QUASAR★SYSTEMS

R^2

The Reinsurance Resolution

Single Line Inforce
Output File Layout

Single Line Inforce File Introduction

R² has always produced an inforce output file that follows the Society of Actuaries' recommended format. The only downside of this recommended format is that inforce information is split between two lines. Quasar*Systems has now designed an option of creating a fixed length text file, with one inforce record per line.

The file will be produced for each reinsurer that the ceding company has specified, containing only the relevant information for that reinsurer. Each inforce record is represented by a single line. Each line will contain policy, insured, and joint information, as well as the life and benefit/rider information. An additional coverage will be considered as a new entry and have its own line (or set of lines, depending on the processed transactions).

We realize that all reinsurers may not want to use this new output format, so we made it an option for client to produce the text file on an individual reinsurer basis. The field length, format, and the length of each record line will not vary, making it easier for us to answer questions for the reinsurers. There are two sections of filler at the end of each line for additional pieces of information that may need to be sent over time. One set has been reserved for use by our program to add new fields as they become available. The second set has been designated to provide client specific information - this is information that has been previously set up to be passed through R² and would appear in the "Reinsurer Defined Filler" fields of the transaction database and soa files.

The layout of this single line inforce record file follows, as well as a glossary of field definitions and an appendix of status and transaction code information. Each field has been assigned a data type; the different data types are defined below.

Data Type Key	
9(z)	Solely numeric data
X(z)	Alphanumeric data, possibly including wildcard characters
9(z)V9	Numeric data with implied decimals in the last position
9(z)V99	Numeric data with implied decimals in the last two positions
S9(z)	Numeric data that may include a negative indicator within the number

Single Line Inforce File Layout

Field Name	Location	Size (bytes)	Data Type	Values
Report Date	1	8	9(8) YYYYMMDD	
Ceding Company Code	9	2	X(2)	
Ceding Company FEIN number *(U.S. Federal Employers Identification Number)*	11	9	9(9)	Blank if not provided.
Reinsuring Company Code	20	2	X(2)	
Reinsuring Company FEIN number *(U.S. Federal Employers Identification Number)*	22	9	9(9)	Blank if not provided.
Policy Number	31	15	X(15)	
Policy Sequence	46	2	X(2)	
Joint Sequence	48	1	X(1)	Indicator of a first-to-die joint policy. 0 = Policy is not first-to-die 1 = First life of a first-to-die joint policy. 2 = Second life of a first-to-die joint policy.
Insured's Last Name	49	20	X(20)	
Insured's First Name	69	12	X(12)	
Insured's Middle Name	81	10	X(10)	
Insured's Descriptor	91	5	X(5)	E.g. = Dr
Residence	96	2	X(2)	
Insured Birthdate	98	8	9(8) YYYYMMDD	
Issue Age	106	2	9(2)	
Original Age	108	2	9(2)	If the policy is a conversion, this is the age of the insured when the original policy was taken out. If ceding company is using the nonexpanded system, Issue Age and Original Age will be identical.

Single Line Inforce File Layout (continued)

Duration	110	2	X(2)	
Preferred Risk Indicator	112	1	X(1)	
Sex	113	1	X(1)	F = Female M = Male U = Unisex plus user defined
Nonsmoker/Smoker Indicator	114	1	X(1)	A = Aggregate N = Nonsmoker S = Smoker plus user defined
Life Flat Extra 1 Rate	115	5	9(3)V99	
Life Flat Extra 1 Number of Years	120	2	9(2)	
Life Flat Extra 2 Rate	122	5	9(3)V99	
Life Flat Extra 2 Number of Years	127	2	9(2)	
Table Rating	129	4	9(3)V9	
Direct Face Amount	133	10	S9(10)	
Currency Identifier	143	3	X(3)	Blank if not provided.
Policy Issue Date	146	8	9(8) YYYYMMDD	
Life Plan Code	154	10	X(10)	
Age Basis	164	1	X(1)	N = Age Nearest L = Age Last X = Age Next
Type of Insurance	165	1	X(1)	A = ADB C = Critical Illness D = Disability O = Ordinary T = Term U = Universal Life W = Waiver
Subtype of Insurance	166	1	X(1)	I = Individual F = Joint, first-to-die L = Joint, last-to-die T = Contingent
Maturity Expiry Method	167	1	X(1)	
Maturity Expiry Value	168	3	9(3)	
Reinsurance Status Code	171	2	X(2)	Please see appendix for listing of status code definitions.
Status Subcode	173	2	X(2)	Please see appendix for listing of sub-status code definitions.

Single Line Inforce File Layout (continued)

Original Policy Number	175	15	X(15)	If the policy is a conversion, this is the policy number given to the policy when it was originally purchased. Only available if originating source is Expanded Database vm 3 and up.
Original Policy Date	190	8	9(8) YYYYMMDD	If the policy is a conversion, this is the policy issue date given to the policy when it was originally purchased. Only available if originating source is Expanded Database vm 3 and up.
Years Since Underwriting	198	2	9(2)	Only available if originating source is Expanded Database vm 3 and up.
Cession Number	200	15	X(15)	
Treaty Code	215	10	X(10)	
Reinsurance Method	225	1	X(1)	C = Coinsurance M = Modified Coinsurance N = Non-Traditional YRT Y = YRT
Reinsurance Mode	226	1	X(1)	A = Annual M = Monthly Q = Quarterly S = Semi-Annual 0 = Single Premium
Cession Type	227	1	X(1)	A = Automatic F = Facultative O = Facultative Obligatory S = Shopped
Annualized Premium	228	10	S9(8)V99	
Reinsurance Policy Fee	238	10	S9(8)V99	
Ceded Face Amount	248	10	S9(10)	
Ceded Amount at Risk	258	10	S9(10)	
Beginning Reinsurance Paid-to-Date	268	8	9(8) YYYYMMDD	At this time, Beginning Paid-to-Date is set to match the Reinsurance Paid-to-Date
Reinsurance Paid-to-Date	276	8	9(8) YYYYMMDD	
Modal Gross Standard Premium	284	10	S9(8)V99	
Modal Gross Substandard Premium	294	10	S9(8)V99	
Modal Gross Flat Extra Premium	304	10	S9(8)V99	
Modal Standard Allowance	314	10	S9(8)V99	

Modal Substandard Allowance	324	10	S9(8)V99	
Modal Flat Extra Allowance	334	10	S9(8)V99	
Treaty Key	344	9	X(9)	
Waiver - Plan Code	353	10	X(10)	
Waiver - Face Amount	363	10	S9(10)	
Waiver - Table Rating	373	4	9(3)V9	
Waiver - Standard Premium	377	10	S9(8)V99	
Waiver - Substandard Premium	387	10	S9(8)V99	
Waiver - Standard Allowance	397	10	S9(8)V99	
Waiver - Substandard Allowance	407	10	S9(8)V99	
ADB - Plan Code	417	10	X(10)	
ADB - Face Amount	427	10	S9(10)	
ADB - Table Rating	437	4	9(3)V9	
ADB - Standard Premium	441	10	S9(8)V99	
ADB - Substandard Premium	451	10	S9(8)V99	
ADB - Standard Allowance	461	10	S9(8)V99	
ADB - Substandard Allowance	471	10	S9(8)V99	
User Defined Rider 1 - Plan Code	481	10	X(10)	
User Defined Rider 1 - Face Amount	491	10	S9(10)	
User Defined Rider 1 - Table Rating	501	4	9(3)V9	
User Defined Rider 1 - Standard Premium	505	10	S9(8)V99	
User Defined Rider 1 - Substandard Premium	515	10	S9(8)V99	

User Defined Rider 1 - Standard Allowance	525	10	S9(8)V99	
User Defined Rider 1 - Substandard Allowance	535	10	S9(8)V99	
User Defined Rider 2 - Plan Code	545	10	X(10)	
User Defined Rider 2 - Face Amount	555	10	S9(10)	
User Defined Rider 2 - Table Rating	565	4	9(3)V9	
User Defined Rider 2 - Standard Premium	569	10	S9(8)V99	
User Defined Rider 2 - Substandard Premium	579	10	S9(8)V99	
User Defined Rider 2 - Standard Allowance	589	10	S9(8)V99	
User Defined Rider 2 - Substandard Allowance	599	10	S9(8)V99	
Disability Benefit Period 1	609	3	X(3)	A= Age D = Duration L = Lifetime M = Months plus value Only available if originating source is Expanded Database vm 1 and up.
Disability Benefit Period 2	612	3	X(3)	A= Age D = Duration L = Lifetime M = Months plus value Only available if originating source is Expanded Database vm 1 and up.
Disability Occupation Class	615	2	X(2)	Only available if originating source is Expanded Database vm 1 and up.
Disability Elimination Period	617	4	X(4)	Only available if originating source is Expanded Database vm 1 and up.
Joint J Record - Insured's Last Name	621	20	X(20)	
Joint J Record - Insured's First Name	641	12	X(12)	

Joint J Record - Birth Date	653	8	9(8) YYYYMMDD	
Joint J Record - Issue Age	661	2	9(2)	
Joint J Record - Preferred Risk Indicator	663	1	X(1)	
Joint J Record - Sex	664	1	X(1)	
Joint J Record - Nonsmoker/Smoker Indicator	665	1	X(1)	
Joint J Record - Table Rating	666	4	9(3)V9	
Joint J Record - Flat Extra 1 Rate	670	5	9(3)V99	
Joint J Record - Flat Extra 1 Number of Years	675	2	9(2)	
Joint J Record - Flat Extra 2 Rate	677	5	9(3)V99	
Joint J Record - Flat Extra 2 Number of Years	682	2	9(2)	
Joint K Record - Insured's Last Name	684	20	X(20)	
Joint K Record - Insured's First Name	704	12	X(12)	
Joint K Record - Birth Date	716	8	9(8) YYYYMMDD	
Joint K Record - Issue Age	724	2	9(2)	
Joint K Record - Preferred Risk Indicator	726	1	X(1)	
Joint K Record - Sex	727	1	X(1)	
Joint K Record - Nonsmoker/Smoker Indicator	728	1	X(1)	
Joint K Record - Table Rating	729	4	9(3)V9	
Joint K Record - Flat Extra 1 Rate	733	5	9(3)V99	

Single Line Inforce File Layout (continued)

Joint K Record - Flat Extra 1 Number of Years	738	2	9(2)	
Joint K Record - Flat Extra 2 Rate	740	5	9(3)V99	
Joint K Record - Flat Extra 2 Number of Years	745	2	9(2)	
Valuation Program Version	747	3	X(3)	
Single Line Inforce Program Version	750	3	X(3)	
Filler	753	60	X(60)	
Filler for ceding company purposes	813	60	X(60)	
Carriage Return Line Feed	873			

Glossary
Alphabetical by Field Name

ADB

> Face Amount - The portion of the direct face amount for the Accidental Death Benefit ceded to a particular reinsurer.

> Plan Code - The ceding company's unique and assigned plan grouping for the ADB portion of the policy.

> Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the ADB portion of the policy.

> Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the ADB portion of the policy.

> Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the ADB portion of the policy.

> Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the ADB portion of the policy.

> Table Rating - The life mortality rating for the ADB portion of the policy, listed as a percentage.

Age Basis

> Calculation method used to determine issue age. This may be age last, age nearest, or age next birthday.

Annual Premium

> Direct annual premium for this coverage, calculated by the system. This is not the total premium billed per year; it is an estimate of the total premium for all reinsurers that assumes that all factors are the same amongst the reinsurers (which is rarely true).

Ceded Amount at Risk

> The portion the direct net amount at risk ceded to a particular reinsurer.

Ceded Face Amount

> The portion of the direct face amount ceded to a particular reinsurer.

Glossary
Alphabetical by Field Name

Ceding Company Code
> The two character abbreviation chosen to distinguish the ceding company on R².

Ceding Company FEIN number
> If the ceding company is domiciled in the United States of America, this number is the Federal Employer ID Number. For non-United States companies, additional codes may appear in this space.

Cession Number
> This field is a unique identification number for each insured. It links together all policies on any one life. Not all companies may use this technique. Also known as Ceding Company Control Number.

Cession Type
> What type of reinsurance agreement is this policy reinsured under? - automatic, facultative, fac-obligatory, or shopped.

Currency Identifier
> The currency that defines all values within the reported treaty. Codes may be defined by user.

Direct Face Amount
> The face amount of the policy as issued by the ceding company.

Disability Benefit Period 1
> The amount of time benefits will be paid if the disability is caused by Sickness.

Disability Benefit Period 2
> The amount of time benefits will be paid if the disability is caused by Accident.

Disability Elimination Period
> The amount of time at the beginning of a disability during which benefits are not payable. Normally denoted by the number of days.

Disability Occupation Class
> Classification of an individual's occupation for the purpose of determining a risk of disablement and determination of premiums.

Duration
> Duration used to determine reinsurance rates or allowances, beginning with 1 for the first duration, instead of 0.

Insured Birthdate
> Date on which the insured was born.

Insured's Descriptor
> Additional information about an insured's name, such as the title "Jr.," "Sr.," "III," etc.

Insured's First Name
> The insured's forename, or given name.

Insured's Last Name
> The insured's surname.

Insured's Middle Name
> The insured's middle name or initial, if applicable.

Issue Age
> The individual age of the insured at the time the policy is issued, taking age basis into consideration. Issue age should not reflect any setbacks used for premium calculations. If this is a joint policy, the issue age may be the joint equal issue age.

Joint J Record
> Birth Date - Date on which the first joint insured was born.
>
> Flat Extra (1 or 2) Number of Years - The number of years the flat extra amount is applicable for, as applied to the first joint insured. Permanent flat extra amounts may be coded as 99.
>
> Flat Extra (1 or 2) Rate - The amount of flat extra premium per $1000 or per unit of annual coverage applied to the first joint insured. Please note that R^2 has room for two such listings, one permanent and the other temporary.
>
> Insured's Last Name - The first joint insured's surname.
>
> Insured's First Name - The first joint insured's forename, or given name.

Joint J Record (continued)

Issue Age - The first joint insured's age at policy issue.

Nonsmoker/Smoker Indicator - An indicator of the first joint insured's type of rate used to calculate premium. Allowable values are smoker, nonsmoker, and aggregate.

Preferred Risk Indicator - An indicator of better than standard underwriting class for the first joint insured. It is not to be used as an indicator of smoking habit. Commonly reported as standard, preferred, etc.

Sex - The first joint insured's gender.

Table Rating - The life mortality rating for the first joint insured, listed as a percentage.

Joint K Record

Birth Date - Date on which the second joint insured was born.

Flat Extra (1 or 2) Number of Years - The number of years the flat extra amount is applicable for, as applied to the second joint insured. Permanent flat extra amounts may be coded as 99.

Flat Extra (1 or 2) Rate - The amount of flat extra premium per $1000 or per unit of annual coverage applied to the second joint insured. Please note that R^2 has room for two such listings, one permanent and the other temporary.

Insured's Last Name - The second joint insured's surname.

Insured's First Name - The second joint insured's forename, or given name.

Issue Age - The second joint insured's age at policy issue.

Nonsmoker/Smoker Indicator - An indicator of the second joint insured's type of rate used to calculate premium. Allowable values are smoker, nonsmoker, and aggregate.

Preferred Risk Indicator - An indicator of better than standard underwriting class for the second joint insured. It is not to be used as an indicator of smoking habit. Commonly reported as standard, preferred, etc.

Sex - The second joint insured's gender.

Joint K Record (continued)
>   Table Rating - The life mortality rating for the second joint insured, listed as a percentage.

Joint Sequence
>   An indicator of a joint first-to-die policy in which both insureds pay premiums, and therefore have their own reinsurance records. Policies with an indicator of zero (0) are not joint first-to-die policies. Policies with an indicator of 1 or 2 are indicative of the first or second insured life on the policy. Be advised that in the situation of a first-to-die policy, the second insured's personal information will appear in the Joint J record space of the first life. This can be ignored as all information is repeated on the second insured's own transaction line.

Life Flat Extra (1 or 2) Number of Years
>   The number of years the flat extra amount is applicable for. Permanent flat extra amounts may be coded as 99.

Life Flat Extra (1 or 2) Rate
>   The amount of flat extra premium per $1000 or per unit of annual coverage. Please note that R^2 has room for two such listings, one permanent and the other temporary.

Life Plan Code
>   The ceding company's unique and assigned plan grouping for the life portion of the policy.

Maturity Expiry Method
>   Indicates the basis for when the policy expires, if applicable.

Maturity Expiry Value
>   Indicates the age or duration after which a policy expires, if applicable.

Modal Flat Extra Allowance
>   The reinsurance gross modal Flat Extra allowance or discount paid by the reinsurer.

Modal Gross Flat Extra Premium
>   The reinsurance gross Flat Extra modal premium being paid by the ceding company for this transaction.

<center>**Glossary**</center>
<center>*Alphabetical by Field Name*</center>

Modal Gross Standard Premium

> The reinsurance gross standard modal premium being paid by the ceding company for this transaction.

Modal Gross Substandard Premium

> The reinsurance gross substandard modal premium being paid by the ceding company for this transaction.

Modal Standard Allowance

> The reinsurance gross modal standard allowance or discount paid by the reinsurer.

Modal Substandard Allowance

> The reinsurance gross modal substandard allowance or discount paid by the reinsurer.

Nonsmoker/Smoker Indicator

> An indicator of the type of rate used to calculate premium. Allowable values are smoker, nonsmoker, and aggregate.

Original Age

> If the policy is a conversion policy, this is the policy issue age that the original policy was converted from.

Original Policy Date

> If the policy is a conversion policy, this is the policy issue date that the original policy was converted from. If the policy's reinsurance status code is a 71, this date is used to select the treaty allocation.

Original Policy Number

> The policy number from which this policy was converted, replaced, exchanged, or combined. This field will only be populated if the client sends the information through.

Policy Issue Date

> The date from which policy anniversaries are calculated.

Policy Number

> The policy number assigned to the policy at the company where the output originated.

Policy Sequence

> A sequence indicator that may be used within R^2 to indicate additional coverages under the policy. It may be used for increases, additional insureds, or additional benefits/riders.

Glossary
Alphabetical by Field Name

Preferred Risk Indicator
>   Indicator of better than standard underwriting class. It is not to be used as an indicator of smoking habit. Commonly reported as standard, preferred, etc.

Reinsurance Method
>   This field indicates if the reinsurance plan is part of a coinsurance, modified coinsurance, non-traditional yearly renewable term, or yearly renewable term agreement.

Reinsurance Mode
>   Indicates how frequently the policy's reinsurance premium payments are due during the policy year. If the policy is paid more frequently than annually, this will factor into modal and annual premium calculations.

Reinsurance Paid-to-Date
>   The date to which the reinsurance on the policy is paid through.

Reinsurance Policy Fee
>   Policy fees paid by the ceding company to the reinsurer.

Reinsurance Status Code
>   The two character code that R^2 uses to indicate if the policy is inforce or terminated. Please see the appendix for a listing of these status codes and their definitions.

Reinsuring Company Code
>   The two character abbreviation chosen to distinguish the reinsuring company on R^2.

Reinsuring Company FEIN number
>   If the reinsuring company is domiciled in the United States of America, this number is the Federal Employer ID Number. For non-United States companies, additional codes may appear in this space.

Report Date
>   The processing period that this transaction report corresponds with.

Glossary
Alphabetical by Field Name

Sex
> The insured's gender.

Single Line Inforce Program Version
> The single line inforce program is periodically updated for client use. This indicator determines which version of the program was used to create the single line inforce file.

Status Subcode
> An additional two character code that R^2 may use to indicate if the policy is inforce or terminated.

Subtype of Insurance
> An additional identifier of the plan code, describing if the product is used for individual, joint first to die, or joint last to die policies.

Table Rating
> The life mortality rating for the policy, listed as a percentage. For life coverages, 1000 is standard. An uninsurable life coverage would appear as 9990.

Treaty Code
> The treaty agreement that the policy is allocated to. This is also the code by which the Policy Exhibits are maintained on the billing statements.

Treaty Key
> The key name defined by the client, indicating which treaty agreement the policy's allocation belongs to.

Type of Insurance
> Identifies the category of insurance that this plan code is a part of (e.g. ADB, UL, etc.).

User Defined Rider 1
> Face Amount - The portion of the direct face amount for the ceding company defined benefit #1 ceded to a particular reinsurer.
>
> Plan Code - The ceding company's unique and assigned plan grouping for the ceding company defined benefit #1 portion of the policy.
>
> Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the ceding company defined benefit #1 portion of the policy.

User Defined Rider 1 (continued)

Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the ceding company defined benefit #1 portion of the policy.

Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the ceding company defined benefit #1 portion of the policy.

Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the ceding company defined benefit #1 portion of the policy.

Table Rating - The life mortality rating for the ceding company defined benefit #1 portion of the policy, listed as a percentage.

User Defined Rider 2

Face Amount - The portion of the direct face amount for the ceding company defined benefit #2 ceded to a particular reinsurer.

Plan Code - The ceding company's unique and assigned plan grouping for the ceding company defined benefit #2 portion of the policy.

Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the ceding company defined benefit #2 portion of the policy.

Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the ceding company defined benefit #2 portion of the policy.

Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the ceding company defined benefit #2 portion of the policy.

Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the ceding company defined benefit #2 portion of the policy.

Table Rating - The life mortality rating for the ceding company defined benefit #2 portion of the policy, listed as a percentage.

Glossary
Alphabetical by Field Name

Valuation Program Version

>The valuation/inforce module is periodically updated for client use. This indicator determines which version of the program was used to report the calculations.

Waiver

>Face Amount - The portion of the direct face amount for the Waiver of Premium ceded to a particular reinsurer.

>Plan Code - The ceding company's unique and assigned plan grouping for the WP portion of the policy.

>Standard Allowance - The reinsurance gross modal standard allowance or discount paid by the reinsurer for the WP portion of the policy.

>Standard Premium - The reinsurance gross standard modal premium being paid by the ceding company for the WP portion of the policy.

>Substandard Allowance - The reinsurance gross modal substandard allowance or discount paid by the reinsurer for the WP portion of the policy.

>Substandard Premium - The reinsurance gross substandard modal premium being paid by the ceding company for the WP portion of the policy.

>Table Rating - The life mortality rating for the WP portion of the policy, listed as a percentage.

Years Since Underwriting

>This field is used to offset the duration used in the premium calculations. For example, this would be used on a conversion policy where premiums are calculated on an original age/original date basis.

Appendix A
Status Codes

Status Code	Status Sub-Code	Definition of Status
01		Inforce
02		Lapsed
03		Surrendered
04		Expired
05		Matured
06		Died
07		Converted (Out)
08		Not Taken
	01 or NT	Not Taken
	02 or PR	Policy Rescinded (same as status 18)
	03 or PN	Policy number change (same as status 28)
09		RPU (Reduced-Paid-Up), zero premium on renewal billings.
10		ETI (Extended Term)
11		Recapture, still counted as retained inforce.
12		Recaptured, counted as termination.
17		Partial Conversion Off
18		Rescinded Policy - Comes off "other decreases" in PE and terminates to Policy Date.
19		Paid-Up. Reinsurance paid-to-date set to maturity/expiry date.
21		Policy Number Change - Is New Business from Change Date
28		Policy Number Change - Causes reversal back to Change Date (prior to Oct. 2009 reversed to Issue Date)
29		On Disability, Premium being waived.
31		Recapture full ceded face, all active reinsurers

Appendix A
Status Codes

Status Code	Status Sub-Code	Definition of Status
32		Recapture full ceded face, only specified reinsurers
33		Recapture partial ceded face, all reinsurers
34		Recapture partial ceded face, only specified reinsurers
41		ReRentry
51		Plan Change with Treaty reassignment
61		Joint Policy, insured coverage does not bill
66		Death on a status 61 Joint Coverage
71		Original Age Conversion; Use Original Policy Date for TY Premiums
72		Original Age Conversion; Use New Policy Date for TY Premiums
	29 or WP	Original Age Conversion policy that is currently on disability with premium being waived.
81		Preliminary Term
	P	Preliminary Term as of the Policy Date
82		Preliminary Term for Original Age Conversion; Use New Policy Date for TY Premiums
83		Preliminary Term for Original Age Conversion; Use Original Policy Date for TY Premiums
86		Financial Adjustment Cash Value Recovery
87		Financial Adjustment Dividends
88		Financial Adjustment on all active reinsurers.
	3	Partial Surrender; refund from Cash Value
	5 or ME	Financial Adjustment for Medical Expense
	6 or SV	Financial Adjustment for Cash Value Recovery

Status Code	Status Sub-Code	Definition of Status
	7 or DA	Dividend Adjustment
	8 or LC	Financial Adjustment for Life Claims
	9 or LI	Financial Adjustment for Life Interest
	10 or WC	Financial Adjustment for Waiver Claims
	20 or R	Financial Adjustment for Rider portion of policy.
89		Financial Adjustment to active and recaptured reinsurers.
	08 or AJ	Financial adjustment to terminated reinsurer. Appears on billings and electronic files, but not inforce files.
	20 or R	Financial Adjustment for Rider portion of policy.
9x		Suspended - Do not process. Where x may be any numerical character.

QUASAR✳SYSTEMS