sub-agent).

NOTE:

1. **Errors 3, 4 are detected monthly on the 31st**
2. **Errors E and F are detected on the 15th on the policy anniversary month (each record checked once a year).**

A31	XXH	Anniversary or Dividend Year Error (RE PTD).
B2S	XX1	Billing type is equal to 'G', discount code is not equal to 'Y' or discount code is not equal to 'Y' and billing type is not equal to 'G' or 'C'.
ATO	XXJ	No Birth Month
AIH	XXK	Base reinsurance amount present, but reinsurance CGP is blank.

BILLS, ASC'S, UNPAID RECORDS AND CASH DIVIDENDS

This run is one of the principle runs of the Disability System. It produces all Agency Status Cards, (Issue and In Force); all Billing Notices (Narrow, Late, Pension Trust, Salary Allotment and C.O.M.); and Cash Dividend Checks and Register as variable length tape records to be merged with the output from the 4ksertrierbilling program.

t-t, 1/2,144C

The records used by this run are billing type appendages created by File Maintenance and a copy of the Disability Master Record. The appendages are resident on disc and have been sorted by sort key. (See Page 1.3.1 for the description of the Billing type appendage and the sort key.) The copy of the Disability Master record is also disc resident in policy number order.

Each appendage is accessed from disc sequentially (i.e., by sort key) and is matched to the copy of the Insurance Master.

The balance of the description of this run is broken into basic types of output; ASC's, Bills, and Cash Dividends. The ASC's are described by type (issue and in force). Each billing type is described separately (i.e., narrow, late, etc.) and a copy of the narrow and late notice is provided as a means to help describe the information contained therein.

Unpaid records are normally associated with billings and for the purpose of this write-up are described in the Billing Section (B).

A. ASC's (Agency Status Cards)

I. General Description

ASC appendages are generated in File Maintenance for the following reasons.

1. Requests for In Force ASC's.
2. Issue ASC's - generated for every new issue policy entering the master file.
3. In Force or Issue ASC's produced as a result of a field change to the Disability Master record.
4. In Force ASC's produced on the anniversary.

This run will build a complete ASC record in core, edited in print format and then will write this record to an output tape.

The ASC's will be produced in the following order (sort key) from major (1.) to minor (5.) key:

<u>Agency Group</u>		<u>who Code Group</u>
1. Agency		1. Who Code
2. File type (I/F, Issue)		2. Agency
3. <u>Regular or Group</u>		3. Policy No.
4. Due Date	Group No.	
5. Policy No.	Alphabetical	

II. Control Logic

This section consists of the logic required to generate data for the edit section of the ASC's. It consists of a brief description of the calculations required.

IN FORCE / ISSUE ASC's

1. Perform mode premium routine (see Page 4.4.1) at the FM date. This provides the premiums for all frequencies at the anniversary on or before the FM date and also provides the actual billing premium on issue ASC's for use by the commission calculation (step 5).
2. Perform Benefit Edit routine (see Page 4.11.1). Results are saved for the edit routine.
3. Issue ASC - go to step 5. (dividend section is edited as spaces on an Issue ASC.)
4. If the duration of the policy at the paid-to-date is >PE 1 and < 2 it is necessary to perform the anniversary and dividend routine with the paid-to-date advanced to the 2nd policy anniversary in order to get the first dividend credited. Dividend values are saved for the edit routine.
5. Perform commission calculation (see Page 4.10.1)
 - a. Issue ASC - commission amounts and rates based on premium computed in step 2.
 - b. In Force ASC - premium computed as of last premium due date and compared to amount of last premium paid. If equal, commission amounts and rates based on amount of last premium paid. If unequal, no rates or commission amounts shown.

III. Edit section

The edit section builds a complete ASC record from data saved from the control logic (Steps 1-5) and from the master record. (For a complete description and sample of the ASC card, refer to Section 6 of the Agent's Manual.)

The generation of the description of the reason for preparation is based on the following logic.

1. For ASC's generated from multiple transactions the reason area will contain the actual transaction codes.
2. For requested ASC's the reason will be "REQUESTED ASC".
3. New Issue ASC's.
 - a. BR and forms required, reason "ISSUE-COD (EX-CR)".
 - b. BR and no forms required, reason "ISSUE-CR-INFORCE".
 - c. Insufficient BR or underwriting requirements, - reason "ISSUE-COD (EX-CR)".
 - d. Otherwise reason will be "ISSUE-COD". If an alternate or additional or both is indicated the reason will also contain (A+A), (ALT) or (ADD).
4. For ASC's generated from single transactions the reason emitted is based on the transaction code:
 - a. CM, CN, PM - "FREQUENCY CHANGE"
 - b. CF (Destination code - "ADDRESS CHANGE" equal to B1G or B1E)
 - c. All other CF transactions - "CHANGE OF DATA"

On in force ASC's the premium due section will show the due date, number of months, amount of last premium paid.

B. Bills and check-o-matic checks

I. General Description

NOTE: All Bills have been combined - that is both Base Records Suffix 00 and all other Suffix Numbers with the same policy number, effective date and in all cases other than C.O.M., the same destination code.

The bills will be produced in the order of the sort key manufactured by file maintenance. The single notices (narrow, late & duplicate) will be in mailing order, by zip code, or by who code, routed to someone

within the Home Office. Salary Allotment and Pension Trust group bills will be in order by Agency, trust number, due date (Month & Year), last name and policy number. The C.O.M. register will be in order by C.O.M. file number. Agency notice information list records are in no special order as they must be sorted after merging with the insurance billing output tape.

- 1. Narrow Consolidated Bill Record is used for all notices sent to a payor and all duplicate notices. Bills are produced with a machine readable Scan-Line. Lock Box Bank Address will print on bill as return address. Duplicate notices will not contain a Scan-Line or a return address. Instead "Duplicate notice for information purposes only" will be omitted.
- 2. Late Consolidated Bill Record is identical in format to the regular narrow notice, and is prepared one month and 15 days after the due date if the premium is still unpaid. These notices are sent to the payor only, with a copy to the agency. The servicing agents number is added to the original information produced. A duplicate Late Notice will be generated when a duplicate send-to-code is present and sent to an individual other than the payor. Duplicate notices will not contain a return address. Instead, 'Duplicate Notice for Information purposes only' will be omitted.
- 3. Salary Allotment Consolidated Bill Record is a list bill of premiums due only. The dividend cannot have any portion applied. The company name is taken from the first policy, using the notice send to code. A total amount of premiums due for the Allotment is accumulated and printed.
- 4. Pension Trust Group Consolidated Bill Record is a list bill which includes premium and applied dividend information. The trust name is taken from the first policy using the notice send to code. Subtotals of all fields are printed by insured if more than one policy exists. A total net amount due for the trust is accumulated.
- 5. Special Group Consolidated Bill Record is a list of those policies for which a discount of premium applies. This group bill is treated like a salary allotment with the one exception that these policies may have an applied dividend. These are combined with SA bills and are footnoted to indicate that they are discounted.
- 6. Check-O-matic record is a record of the amount due for a particular policy. The dividend cannot have any portion applied.
- 7. Agency Notice Information List records are produced for each narrow, PT and SA bill. In addition File Maintenance produces 20 and 45 day late billing appendages which generate agency notice information list records. It contains the policy number, payor (insured and group # if list bill), due date, type of bill, premium, applied dividend, an indicator if money in suspense with date of due date and the servicing agents name.

8. OMNI Overdue Premium Report records are produced for each narrow, PT and SA bill if there is an agency flag and if the agency desires to see billed today information. In addition File Maintenance produces 15, 31 and 45 day late billing appendages which generate OMNI overdue premiums report records. It contains the policy number, payor (insured and group # if list bill), total amount due, loan value available, an indicator if money in suspense, nonforfeiture option, agency flag, and servicing agent name and number.
- II. Control Logic The catch up logic (see Page 4.8.1) is performed for each bill produced. This will do the anniversary and dividend work (if necessary) at the FM date (effective date) and in addition will get the record caught up for all payments whose due date is prior to the FM date. The balance of this section consists of the logic required to generate data for the edit section of all the bills. It consists of a brief description of the calculations required and the subroutines called in the proper sequence and is split in two groups: all bills (narrow, duplicate, P. T., S. A. and C.O.M.) except late notice and group two containing the late notices.
- *A. All Consolidated Bill Records Other than Late Notices (Narrow, Duplicate P. T., S.A., and C.O.M.)
1. Perform calculate payment due - Section 1. This will provide part of the data necessary for editing the premium due section by calculating a premium due on the FM date.
 2. If the duration of the policy is > 1 and < 2 it is necessary to perform the anniversary and dividend routine with the paid-to-date advanced to the 2nd policy anniversary in order to get first dividend credited. (The paid-to-date and necessary dividend information are stored before entering this step and are restored after step 3.)
 3. Perform calculate payment due - Section 2. This will provide the applied dividend if available for editing the premium due section.
 4. If an unpaid record is associated with these bills; it is generated at this time. See section B (IV) for a detailed description of the unpaid record.
 5. If not C.O.M. build an agency notice information list

record. B. Late Notice Consolidated Bill Records

1. Perform calculate payment due - Section 1. This will provide part of the data necessary for editing the premium due section by calculating a premium due on the FM date.
2. Paid-to-date is advanced by 1 Frequency. Original paid-to-date is stored and is then restored after step 3.

3. Perform the anniversary and dividend routine at the FM date. This will provide the applied dividend.
4. Perform calculate payment due - Section 2. This will provide the balance of data necessary for editing the Payment due section (Applied dividend).

C. Agency Notice Information List

The logic described in A above is performed and an agency list record is then built from the premium and dividend data produced.

III. Edit section

1. The data developed from the Control logic plus the master record as it stands is sufficient to complete all bills.
2. For all bills except P.T., S.A. and C.O.M., where the net amount due is < 3.01 a bill will not be generated instead a unpaid record will be generated.
3. On policies where premiums are paid from PDF, (as long as the PDF fund pays premiums for the due date) "PAID-PDF" is entered for the amount of premium due. Dividends cannot have any portion applied.
4. Premiums waived - Disabled codes P and B. A return address is not required and instead "Premiums waived account of disability, for information purposes only" will be emitted.

IV. Unpaid record

1. Transaction code is Pt (t = blank) except for Disabled (PD) or PDF (P7).
2. Col. 41 is set equal to:

F	- if records indicate no binding receipt
DINI-MONEY	- if the FM date is equal to the issue date
C	- if C.O.M. and the bank code is not 12 (ASI, C.O.M.)
D	- if Disabled
P	- if PDF
zero	- if total amount due is zero

 otherwise it is set equal to a space.
3. If C.O.M. and the bank code is equal to 12 and the special handling code is equal to FDB or FDC, the FDB or FDC is stored as the who code. Otherwise it is spaces.
4. The amount fields are filled from the results of the Calculate a payment due routine.

5. The rest of the data on the unpaid record is filled from the master record.

Notice Emissions

Provision has been made for referral to the general agent under "OR" on the top right-hand side, primarily to benefit lock box general agents.

On all notices except P.T., S.A., and C.O.M. the following codes will appear to the left of the payor's name and address to facilitate making address changes without a HOSR.

9 digits in the format NSS
CCC
AAA

where N = Notice send to code
SS = State Code
CCC = County or City code
AAA = Agency or WHO code

Late Notice Codes:

The following code will appear under the amount due area.

1. Servicing agents code number.

The on or before date is 62 days after the due

date. CASH DIVIDENDS

If indicated by the billing appendage, this section of the run will generate a Cash Dividend record containing all information necessary to write a check register, check and outstanding check cards. (Cash dividend record description **see Page 1.8.1.**)

The records received by this run will be in order by:

1. Control Code
 - 1 = Pension Trust cases
 - 2 = All Others
2. P.T. number if P.T. case otherwise Policy Number.

HOME OFFICE STATUS REPORT (H.O.S.R.)

A HOSR appendage is produced by File Maintenance in the following circumstances:

1. Manual request for a status printout.
2. To give a picture of the master when an internal error happens to be detected by the self-checking procedure of the system.
3. To give a picture of the master of a terminating contract before the master is physically changed. This status will be filed in the application.
4. To give a picture of the master for notification purposes (i.e., from notify or change pending trailers).

The description of the HOSR can be divided into the following four sections:

Section A:

This section constitutes a complete picture of the master record as described in the "Disability Master" record description starting on **Page 1.1.1**. Section A includes the whole right hand side of the form as well as the "Residence", "Agents Compensation", and "Name and Address" information on the left side of the form.

In addition, with the exception of the "T" code, the first line on the left hand side of the HOSR is also copied directly from the master. The "S" code is the status code. The "T" code block will indicate "y" if a terminated record exists on the file for this policy.

Section B:

This section reflects all the policy benefits. A description of this benefit section can be found on **Page 4.11.1**. If the policy is entitled to a premium discount, the discount will be emitted on the last line in the benefit area. Premiums for all modes (annual, semi-annual, quarterly, and C.O.M.) as of the last policy anniversary are shown above the benefit area. Asterisks indicating the current mode will be emitted in the heading for the corresponding premium. The premium in this section for the current mode will include any premium adjustments. All premiums (annual, semi, quarterly and C.O.M.) will, if the record so indicates, be, discounted.

Section C:

This section shows the first outstanding premium due, if this premium has been billed but is still unpaid as of this policy preparation date.

Section 0:

Information in this section is entirely emitted and is intended to highlight some of the more important codes carried in the master record for reference purposes.

1. The first two lines will be a description of the type of disability insurance policy.

<u>Line 1</u> (based on form <u>type</u>)	<u>Line 2</u> (based on form <u>number</u>)
NON-CANCELLABLE 00, 01	DIS. INC.
GUARANTEED RENEWABLE 02	DIS. INC.
OPTIONALLY RENEWABLE 03, 08	OVERHEAD EXPENSE
CONDITIONALLY CONTINUABLE 04, 09	OVERHEAD EXPENSE
50, 51, 54	DIS INC-STEP RATE

2. If a PDF trailer exists the PDF paid-to-date will be shown.
3. The occupational class code will be shown.
4. If the disabled status code is:
 - P - WAIVER STATUS will be emitted.
 - I - INCOME STATUS will be emitted.
 - B - WAIVER AND INCOME STATUS will be emitted.
5. If a claim trailer exists on the master the type of claim will be emitted.
 - PENDING CLAIM
 - APPROVED CLAIM
 - TERMINATED CLAIM
6. If the substandard trailer indicates an exclusion rider then EXCLUSION RIDER(s) ATT. will be emitted.
7. Extracted ADI information will appear for each ADI on the base policy status when an 'RN' has been requested. Up to 8 ADI's will be displayed. If there are more than 8 ADI's, a message just below the ADI information will be emitted, stating 'Policy has more than 8 ADIs'. The 8th slot will contain information on the last ADI of that policy number.

AIO LETTER ROUTINE
(DFMAIO)

This subroutine checks the master record for an Additional Insurance Option (AIO) anniversary. A confirmation letter is built when the following conditions are met:

- a) the policy is in-force
- b) an AIO-trailer is present
- c) today's file maintenance day matches the AIO anniversary date
- d) the policy is not in its first year of issue.
- e) age matches one of the option ages for the AIO services
- f) the suspend code is not 'y'

The record (built by DICONF) will contain the following:

- a) CN-WHO = B6G (except when C-P suspend code = 'B' then CN-WHO DICP-REFER).
- b) CN-TEXT = '01'
- c) CN-VARY = spaces
- d) CN-TRANS = 'AI'
- e) CN-AMT-1 = AIO option amount
- f) CN-DATE-1 = AIO anniversary date
- g) CN-DATE-2 = 60 days after the anniversary date

DAILY ACCOUNTING

Ledger Update

The input received here is the short accounting output records from file maintenance in policy number order.

The input tape is used to list the journal entries for today, post these entries to the general ledger on disk and merge today's accounting records with those on the month to date tape, if any, to create an updated month to date tape. Any accounting records which have an unrecognizable account number will be posted to the dump account (account #0002879) and will be listed on the last pass of the run. The seventeen most used accounts and the dump account will be accumulated separately in core and posted only at the end of the accounting portion of this run. All other accounts will be posted to the ledger on disk each time a record for them occurs. At the end of the journal listing one total will be printed which will be the gross of today's net activity. After this a listing will be made of all the accounts which have been posted to today's net field showing the account number and the balance of * today's activity. A detail file on accounting records is created which will be used to update the McCormack & Dodge General Ledger. For those records, the National Life account number (7 digits) is converted to the McCormack & Dodge account code (23 characters). The McCormack & Dodge - account is product coded. This is done in the module (BMCNVACT).

On succeeding run (DILRST) detailed listings are produced of all the journal entries for today for any account requested. A separate parameter card will be read in from the card reader for each request with the account number in columns 3-9.

POLICY CHANGES (ACC. & DEC. AND TRANSACTIONS)

This run uses as input a tape generated by File Maintenance. The records are variable in length and consist of two types. Type 1 records are the regular ACC and DEC records which are changes to the disability master record and are needed to post these changes to the Policy Exhibit, Agents Statistical File and for the analysis run. These records consist of a variable length master record with appendage. This appendage contains data which describes the transaction and mode. Type 2 records are print only records and are a fixed length. They contain only data which describes the transaction. No control fields are printed on this type of record. These records reflect any change in the master record which does not involve an ACC or DEC or which does not involve an accounting transaction. This run now creates a new paid data file consisting of new business which is used for OMNI Report #6.

Each type 1 record must be exploded by entering the explosion subroutine in order to pick up the control fields.

If an ACC and DEC are both present on the same policy number and mode, the DEC will come first but only one line will be printed showing the net change in the control fields. The net change will also be accumulated into a grand total for each control field. These ACC and DEC items will be merged with a year-to-date policy change tape in policy number order. Each control field on yesterday's-year-to-date policy tape - will also be accumulated for grand totals.

Each type 2 record will be printed but will not be merged onto the year-to-date tape.

The last page of the transaction register will contain totals for each control field split; Internals, External - all other CF transactions). Printed below these totals will appear a line showing today's total activity for all control fields with a total split between In-Force status changes and issued status changes. The next line will show yesterday's year-to-date total also split between In Force and issued. These total should agree with yesterday's transaction register print out for the new updated year-to-date totals. The third line will be a sum of the first two lines and these totals will be checked tomorrow.

<u>Inforce Changes</u>	<u>Issued Changes</u>	<u>Total</u>
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Today's Activity

Yesterday's YTD

Today's New YTD

AGENCY NEW PAID LIST

The agency new paid list is a tabulation of new business (modes 1, and 3 either positive or negative) with totals by agency showing count, annual premium and amount of insurance, and a grand total at the end of the run.

The input records to this run are made up of print lines in the following format generated in the Policy Change run.

Agency Code

Line - D = Disability Income

Policy Insured's name if any, otherwise, owner's name

Annual premium

'Count

Amount - base monthly income

Frequency

Other policies - If alternate and additional, emit "ALT + ADD"

 If alternate, emit "ALT"

 If additional, emit "ADD"

 otherwise this space left blank.

Transaction Code

Description -Based on Transaction Code

 If CS or CI = "CHANGE TO PAID FOR".

 If any other P transaction = "INITIAL PREMIUM PAID".

 Any negative mode will result in a description = "REVERSAL".

POLICY EXHIBIT CONTROLS - DAILY

This run uses the daily ACC & DEC changes as input and produces a printed policy exhibit summarized by mode for each line of business. The net change amount for each line is also used to check to the transaction register summary and the File Maintenance internal and external changes.

As each detail record is read, the disability control amounts and count are accumulate as an accretion or decretion (based on the sign of the mode), by mode for each line of business. At the end of the run these totals are printed as well as a net change total for each line of business.

AGENCY VALUATIONS ON DISABILITY
(DDAVAL 0092)

Input:

The input is a tape generated by the G7 agent extract on pass 2 and consists of a Disability Master record with an appendage for each record in order by control number, policy number. The appendage is the G7 Transaction as described on **Pages 2.2.15 - 2.2.17**. For contract codes and divesting patterns see the agents compensation trailer in the Disability Master record, **Pages 1.1.31 - 1.1.33**.

Output:

Detail of income projection by policy number which is optional, showing the commissions month by month for the next calendar year assuming 100% persistency commencing with the month following the date the valuation is run. Totals are given for each month. This is intended for use when detail of next years commissions is needed. In addition, a column is given of the projected value of renewals, using the persistency applicable for this control number, primarily as an aid in checking against prior valuations.

Detail of policy data by policy number which is optional showing the following: policy number, agency, name of insured, reserve basis, series, form type, form number, commission group, issue age, issue year and month, income amount, premium, frequency, participation, contract coding, bonus flag. In addition, a column of divested commissions and a column of projected value of renewals, using the persistency applicable for this control number. Also, a line of total projected commissions for all policies listed for the next 12 months. Summary print of deferred first year commissions by month-year of the valuation, with totals by year thus giving an estimated cash flow. First year assumes 100% persistency with an additional total assuming 95% persistency. There is no discounting for interest.

Summary print of renewal commissions with additional year totals up to (16) for the divestible and total vested. The persistency table used is indicated. The summary cash flow figures are discounted for interest with a small summary showing the present value at three possible interest rates for the total and the total vested.

General Description:

A) Calculating the Premium:

1. The purpose of this module is to make an estimate of the agents compensation for a period of fifteen years in the future. The period covered is for sixteen calendar years with the valuation being conducted as of the a start date at some time during the current year and this is followed by fifteen calendar years.

2. The input consists of the master record of all policies in which an agent has a monetary interest. Each master record has a G7 request attached to it. The request has the agents number and other information.
3. Computation of the start date. This is the month as of which the valuation is made. If the G7 request contains such a date, use it; otherwise, use the month in the executive. If the start month in G7 is smaller than the month in the executive, the start month falls in the following calendar year.
4. A considerable number of tables are compiled in this routine. The front-logic has zeroized those tables at the appropriate time and this module adds the results to the various slots in those tables.
5. The master record compensation trailer has areas for ten different agents. The first thing to do is to find which area applies to the desired agent. When found, this area is moved to a work area where the items will be available without indexing. When computation on this slot is completed, the remainder of the ten areas must be searched because one agent may be represented in more than one area.
6. The identification of an agent consists of a five-digit number possibly combined with a two-digit suffix. If AV-SUFF-CON = 1, the five-digit agents number from G7 is compared with the five-digit identification from the record; if AV-SUFF-CON = 2 or 3, the seven-digits are compared.
7. An assumption must be made in regard to persistency. If AV-P-TABLE = 1, it means that 100% persistency is assumed and a table of eighty items is set up, each item being unity.
8. If AV-P-TABLE is not 1 it is tested for 2 and if equal, the Linton A table is used, otherwise, Linton B. The Linton tables are published for 30 years but these have been extended to 80 years to cover all policies the company has in force. These are survivorship tables. The decrement for the 30th year was kept constant until the survivor values were small and then the table of survivors was graded to zero. If Linton B is used, the number_of survivors are zero in the 64th year, but on-size-error logic covers this.
9. we are to build a table of commission rates and divesting rates for a period covering the first fifteen policy years. This is fully described in a special section at the end of the general description.
10. Find the due date of the first premium falling due after the beginning of the start month.

11. When results have been obtained it is necessary to know where to accumulate the results. Knowing the due date just obtained, compute $\text{SLOT-COUNTER} = 12 (\text{DUE-YEAR-START-YEAR}) + \text{DUE-MONTH-SLOT-COUNTER}$ is incremented by DI-BI-MOS between each premium payment.
12. Calculate the duration at the due date of the first premium by calling `DIDURENT`.
13. Establish a persistency base. This is an item read from the persistency table already established. This table is a survivorship table so that each time it is used we divide the persistency base into the number of survivors. If $\text{AV-P-TABLE} = 1$, we move 1 to the persistency base. Otherwise, we read the $(\text{DURATION} + 1)$ at item in the persistency table and use it as the persistency base. If AV-P-TABLE is not $= 1$ and DI-BI-MOS is not 12 we divide .975 into the persistency base because the more frequent premium payment is estimated to reduce the persistency by $2 \frac{1}{2}\%$.
14. We have now reached the tag "COMPUTATION-LOOP". This is the point to which we return with each premium payment.
15. If we are beyond the premium payment period of the contract or are beyond the storage period for the results, we continue the search for the next agent's slot.
16. The next step is to compute the premium. This is done by calling `DIMODENT`. The first time through the premium must be calculated. This premium remains valid until it changes. When shall we calculate the premium again? If we have an "off anniversary" contract, we need to call the mode premium routine only on the anniversary.
17. Each time we compute a premium we also update the persistency factor. We do this even when calculating premiums more often than once a year. No harm is done since the duration in years changes only once a year.
18. We have obtained a premium in `DI-MP-BASIC (1, 22)`. This represents the premium falling due before the anniversary. It is necessary to split this into first and renewal premiums. Initially regard the premium as being all renewal. If the duration in years is zero and $\text{DISUB-COMM} = 'N'$, no commission is paid on substandard so we subtract `DI-MP-BASIC (1, 18)` from the renewal premium. The amount in `DI-MP-BASEX1` is the amount of the first premium due to the step rate feature. We thus obtain the split between first and renewal. Next show the effect of loading (which shows frequency) by multiplying by $\text{DI-FREQ-LDG-FACTOR}$. Then multiply each by $\text{DI-MP-FRACTION-BEFORE}$. Add premium adjustments to the renewal premiums. If discounted, then call `DGRPDIS` to get appropriate discount.

The premium is next multiplied by the agents participation factor and the persistency factor.

19. Having determined the amount of first and renewal premiums, we multiply by the commission rates and the divesting rates and store the results in their appropriate slots.
20. We next turn our attention to the premium in DI-MP-BASIC (2,22). This represents the premium falling due after the anniversary. We follow a similar procedure as for DI-MP-BASIC (1, 22). Having stored these results we pass on to the next premium by incrementing by the value in DIBI-MOS the items representing slot counter, due month and duration and returning to the spot called COMPUTATION-LOOP.

B) Building the Commission and Divesting Tables

These tables run for fifteen years. This is done in order to be consistent with insurance policies under which some agents have commissions for fifteen years.

1. The tables are initialized to zero.
2. If DIAGT-C-8-W = 'A', it means that the agent has forfeited all commissions and we should exit unless AV-FORFEIT = 'Y' in which case, we continue in regular manner.
3. If the fourth character of the five character control area of the appendage = 7 or if the first digit of the agents suffix = 7, it means that we have a C2 contract. In this case, the first commission is zero and the commissions run for only two renewals with the second and third commissions and divesting equal to $\text{DIAGT-REN-W}(1) * \text{DIAGT-PART-C2}/100$ and $\text{DIAGT-REN-W}(2) * \text{DIAGT-PART2-C2}/100$.
4. Move the first commission rate and the first nine renewals, all of which are in the record, to the first ten items of the commission table.
5. Sometimes the results are to be used to determine an agents pension. In this case, the first character of the control section of G7 will = 'Z' and DIAGT-CONT-CODE-W will = 2. Then if DI-COMM-GRP = 2, add .025 to each of COMM-W(6) thru COMM-2(10). If DI-COMM-GRP = 1 or 4 or 5, add .025 to COMM-W(2) and COMM-W(3).
6. If the first control character = 'Z' and DIAGT-CONT-CODE = 20 or 21 or 22, the usual commission rates are placed by new rates as the flow chart shows.
7. If DIAGT-C-TYPE = 1 and DIAGT-DIVEST-W = 2 or 3 or 4 or 5 or 6, it means that the last commission is paid in the 2nd, 3rd, 4th, 5th or 6th year. Thus, we zeroize the commissions from the 3rd, 4th, 5th, 6th or 7th years on.

8. Persistency fees come after the commission period and the value is .05. If AV-FEES = 'Y', move .05 to each of COMM-W(11) thru COMM-W(15) and DIVEST(11) thru DIVEST(15).
9. The commission table is now complete. The next action is to build a divesting table.
10. If AV-PF-DIV = 'FP and DIAGT-C-TYPE '2' and DIAGT-CONT-CODE-W = '01', there is no divesting. Exit.
11. If AV-CA-DIV = 'N' and DIAGT-C-TYPE = '2' and DIAGT-CONT-CODE-2 = '09', there is no divesting. Exit.
- 12a If DIAGT-DIVEST-W is not zero, exit. This means that this policy has been divested and the rates in the record have been reduced by the divesting pattern. What is left represents vested commissions.
- 12b If DIAGT-DIVEST-W = '0', it means that this policy has not been divested and we must divest according to pattern.
13. By testing DIAGT-C-TYPE-W, we separate the general agents and subagents. If this = 1, it is a general agent.

NOTE: General Agent Divesting follows:

14. If AV-GA-DIV = 8, move .007 to each item DIVEST(2) thru DIVEST(10).
15. If AV-GA-DIV = 9, move .004 to each item DIVEST(2) thru DIVEST(10).
16. If DIAGT-CONT-CODE-W = 20 or 21 or 22, we take the year shown in (AV-GA-DIV increased by 1) and move the commission rates to the divesting table from such year thru the fifteenth.
17. If the divesting table has not yet been built, we proceed as follows:
 - a. If DIAGT-DIV-HOW-W = '01' or '02', move .01 to DIVEST(2) thru DIVEST(10).
 - b. If DIAGT-DIV-HOW-W = '03' or '04', move .005 to DIVEST(2) thru DIVEST(10).

NOTE: Subagent Divesting follows:

18. Then for the subagent if DIAGT-DIV-HOW-W = '00', exit.
19. If AV-IB-DIV = 16, move zero to DIVEST(8) and DIVEST(9).
If AV-IB-DIV = 15, move zero to DIVEST(9).

Test to see if a Bonus has been granted. If one has then move .10 to DIVEST(8) thru DIVEST(10), otherwise, move .05 to DIVEST(8) thru DIVEST(10).

Finally, for both general agent and subagent, make sure that if the commission is zero that divesting is also zero.

ACCOUNTING HISTORY FILE WEEKLY UPDATE

I. Description

This function will update the on-line five-year-to-date accounting history file. It must be run after Saturday's communications activity (if any) and prior to Sunday night's regular production pass.

II. Programs Used

A. MDAHFM

1. Purpose: Update five-year-to-date accounting history tape and disc files.
2. Input: Week-to-date accounting history tape from last daily run of MDAHFM for the week.
Five-year-to-date accounting history tape from previous week's MDAHFM weekly update run.
3. Output: Five-year-to-date output tape and disc file.
Control listing of records read and written.
4. Processing: Reads each tape and writes output record.
If module (MDAHMG) is called to merge the records together thus producing one new record. There will only be one accounting history record for any give policy number. A control listing with the amount of records written is produced to help verify that the proper inputs were used for the update.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for a systematic approach to data collection and the importance of using reliable sources of information.

3. The third part of the document describes the process of interpreting the data and drawing conclusions. It stresses the importance of considering all relevant factors and the need for a clear and concise presentation of the findings.

4. The final part of the document provides a summary of the key points and offers recommendations for future research and practice. It concludes by emphasizing the importance of ongoing monitoring and evaluation to ensure the effectiveness of the organization's operations.

DISABILITY ACCOUNTING HISTORY FILE YEARLY UPDATE

I. Description

This function will update the on-line five-year-to-date accounting history file.

II. Programs Used

A. DAAHPG

1. Purpose: Update five-year-to-date accounting history tape and disc files by purging off lapsed records.
2. Input: Parameter Card. Five-year-to-date accounting history tape from previous week's MDAHFM weekly update run. Disability master file tape.
3. Output: Five-year-to-date output tape and disc file. Control microfiche of records read, purged and written.
4. Processing: Reads each tape and compares records. If the accounting history record matches as disability master file record then the accounting history record is written out. If no match is found, then the accounting history record is purged off of the file. A control listing of records purged along with the amount of records from each tape and of records written is *produced to help verify the results.

LIST OF SELECTED LEDGER DISABILITY ACCOUNTS
(DMACTE)

The procedure to follow to get a listing of specific accounts for the accumulated accounting tape is as follows:

Use the Program DMACTE (0061) and a parameter card with the account code in Columns 1-7. Column 10 should have an L if it is desired to extract all lines of this account, otherwise the records will be extracted by the seven digit account code in Columns 1-7.

The tape of extracted accounting records is then sorted using run number (0063) to produce a tape sequence by account number (major) and policy number (minor).

The listing Program DMACTL (DD64) will produce a listing with a grand total break on account number and accumulating the reinsurance amount only. The following information will be shown on the printed list. Account number, policy number, issue year, month, day and age, frequency, transaction code, reinsurance commission group, due date, commencement day, who code, disabled code, benefit period, principal sum reinsured, amount of monthly income, and reinsured amount.

(EXTRACTED INVENTORY AND SERVICE LIST PRINT)
DMEISL

The records build by Pass 2 are sorted by SORT-KEY-TYPE using SORT DD83 for the regular first of the month print, and SORT 0084 for a special print of Type 1, in WHO Code order on the 15th of the month.

The desired print is obtained by answering a console message (NI101A) with various codes, the normal first of the month run requires an 'N' in reply. This will instruct the program to print all records by types as indicated in the SORT KEY. Type 3 and 7 will print TOTALS only.

The detail print of Type 7 may be obtained by replying with a '7' to the console request.

The run on the 15th of the month requires a reply to the console of 'W' (for who Code Sort). Only Type 1 records (Policy Suspense) are present for this run.

The types of prints are as follows:

- Type 0 - Amounts Due and Unpaid or Paid In Advance. Totals are taken when the servicing agent control code changes (CCFNN); a major break on CC (= DU for Due and Unpaid or PD for Paid In Advance), then on NN (Form Number) and minor on F as contained in INV-EXT-SVC-AGT. Adjust due date by adding 6 to the month. If this adjusted date is equal to or less than the prep-date, an asterisk will be emitted on this line. If greater than prep-date, adjust the due date by subtracting 1 from the due year and if this adjusted date is greater than the prep-date, an asterisk will also be emitted.
- Type 1 - Inventory of Suspense Funds. (This is the only type present on the middle of the month Pass 2 run.) The regular run collects totals on suspense amounts (INV-EXT-SUST-AMT) and breaks on an Agency Code (INV-EXT-AGENCY) change. The middle of the month breaks on the WHO Code (INV-EXT-WHO).
- Type 2 - Issue Policies Beyond Accept Date. This is a list by Agency (INV-EXT-AGENCY) without totals.
- Type 6 - Agency In-Force Statistics - (Prints 26 agencies to a page.) This shows Agency Disability Insurance - Count, Base Monthly Income, Total Premium and Frequency Weighted Count. These are totaled for each agency with a company total for each category at the end.

- Type 7 - Applied Dividends - Delayed First Dividends - Reinsurance Inventory. (If detail lines by Policy are desired, a separate run of the program must be undertaken giving the console either a 'B' or a '7'.) Totals only are printed on the monthly run for disability. Totals for Reinsurance Count and Amount are accumulated for each Reinsurance company and are printed by Reinsurance company at the end with the rest of the grand company totals for Applied Dividends and Delayed First Dividends.
- Type A - AIO Option - Produced on the end of the month Pass 2 Run. Agents Service List will indicate the policy number, Insureds name and Beginning and Ending Dates of the AIO Option Period.

DISABILITY INCOME VALUATION EXTRACT

This quarterly run produces an extracted valuation record for each inforce disability income master record. These extracted records are then sorted and printed in four different formats for valuation purposes.

This run proceeds in the following manner:

- 1.) If the policy is not inforce, exit to get next master record.
- 2.) Call mode premium routine with a frequency = frequency in master record and due date equal to the last policy anniversary.
 - a. Store annual premium for the extract record (DI-MP-ASQM-PREM indexed by 1).
 - b. Store base annual premium for the extract record (DI-MP-BASIC/ Substandard Rating, Column 4, Item 1 result).
 - c. Enter accounting module to get reinsured portion of the total annual premium and store for the extract record.
 - d. Using Column 4 of the mode premium result area, clear all premium items except; Base, 1st day Accident, Lifetime Accident, Hospital Benefit, Lifetime Sickness, ADI, 1st Day Accident on ADI. Read Column 4 to get the sum of premium items listed above and divide by any substandard rating. Store this result for the extract record as the valuation gross annual premium inforce.
 - e. Store the actual billing premium for the extract record.
 - f. Using Column 3 of the mode premium result area clear all premium items except; Partial Disability, 1st Day Accident on Partial Dis., AIO and AD & D. Re-add column 1 to get the sum of the above premium items. Fractionalize the total premium and if the discount code is = 'Y', multiply this result by the appropriate percentage. Store this final result as the Selected Benefits billing premium for the extract record.
- 3.) Fill the remainder of the extract record. Generate the extracted record to get the next master.

DISABILITY INCOME VALUATION

This run uses the extracted valuation record which has been sorted for one of the following four possible print edits based on a parameter card selection.

A.) Disability Income Valuation Print The extracted records have been sorted by policy number within the following control fields from minor to major:

Major control field - Mean age
- Commencement date grouping
- Benefit Period
- Form Number
Major control field - Issue Year

A detail line is printed for each policy showing the above control fields with the exception that the true age is printed instead of the mean age, an asterisk will be printed if the Hospital Benefit Code in the extract record is equal to 'Y'. The following amount fields are also printed and accumulated.

- 1.) Count - 1 per policy
- 2.) Annual premium inforce - (Bytes 62-66)
- 3.) Reinsured annual premium inforce - (Bytes 67-71)
- 4.) Basic monthly income - (Bytes 48-50). Shown in one of the four columns:
 - a.) Without 1st day accident or Hospital Benefit and without Lifetime Accident
 - b. With 1st day accident or Hospital Benefit and without Lifetime Accident
 - c. Without 1st day accident or Hospital Benefit and with Lifetime Accident
 - d. With 1st day accident or Hospital Benefit and with Lifetime Accident
- 5.) Same as (4) but using basic monthly income reinsured - (Bytes 51-53)
- 6.) Lifetime sickness monthly income (Bytes 54-56) shown in one of two columns:
 - a. Without Hospital Benefit
 - b. With Hospital Benefit

- 7.) Same as (6) but using the reinsured amount of Lifetime sickness monthly income determined by using a ratio of the Base monthly income reinsured amount :- Base monthly income amount.

C.) Dividend Liability and Deferred Gross Premium Print

The extracted records have been sorted by policy number within the following control fields from minor to major:

- Minor control field - Sex and Occupation Class
- Commencement day grouping
- Benefit period
- Form Number
Major control field - Issue Year

A detail line is printed for each policy showing the control fields, issue age and issue month, premium anniversary month and number of months. The base annual premium inforce (Bytes 72-76), the reinsured base annual premium inforce and the valuation gross annual premium (Bytes 87-91) are also printed and accumulated. A valuation deferred gross annual premium is also computed, printed and accumulated. This deferred gross amount is developed as follows:

- S = Month working storage
P = Premium anniversary
month F = Number of months
M = Policy anniversary month
• G = Valuation gross annual premium

1. Set S = P
2. Add F to S
3. If S < 13, go to Step 2
4. Deferred gross amount = $\frac{[M + 12 - SI] G}{12}$

D.) Schedule H Premium Print

The extracted records have been sorted by policy number within form number. Totals of all amount fields are printed for each change in form number. A detail line is printed for each policy showing the following amount fields.

1. Total billing premium (Bytes 77-81)
2. Selected benefits premium (Bytes 82-86)
3. Total substandard (total billing premium x $\frac{\text{rating} - 1}{\text{rating}}$)
4. Substandard selected benefits
(selected benefits premium x $\frac{\text{rating} - 1}{\text{rating}}$)

STATE DISTRIBUTION
(DQSDIS)

DQSDIS is run on a quarterly and annual basis. The program contains a table with 17 entries for each state - (100 possible) and as the accounting tapes are read, the amounts are accumulated in their respective entries or by-passed if not one of the main account numbers. A console message requests the beginning and ending dates of the run and only records which have current dates falling in this range will be included in the totals. The proper table entry is determined by control breaks within the account code as follows.

Digits 1 & 2 in the account code determine whether it is a disability insurance.

Digits 4-7 of the account code determine the other main account controls.

PremRims

First - 3001, 3002
renewal - 3021, 3022

Dividends

Cash - 5120
Applied - 5100

Premiums Waived

Disability - 5024, 5025, 5026, 5027
Claim payments - 5020, 5021, 5022, 5023

Interest on Claims - 5050

If the IRS code in the record is not blank, then a separate total is accumulated for all categories under premiums and dividends.

A validity check is made on the state code for each record used in the state distribution. If the state code is not a valid state, the account entries are still updated, but in addition a detail line is printed which will be used as a trail back to the accounting journal.

A city-county record (accounting record) will be extracted for the following.

1. If the state code is any of the following, and in addition if digits 4-7 of the account code are equal to a premium account and digits 1&2 of the account code are equal to 50.
 - 01 - Alabama
 - 14 - Georgia
 - 20 - Kentucky
 - 22 - Louisiana
 - 46 - South Carolina

2.If the state code is 14 (Georgia), and in addition if digits 4-7 of the account code are equal to a dividend account and digits 1&2 of the account code are equal to 50.

A disclosure record (a copy of the input record) is extracted to the Disclosure file if the Pension Trust number (ODS-14-PTN) is not equal to zero, and account code equals one of the codes above number Premiums and Dividends.

At the end of file on the Accounting tape, the output routine prints one page per state showing the accumulated totals of the various categories. If a state has zero amounts in all entries, the program assumes there are no totals.

City - County Distribution

This run uses as input, accounting records extracted by the State Distribution annual run. These records are sorted by record type, state code, by the first digit of the account code, city-county code and then by policy number.

This run will produce a detail line for city-county with totals for each city-county and also a grand total being printed for each state. This is done for premium accounts and then dividend accounts.

Pension Trust Disclosure

The extracted Disclosure File (from the State Distribution Run) will be sorted by Pension Trust number, by Accounting date, by policy number, by due date. The sorted file will be run to produce the Pension Trust Disclosure Report.

DISABILITY RATE SYSTEM

DISABILITY MASTER RATE RECORD

Data or Field Name	Offset	Length	Format	Description	Field#
<u>FIXED PORTION</u>					
DIPR-LENGTH	0	2		Record Length of Condensed Record	
FILLER	2	2		filler	
DRT-LINE	4	1		Line of business - always 0	1
DRT-PLANAGE	5-11	7		(nnnnnnnnnnnnnn+)	2
ORT-ISS-FROM	12-13	2		Year plan issued First (nnn+)	3
ORT-ISS-TO	14-15	2		End year plan issued (nnn+)	4
DRT-COV-PERIOD	16-17	2		Coverage period (nnn+) currently to 65 for all but Life-time sickness- to 50 or 54	5
DRT-COMM-GRP	18	1	ZD	Commission group (N) (used in issued program)	6
DRT-UNIT-AMT	19-22	4		Unit amount (nnnnn.nn+) 100.00 for all plans and riders	7
ORT-FEE	23-25	3		Policy Fee (nnn.nn+)	8
DRT-BAND	26-27	2		Band Difference (n.nn+)	9
DU-LOG-FEE	28-29	2		Loading Fees (nnn+)	10
DRT-LDG-BAND	30-31	2		Loading-Band (nnn+)	11
DRT-1ST-ANN-LR	32-41	2		First Year Annual Lapse Rate (.nnn+) occurs 5 times- 2 bytes for each class	12-16
ORT-2ND-ANN-LR	42-51	2		Second Year Annual Lapse Rate (.nnn+) occurs 5 times- 2 bytes for each class	17-21
DRT-ULT-ANN-LR	52-231 22-111	2		Ultimate Annual Lapse Rates (.nnn+) occurs 18 times-2 bytes for each duration 3-20	

Data or Field Name	Offset	Length	Format	Description	Field#
DRT-SEMI-LR	232-233	2		Lapse % Semi-annual (.nnn+)	112
DRT-QUAR-LR	234-235	2		Lapse % Quarterly (.nnn+)	113
DRT-MO-LR	236-237	2		Lapse % Monthly (.nnn+)	114
DRT-SEL-S-SICK-M	238-252	3		Select/ultimate sickness ratio (nn.nnn+) 3 bytes for each duration 1-5	115-119
DRT-SEL-S-ACC-M	253-267	3		Select/ultimate accident ratio (nn.nnn+) 3 bytes for each duration 1-5	120-124
DRT-SEL-Q-M	268-312	3		Select mortality rate - male (nnn.nn+) 3 bytes for each duration 1-15	125-139
DRT-SEL-Q-F	313-357	3		Select mortality rate - female (nnn.nn+) 3 bytes for each duration 1-15	140-154
DRT-GA-COMM	358-402	3		Total expected commissions as % of premium (.nnnnn+) 3 bytes for each duration 1-15	155-169
DRT-ACC-POL	403-405	3		Acquisition expenses per policy (nnn.nn+)	170
DRT-ACC-PREM	406-408	3		Acquisition expenses per \$100 of premiums (.nnnnn+)	171
DRT-ACC-HUND	409-411	3		Acquisition expenses per \$100 monthly income (nnn.nn+)	172
DRT-ADM-POL	412-414	3		Administration expenses per policy (nnn.nn+)	173
DRT-ADM-PREM	415-417	3		Administration expenses per \$1 premium (.nnnnn+)	174
DRT-ADM-HUND	418-420	3		Administration expenses per \$100 monthly income (nnn.nn+)	175
DRT-STMNT-CODE	421	1	ZD	Statement Basis Code (N)	176
DRT-FIT-CODE	422	1	ZD	Fit Basis Code (N)	177
NOTE: Codes for Fields 176-177					
0 = Use Reserves from Rate					
Record (NLP)					
1 = Use Reserves from					
Modification					

<u>Data or Field Name</u>	<u>Offset</u>	<u>Length</u>	<u>Format</u>	<u>Description</u>	<u>Field #</u>
DRT-GROSS-M1	433-434	4			178-180
DRT-GROSS-M2	435-446	4			181-183
DRT-GROSS-M3	447-458	4			184-186
DRT-GROSS-M4	459-470	4			187-189
DRT-GROSS-M5	471-482	4		Basic Gross Premium Multiple, including waiver, for each sex and occupational class. Each occurs 3 times, for changes in premium. (nn.nnnnn+)	190-192
DRT-GROSS-F1	483-494	4			193-195
DRT-GROSS-F2	495-506	4			196-198
DRT-GROSS-F3	507-518	4			199-201
DRT-GROSS-F4	519-530	4			202-204
DRT-GROSS-F5	531-542	4			205-207
DRT-GROSS-DUR-1	543-544	2		Final duration for 1st Basic Gross Premium Multiple (nnn+)	208
DRT-GROSS-DUR-2	545-546	2		Final duration for 2nd Basic Gross Premium Multiple (nnn+)	209
DRT-CONTROL	547	1		Control character for generated tape	210
DRT-GA-FIRST	548-549	2		WV.N+ Standard G.A. First Commission	211
DRT-SA-FIRST	550-551	2		NN.N+ Standard S.A. First Commission	212
DRT-AIO-PERCENT	552-554	3		NNN.NN+ AIO Percentage	213
DRT-AIO-COV	555-556	2		NN+ AIO Coverage Period	
DRT-RESID-PREM-M1	557-559	3		NNN.NN+ Residual Benefit Gross Premiums	215

Data or Field Name	Offset	Length	Format	Description	Field #
ORT-RESID-PREM-M2	560-562	3	NNN.NA+	Residual Benefit Gross Premiums	216
DRT-RESID-PREM-M3	563-565	3	NNN.NN+	Residual Benefit Gross Premiums	217
DRT-RESID-PREM-M4	566-568	3	NNN.NN+	Residual Benefit Gross Premiums	218
ORT-RESID-PREM-M	569-572	3	NNN.NN+	Residual Benefit Gross Premiums	219
ORT-RESID-PREM-F1	572-574	3	NNN.NN+	Residual Benefit Gross Premiums	220
DRT-RESID-PREM-F2	575-577	3	NNN.NN+	Residual Benefit Gross Premiums	221
DRT-RESID-PREM-F3	578-580	3	NNN.NN+	Residual Benefit Gross Premiums	222
ORT-RESID-PREM-F4	581-583	3	NNN.NN+	Residual Benefit Gross Premiums	223
DRT-RESID-PREM-F5	584-586	3	NNN.NN+	Residual Benefit Gross Premiums	224
DRT-RESID-COV	587-588	2	NNN+	Residual Benefit Coverage Pd.	225
FILLER	• 589-602		X(14)		
<u>VARIABLE PORTION</u>					
DRT-DURATION	0 - 1	2		Duration (nnn+)	301
DRT-PREM-FACTOR	2 - 5	4		Gross Premium Factor to which multiples in, fixed portion applied. (nnnnn.nn+)	302
DRT-NET-PREM	6-9	6		Net level premium per \$100 monthly income (nnnnn.nn+)	303
DRT-NLP-RES	10-13	4		Net level premium reserve per \$100 monthly income (nnnnn.nn+)	304
DRT-NL-COST	14-16	3		Terminal cost per \$100 monthly income on NLP basis (nnn.nn+)	305

<u>Data or Field Name</u>	<u>Offset</u>	<u>Length</u>	<u>Format</u>	<u>Description</u>	<u>Field #</u>
DRT-MOD-PREM	17-20	6		2 yr. Preliminary Term Premium per \$100 monthly income (nnnnn.nn+)	306
DRT-MOD-RESERVE	21-24	4		2 yr. Preliminary Term Reserve per \$100 monthly income (nnnnn.nn+)	307
DRT-MOD-COST, (nnn.nn+)	25-27	3		2 yr. Preliminary Term Terminal Cost per \$100 monthly income	308
DRT-DIV-M1	28-30	3			309
DRT-DIV-M2	31-33	3			310
DRT-DIV-M3	34-36	3			311
DRT-DIV-M4	37-39	3			312
DRT-DIV-M5	40-42	3		Unit dividend per \$100 monthly income for each sex and occupational class (nnn.nn+)	313 314
DRT-DIV-F1	43-45	3			
DRT-DIV'-F2	46-48	3			315
DRT-DIV-F3	49-51	3			316
DRT-DIV-F4	52-54	3			317
DRT-DIV-F5	55-57	3			318

DISABILITY MASTER RATE FILE MAINTENANCE

I. General

- This run updates the Disability Master rate file by means of a generated tape, from a conversion of an A.P.L. supplied tape, or 80-column transactions.
- The converted A.P.L. tape will be in our rate tape record format and all records on this file will be considered inserts.

There are 5 types of 80 column transactions used to update the master file.

- A. Insert (AD) - The insert transaction will insert a new plan and age to the master file. All other fields for this master will have to be put in by means of Field changes and Variable Portion changes.-
- B. Field Change (FD) - This transaction will be used to change any field, except planage, on the master file.
- C. Variable Portion Change (VD) - This is a 2 card transaction which will overlay (o) or insert (I) an entire occurrence of the variable portion (one Duration).
- D. Delete Variable Portion (XD) - The delete variable portion will delete an entire occurrence of the variable portion (one Duration).
- E. Change End Year (YD) - Changes issue ending year.

NOTE: All transactions are described in detail in starting with page 14.3.1 of this manual.

The outputs of File Maintenance are (1) a control listing showing transactions processed and errors (2) a new Disability Master Rate Record.

II. Additional Modules used.

- A. I-0 module - This module will read and write the master rate file, read the generated tape from A.P.L. and 80 column transactions. (The parameter card I-0 and the printer I-0 will be done in the control module.)

- Passed: 1. Master Rate Work Area
2. Generated Record Area
3. 80 column Transaction Record
4. I-0 Code

- B. Lapse Generation Module - This module will be called after processing an insert to generate fields 12-97. Tables of lapse rates and expected commissions will be in this module by Plan and age.
Passed: 1. Master Rate Work Area
- C. Crossfoot Module (i) This module will crossfoot reserves with each record if specified by the parameter card. All reserves can be checked except in the first (**) duration since the prior terminal is necessary. Use the formula below.

Prior Terminal Reserve = V

Current Terminal Reserve = V

Current Net Premium = P Current

Terminal Cost = C Current

Valuation Interest Rate = i

$$V = (V + P)(1 + i) - C$$

Passed: Master Rate Work Area and Code
Unless the first duration is one, in which case prior terminal is zero.

- D. Field Change module - This module will contain a table of Field displacements and will change the Field # Desired. Passed Master Rate Work Area and the field change transaction.
- E. Explosion Module - This module will be called by the 1.0. module to explode the variable portion of the master rate record.

Passed: 1) Master Rate Record
2) Master Rate Work Area
3) Explosion Implosion Code

III. Processing Logic

- A. A parameter will be read which specifies what input is expected and it also indicates crossfooting action.
- B. Generated Tape input (Inserts)
1. Read Generated tape
 2. Read Master Rate Record
 3. If the Gen. planage is greater than the Mas. planage, Go to D.

4. If the Gen. planage is equal to the mas. planage, print an error indicating an existing master already on file, perform 61., Go to B3.
5. The Gen. planage is less than the mas. planage
 - i) move the master Rate Work Area to a save location
 - ii) move the generated record to the master Rate Work Area. move Planage to Insert - Planage-WS
 - iii) Go to D (Validation after inserts)

C. 80 Column Transactions

1. Read Master Rate File
2. Read transaction File
3. If the trans. planage > master rate planage, go to Process Master logic (D.).
4. If Insert (AD)
 - (i) if trans. planage equals master rate planage, print an error indicating a master already exists, go to step C2.
 - (ii) the trans. planage is less than the master planage so we must save the master Rate Work Area and move dummy values to the work Area and move the transaction planage to the work Area, move planage to Insert-Planage-WS, go to Step C2.
5. If Field Change (FD)
 - (i) if trans planage = master rate planage, call the Field Change module, move planage to FC-Planage-WS, go to C2.
 - (ii) If the trans. planage < master rate planage, print an error indicating no master on file, go to step C2.
6. If Variable Portion Change (2 cards)
 - (i) Overlay - if the transaction planage < master rate planage, print an error indicating record not on file. If the planage .= the rate planage, set the master Rate variable portion index to the transaction duration. If that occurrence is not present print an error. If it is present, replace that occurrence with the transaction data and go to Step C.

- (ii) Insert - if the transaction planage < the master rate planage, print an error indicating record not on file. If the planage = the rate planage, set the master rate variable portion index to the transaction duration. If that occurrence is present, print an error indicating duration already present. If it is not present, insert the new duration data from the transaction and move planage to FC-planage-WS. Go to Step C. 6A.If Change End Year (YD) Store transaction reserve basis, series and year.

7. Delete Duration (XD)

If the transaction planage < master rate planage, print an error indicating record not on file. If the planage = the rate planage, set the master variable portion index to the transaction duration. If that occurrence is present, move dummy values to it and move planage to FC-planage-WS. If it is not present, print an error indicating duration not on file.

D. Process Master Logic

1. If master planage = Insert-planage-WS Call Lapse Generation Module Go to Step 03.
2. If master planage # FC-planage-WS Go to Step D4.
3. Validation after Insert & Field Changes Print errors, set Error flag and purge flag if needed.
4. If crossfoot code in parameter = 'C', call Crossfoot module.
5. Write Master
 1. If Insert-Planage-WS = master planage and error flag is set,
 - (i) move saved master rate record to Master-Rate-Work-Area
 - (ii) clear Insert-Planage-WS and FC-Planage-WS
 - (iii) Go to B3 or C3
 2. If Insert-Planage-WS = master planage,
 - (i) write Master
 - (ii) Move saved Master rate record to Master-Rate-Work-Area
 - (iii) Clear Insert-Planage-WS and FC-Planage-WS
 - (iv) Go to B3 or C3

3. If FC-Planage-WS = master planage and error flag is set,
 - (i) Move saved master rate record to Master-Rate-Work-Area
 - (ii) Clear Planages-WS
 - (iii) Clear Planages-WS
 - (iv) Go to B2 or Perform C1 and go to C3.
4. If FC-Planage-WS = master planage and purge flag is set,
 - (i) Clear Saved-Master-Rate-Record
 - (ii) Clear Planages-WS
 - (iii) print purged notification
 - (iv) Go to B2 or Perform C1 and go to C3.
5. If FC-Planage-WS = master-rate record
 - (i) Clear Saved-Master-Rate-Record
 - (ii) Write Master rate record
 - (iii) Clear Planage-WS
 - (iv) Go to B2 or Perform C1 and go to C3.
6. (i) Clear planages-WS
 - (ii) Clear Saved-Master-Rate-Record
 - (iii) Write Master
 - (iv) Go to B2 or Perform C1 and go to C3.

NOTE: Before writing a master, compare reserve basis and series to the data stored from the 'YD' transaction. If equal, move stored year to the End year plan issue field in the master (ORT-ISS-T0).

DISABILITY RATE SYSTEM
ADD NEW PLANAGE TRANSACTION

General The insert transaction will insert a new plan and age to the master file. All other fields for this master will have to be put in by means of Field Changes and Variable Portion Changes.

I. Input format

Col.	<u>Description</u>
1-5	System Identifier = 'ORATE'
6-7	Transaction Code = 'AD'
8	Blank
9-19	Plan Code
20-21	Age
22-80	Blank

II. Validation

Cols. 1-7 must equal 'ORATEAD'. Col. 8 must be blank. Cols. 9-19 and Cols. 20-21 must be numeric. Col. 22-80 must be blank. Reject and print if not valid.

III. Processing

Build a Master Rate Record containing the transaction plan and age and dummy values in the remaining fields. Reject and print this transaction if the plan and age already exist on the file.

DISABILITY RATE SYSTEM
FIELD CHANGE TRANSACTION

General - This transaction will change any field on a Master Rate Record.

I. Input Format

Col.	Description
1-5	System Identifier = 'ORATE'
6-7	Transaction Code = 'FD'
8	Blank
9-19	Plan Code
20-21	Age
22-24	Duration
25-27	Field Number
28-38	Data (Left Justify)
39	Sign (Blank or N)
40-80	Blank

II. Validation

Cols. 1-7 must equal TRATEFO'. Col. 8 must be blank. Col. 9-19 and Col. 20-21 must be numeric. Cols. 25-27 must be numeric and less than 319. If cols. 25-27 equals 301-318, cols. 22-24 must be numeric, otherwise, blank. Cols. 28-38 must not be blank. If cols. 25-27 are not equal to '006' then col. 28-38 must be numeric. If col. 25-27 = 304 or 307, col. 39 can be '+', blank or 'N', otherwise, it must be blank. Reject and print errors.

III. Processing

If no record exist for this plan and age, reject and print an error. Call the Field Change Module to change the given field to the transaction data.

DISABILITY RATE SYSTEM
VARIABLE PORTION CHANGE

General - This is a 2 card transaction which will overlay (O) or Insert (I) an entire occurrence of the variable portion.

I. Input Format

A. <u>Card 1</u>	Col.	<u>Description</u>
	1-5	System Description = 'DRATE'
	6-7	Transaction Code = 'VD'
	8	Card # = '1'
	9-19	Plan Code
	20-21	Age
	22-24	Duration
	25-31	Gross Premium Factor (NNNNN.NN)
	32-38	Net Level Premium per \$100 (NNNNN.NN)
	39-45	Net Level Premium Reserve per \$100 (NNNNN.NN)
	46	Net Level Premium Reserve Sign (N = Negative)
	47-51	Net Level Premium Terminal Cost per \$100 (NNN.NN)
	52-58	2 yr. Prel. Term Reserve per \$100 (NNNNN.NN)
	59-65	2 yr. Prel. Term Reserve per \$100 (NNNNN.NN)
	66	2 yr. Prel. Term Reserve Sign (N = Negative)
	67-71	2 yr. Prel. Term Terminal Cost (NNN.NN)
	80	Insert or overlay code

NOTE: All amount fields must be right justified.

B.	Card 2	Col.	Description
		1-5	System Description = 'ORATE'
		6-7	Transaction Code = 'VD'
		8	Card # = '2'
		9-19	Plan Code
		20-21	Age
		22-24	Duration
		25-29	Male 1 (NNN.NN)
		30-34	Male 2 (NNN.NN)
		35-39	Male 3 (NNN.NN)
		40-44	Male 4 (NNN.NN)
		45-49	Male 5 (NNN.NN)
		50-54	(Unit Dividend per \$100) Female 1 (NNN.NN)
		55-59	Female 2 (NNN.NN)
		60-64	Female 3 (NNN.NN)
		65-69	Female 4 (NNN.NN)
		70-74	Female 5 (NNN.NN)
		75-79	Blank
		80	Insert or overlay

II. Validation

Both cards (VD1 and VD2) must be present for a particular plan, age and Duration. Not more than 2 cards can be present. On both cards, cols. 9-19, 20-21, 22-24 and all data fields must be numeric. Data Field is left blank will be considered zero. Col. 80 must be 'I' or 'O'.

III. Processing

If this is an insert (col. 80 = 'I') and a record exists, reject and print an error, otherwise, insert the transaction data for the appropriate plan age and duration. If this is an overlay (col. 80 = 'O') and a record is not present, reject and print an error, otherwise, overlay the existing data with the transaction data.

DISABILITY RATE SYSTEM
DELETE DURATION TRANSACTION

General - This transaction will delete an entire occurrence of the variable portion.

I. Input Format

Col.	<u>Description</u>
1-5	System Identifier = 'ORATE
6-7	Transaction Code = 'XD'
8	Blank
9-19	Plan
20-21	Age
22-24	Duration
25-80	Blank

II. Validation

Cols. 1-7 must equal 'DRATEXD'. Col. 8 must be blank. Col. 9-19, 20-21 and 22-24 must be numeric. Col. 25-80 must be blank. Reject and print errors..

III. Processing

If the plan age or duration does not exist, reject and print an error, otherwise, move dummy values to the appropriate occurrence of the variable portion.

DISABILITY RATE SYSTEM
SERIES ENDING YEAR TRANSACTION

General - This transaction will be used to put, in the fixed portion, the End Year a plan was issued.

I. Input Format

Col.	Description
1-5	System Identifier = 'ORATE'
6-7	Transaction Code = 'YD'
8	Blank
9	Reserve basis (first digit of plan)
10-11	Series (2nd & 3rd digits of plan)
12-24	Blank
25-27	Plan issue End Century and Year (NNN) (i.e., 1976 is entered 976)
28-80	Blank

II. Validation

Cols. 1-7 must equal 'DRATEYD'

Col. 8 must be blank

Col. 9 must equal '1'

Col. 10-11 must be greater than 69 or blank

Col. 12-24 must be blank

Col. 25-27 must be numeric

Col. 28-80 must be blank

III. Processing

If Cols. 10-11 are blank, the entire reserve basis specified by col. 9 will be changed. If col. 10-11 are not blank, only that series will be changed.

DISABILITY RATE FILE
I-0 MODULE

General - This module will perform all tape I-0 for File Maintenance. It will also call an "explosion-implosion" module to align the variable portion of rate records by duration.

Linkage

- A. When Entered
 - 1. Master Rate Work Area
 - 2. Generated Record Work Area
 - 3. 80 Column Transaction Record
 - 4. I-0 Code
- B. Call for Explosion Implosion Routine
 - 1. Master Rate Record or Generated Rate Record
 - 2. Master Rate Work Area or Generated Record Work Area
 - 3. Explosion Implosion

Code Input Files

- 1. Master Rate File
 - (i) BLKSIZE = 4025
 - (ii) MAX Record size = 4025
 - (iii) Format = Variable
 - (iv) Seek Address = 815
- 2. Generated Rate File (APL)
 - BLKSIZE = 4025
 - (ii) MAX Record size = 4025
 - (iii) Format = Variable
 - (iv) Seek Address = 81C

3. 80 Column Transactions

BLKSIZE = 4000

Record Size = 80

Seek Address = 810

Output File

1. Updated Master Rate File -
Same Format as Master Rate File

I-O Codes

OM - Open Input Master Rate File
OO - Open Output Master Rate File
OG - Open Generated Rate File
OT - Open 80 Column Transaction File
RM - Read Master Rate File
RG - Read Generated Rate File
RT - Read 80 Column Transaction File
WM - Write Updated Master File
CM - Close Master Rate File
CO - Close Updated Master
CG - Close Generated Record File
CT - Close Transaction File

Processing

Perform I-O function specified by the I-O Code.

- A. After reading the Master Rate or the generated record file,
Call the "Explosion Implosion" module using the appropriate
code.
- . Before writing to an Updated Master, call the "Explosion
Implosion" module using the appropriate code.

DISABILITY RATE FILE
"EXPLOSION IMPLOSION MODULE"

General - If "exploding" this module will align the variable portion or rate records by duration. (i.e., duration 3 in 3rd slot, etc.)

If "imploding" it will eliminate variable portions that are not present and compress the record.

Linkage

1. Master Rate Record or Generated Rate Record
2. Master Rate Work Area or Generated Record Work Area
3. Explosion Implosion Code
 "E" = Explosion "I"
 = Implosion

Processing

If the Code = "E" -

The Rate Record will be exploded into the work Area. This will be done by moving the variable portions present in the master to the work Area using the durations to calculate to displacements.
Displacement = $603 + [58 (\text{Duration} - 1)]$

If the Code = "I" -

The work Area record will be compressed into the Rate Record Area by comparing each variable portion to null values. If it is not null values, move the variable portion to the first Rate Record Area available. A count must be kept for each variable portion moved so that the record length can be calculated. After the record is compressed, calculate the record length equal to: $603 + (58 \times \text{counter})$

DISABILITY RATE FILE
FIELD CHANGE MODULE

General - This module will change a master rate record field to the transaction data. A table will be used to determine format, size and displacement of each field to be changed.

Linkage

1. Master Rate Work Area
2. Field Change Transaction

Processing

After searching the field change table, move the data from the transaction data field to the master. All fields will have to be packed with the exception of field Ps, 6,176 and 177, which are 1 byte fields in Zoned Decimal Format.

If the field # is > 300, the transaction duration and the table displacement will be used to determine the record displacement of the field. Variable Displacement = $603 + [58 (\text{Duration} - 1) + \text{Field Table Disp}]$

DISABILITY RATE FILE
CROSSFOOT MODULE

General

This module will crossfoot reserves for a Master Rate Record and write the errors to a disc work file. At the end of File Maintenance, this module will be called to print the errors. All reserves can be checked except the first duration since the prior terminal is necessary. The following formula will be used.

Prior Terminal Reserve = V

Current Terminal Reserve = V

Current Net Premium = P

Current Terminal Cost = C

Current Valuation Interest Rate = i (3%)

$$V = (V + P)(1 + i) - C$$

Unless the first Duration = 1, then the prior reserve = 0

Linkage

1. Master Rate Record
2. Code
'C' = Crossfoot
'P' = Print

Processing - Code 'C'

1. If the first occurrence of the variable portion = duration 1, move zero to V else move DRT-NET-RES to V and set the variable portion index up by 1.
2. Compute New Reserve = (Prior Term Res - V) + DRT-NET-PREM (INDX) *
(1 + i) - DRT-NLP-COST (INDX).
3. If New Reserve is different than DRT-NLP-RES (INDX) by more than \$.10, write an error line to the Disc file.
4. Move DRT-NLP-RES (INDX) to V.
5. Set INDX up by 1.
6. If this occurrence is null, exit, otherwise, go to step 2.

Code

Print all errors and close files.

DISABILITY RATE SYSTEM
MORTALITY/LAPSE/SICKNESS/ACCIDENT/COMMISSION RATE
MODULE (DRLCMR-DR20)

General

This program is called by the Disability Rate File Maintenance to provide data for fields 12 through 111 and 115 through 169 in the Disability Master Rate Record.

Linkage

1. Master Record Work Area from Disability File Maintenance

Processing

When called by Disability Rate File Maintenance, this program provides input to the following fields:

1. 1st year lapse rate (DRT-1ST-ANN-LR)
2. 20 year lapse rate (DRT-2ND-ANN-LR)
3. Ultimate Lapse Rate (DRT-ULT-ANN-LR)
4. Select/Ultimate Sickness Ratio (DRT-SEL-S-SICK-M)
5. Select/Ultimate Accident Ratio (DRT-SEL-S-ACC-M)
6. Select mortality rate-male (DRT-SEL-Q-M)
7. Select mortality rate-female (DRT-SEL-Q-F)
8. Total expected commissions as a % of premium (DRT-GA-COMM)

DISABILITY RATE SYSTEM
APL CONVERSION RUN (DRAPLC)

I. General Description

The program will generate disability rate records from the two A.P.L. tapes. One A.P.L. tape will have a planage code and the fixed portion data for that planage (1 per planage). The second input A.P.L. tape will contain a planage code and the variable data by for that planage (1 for each duration in a planage).

The output tape (rate records) will be sorted and then used as input to the Disability Rate File Maintenance.

This program will call a module named DRLCMR (tape rate generation module) to build fields 12-97 of the rate tape (see Page 14.1.1). The rate file I-0 will be performed by module DRRTIO described on **Page 14.4.1.**

II. File Specifications

A. APL-INPUT #1 (Fixed Data)

- i) Record length - 223 bytes
- ii) Block size
- iii) Fixed Blocked '

B. APL-INPUT #2 (Variable Data)

- i) Record Length - 106 bytes
- ii) Blocksize
- iii) Fixed Blocked

C. Output-File-Disability Rate Records

- i) Record Length - max 4025
- ii) variable blocked file
- iii) Label seek address = 81B

III. Processing

- A. Open files
- B. Read APL file (fixed)

- C. Read APL file (variable)
- D. If SAVE-APL-# = APL-PLANAGE (var), set the OUTPUT RATE TAPE-duration to the APL-DURATION, build Rate - Variable Portion and go to Step C.
- E. If SAVE-APL-# Not = APL-PLANAGE (var)
 - i) Call Disability rate file I-0 module to write Rate Record.
 - ii) Move APL-PLANAGE (var) to SAVE-APL-#
 - iii) If APL-PLANAGE (fixed) < APL-PLANAGE (var)
 - Perform Step B and go to
 - Step E (iii)
 - iv) If APL-PLANAGE (fixed) = APL-PLANAGE (var)
 - Build fixed portion
 - Call LCMRRNT to build fields 12-97
 - Go to Step D
 - v) If APL-PLANAGE (fixed) > APL-PLANAGE (var)
 - Display ND101 P P P P P P P P P P A A' upon console (missing fixed DATA)
 - Perform Step C
 - Go to Step E(v) Else move APL-PLANAGE (var) to SAVE-APL-# and to to E(iii).

DISABILITY
MASTER RATE FILE PRINT ROUTINE
(DRPRNT-DR25)

I. General

This routine will print selected records from the master rate file or the converted A.P.L. rate records. It will determine the records to be printed from a parameter described below. The output is a microfiche.

- Inputs - (1) Master Rate File or Converted A.P.L. rate records
(2) Selection Parameters

II. Selection Parameter

Col.	1-6	'16 PARAM'
Col.	7	Blank
Col.	8	Print Format F = Fixed Portion V = Variable Portion M = Modified Reserves A = All Formats
Col.	9	Reserve Basis (first digit of plan)
Col.	10-19	Plan (last 10 digits)
Col.	20-21	Age
Col.	22-29	Blank
Col.	30	A.P.L. Code (X=APL)

III. Processing

Depending upon the print-format code on the parameter card, this program will produce one of four outputs:

1. Fixed rates
2. Variable (basic gross premiums and unit dividends, male and female)
3. Modified Reserves (net level premiums, reserves, and costs, followed by modified net level premiums, reserves, and costs based upon the date of last plan modification).
4. All of the above.

NOTE: Depending upon the desired level of printing, only that information is needed in the parameter card. For example, if an entire reserve basis is wanted then only columns 1-9 would be punched. All formats may be requested for a given planage on the same run.

DISABILITY ISSUE AND PROPOSAL RATE RECORD

Field Name	Offset	Length	Format	Description	Field#
<u>FIXED PORTION</u>					
DIPR-LENGTH	0	2		Record Length of Condensed Record	
FILLER	2	2		filler	
DIPR-LINE	4	1		Line of business-always D	1
DIPR-PLANAGE	5-11	8		nnnnnnnnnnnnnnnn	2
DIPR-ISS-FROM	12-13	2		Year plan issued First (nnn+)	3
DIPR-ISS-TO	14-15	2		End year plan issued (nnn+)	4
DIPR-COV-PERIOD	16-17	2		Coverage period (nnn+) currently to 65 for all but life-time sickness to 50 or 54	5
DIPR-COMM-GRP	18	1		Commission group (N) (used in issue program)	6
DIPR-UNIT-AMT	19-22	4		Unit amount (nnnnn.nn+) 100.00 for all plans and riders	7
DIPR-FEE	23-25	3		Policy Fee (nnn.nn+)	8
DIPR-BAND	26-27	2		Band Difference (n.nn+)	9
DIPR-LDG-FEE	28-29	2		Loading-Fees (nnn+)	10
DIPR-LDG-BAND	30-31	2		Loading-Band (nnn+)	11
DIPR-GROSS-M1		4			
DIPR-GROSS-M2		4			
DIPR-GROSS-M3		4			
DIPR-GROSS-M4					
DIPR-GROSS-M5		4		Basic Gross Premium Multiple, including waiver, for each sex	
DIPR-GROSS-F1		4		and occupational class. occurs 3 times, for changes in premium. (nn.nnnnn+)	

<u>Field Name</u>	<u>Offset</u>	<u>Length</u>	<u>Format</u>	<u>Description</u>	<u>Field#</u>
DIPR-GPOSS-F2	DIPR-	4			
GROSS-F3	DIPR-	4			
GROSS-F4	DIPR-	4			
GROSS-F5	DIPR-	4			
GROSS-DUR-1		2		Final duration for 2st Basic Gross Premium Multiple (nnn+)	
DIPR-GROSS-DUR-2		2		Final Duration for 2nd Basic Gross Premium Multiple (nnn+)	
DIPR-GA1ST				Standard first commission GA (NN.N+)	
DIPR-SA1st		2		Standard first commission SA (NN.N+)	
DIPR-AIO-PERCENT		3		AIO percentage (NNN.NN+)	
DIPR-AIO-COV		2		AIO Coverage Period (NNN+)	
DIPR-RES-PREMS (occurs 10 times)		30		Residual Benefit Premiums for male + female all all occ classes 1-5. S9(3)V99+	
DIPR-RES-COV		2		Residual Benefit Coverage Period (NNN+)	
<u>VARIABLE PORTION</u>					
DIPR-DURATION		2		Duration (nnn+)	
DIPR-PREM-FACTOR applied				Gross Premium Factor to which multiples in fixed portion nnnnn.nn+)	
DIPR-DIV-M1		3			
DIPR-DIV-M2		3			
DIPR-DIV-M3		3			

Field Name	Offset	Length	Format	Description	Field#
DIPR-DIV-M4		3			
DIPR-DIV-M5		3		Unit dividend per \$100 monthly income for each sex and occupational class (.nnnnn+)	
DIPR-DIV-F2		3			
DIPR-DIV-F3					
DIPR-DIV-F43					
DIPR-DIV-F5		3			

DISABILITY RATE SYSTEM RATE
BOOK PRINTING MODULE
(DRBKPT-DR60)

General

This program prints the disability, rate book pages in format for submission to the publishers.

Linkage

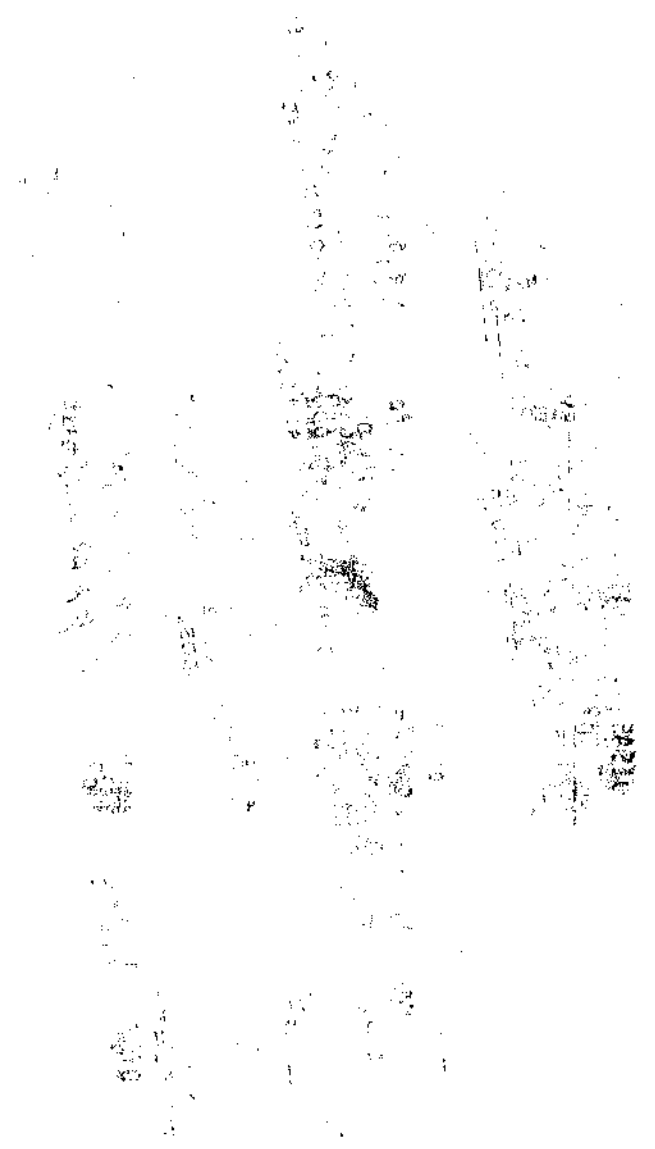
I. DI Rate Page Record from DRBOOK-DR50

a. Input Format

<u>Col.</u>	<u>Description</u>
1-2	Plan Sorting Characters
3	Occupational Class
4	Smoke Indicator (1 = regular, 2 = smoker)
5-9	Actual ages to print (i.e., "78-25"
10	Step Rate Indicator (1 = regular, 2 = step rate
11-20	Blanks
21-22	Line Number
23-106	Premiums #1-#14 (each 6 bytes long)
107-118	Period Premiums are payable

Processing

The above inputs are placed in rate book format by the program.



DTSABILITY RATE SYSTEM. . °
SUPPLEMENTAL RATE BOOK PRINTING MODULE•
(DRSUPR-DR70)

General

This program produces supplemental rate books for overhead expenses by occupation, month, and smoker/non-smoker status.

Linkage

1. Disability Income Proposal and Rate File

Processing

The DIPR file is loaded into rate book format by the program.

