# How to submit your Credit Insurance Information Electronically

CSO
Central States Health & Life Co. of Omaha and Affiliates
1212 No. 96th Street · Omaha, NE 68114
1-800-826-6587                                    www.cso.com

This is an overview of how to remit credit insurance monthly fee information electronically to Central States Health & Life Co. of Omaha who is your Credit Insurance Program Administrator (Administrator).

**General Overview:**
Submitting an electronic file results in quicker processing of credit insurance monthly fees and allows for more detailed information to be reported. Each file should contain information for only one month and a new file should be sent at the beginning of every month with the previous month's information. Please retain a copy of each file that is submitted to us for your records. Contact your Administrator if there are any questions at 1-888-453-5125.

**Monthly 2-Step Process:**
- Each month you will complete your monthly fee remittance via CSO's ezLink. Once the fee has been remitted, you will have authorized your Administrator to debit your ACH account for the payment.
- Each month you will send an extract of your payment file for your protected members. The updated member information will be available to view on CSO's ezLink.

**The File:**
- Either of two standard layouts may be used for the credit insurance business.
  1. Fixed-length text file format - see attached layout.
  2. Excel file format submitted as XLS, XLSX, tab-delimited text, or CSV format – see attached layout.
- All new files must be tested before being moved to production. Please follow these procedures:
  1. Review the attached preferred Credit Insurance file layout.
  2. When you are ready to begin the process or if you have any questions regarding this process, please reach out to Client Services and a designated representative will be assigned to work with you.
  3. Submit test files using the File Transfer function on CSO's ezLink. Test files will be reviewed by your designated representative for accurate field layout alignment and field content verification. Once testing is complete files can be moved to production status. Please allow adequate time for file testing prior to your 'go live' date.
  4. There should be one file for new business written after the conversion date. Any business reported prior to this date should be submitted in a separate file. If a conversion credit insurance is being submitted, that should be in its own file.

**Our preferred transmission method is via the File Transfer function using our CSO's ezLink web tool. Your Administrator will work internally to ensure the appropriate access is granted.**

1/21/2020

## Fixed-length Text File Format

| # | Start | End | Len | Field Format | Field Name | Field Description/Additional Notes |
|---|---|---|---|---|---|---|
| 1 | 1 | 10 | 10 | X(10) | Credit Union Account Number | *Number assigned by Administrator to be used on all remittances and file transfers.* |
| 2 | 11 | 16 | 6 | 9 (6) | Business Date | *Date of the business being submitted* **Format:** MMYYYY |
| 3 | 17 | 17 | 1 | X (1) | Record Status | *Record status* **Value:** I for new issue, R for renewal |
| 4 | 18 | 35 | 18 | X (18) | Addendum Number* | *Member Number* |
| 5 | 36 | 41 | 6 | X (6) | Addendum Suffix * | *Covered Loan Number* |
| 6 | 42 | 43 | 2 | X (2) | Loan Type | *Open End LOC (OE), Overdraft (OD) or Credit Card (CC) or Closed End Consumer Loan (CE)* |
| 7 | 44 | 68 | 25 | X (25) | Primary First Name * | *First name of primary member* |
| 8 | 69 | 69 | 1 | X (1) | Primary Middle Initial * | *Middle initial of primary member* |
| 9 | 70 | 94 | 25 | X (25) | Primary Last Name * | *Last name of primary member* |
| 10 | 95 | 102 | 8 | 9 (8) | Primary Date of Birth * | *Date of birth of primary member* **Format:** MMDDYYYY |
| 11 | 103 | 104 | 2 | 9 (2) | Primary Age | *Age of primary member* |
| 12 | 105 | 129 | 25 | X (25) | Secondary First Name * | *First name of joint member* **Note:** Required only if a secondary exists |
| 13 | 130 | 130 | 1 | X (1) | Secondary Middle Initial * | *Middle initial of joint member* **Note:** Required only if a secondary exists |
| 14 | 131 | 155 | 25 | X (25) | Secondary Last Name * | *Last name of joint member* **Note:** Required only if a secondary exists |
| 15 | 156 | 163 | 8 | 9 (8) | Secondary Date of Birth * | *Date of birth of joint member* **Note:** Required only if a secondary exists **Format:** MMDDYYYY |
| 16 | 164 | 165 | 2 | 9 (2) | Secondary Age | *Age of joint member* |
| 17 | 166 | 170 | 5 | X (5) | Package Code 1* | *Package code* **Note:** This identifies the product sold. |
| 18 | 171 | 175 | 5 | X (5) | Package Code 2* | *Package code* **Note:** This identifies the product sold. |
| 19 | 176 | 181 | 5 | X (5) | Package Code 3* | *Package code* **Note:** This identifies the product sold. |
| 20 | 182 | 186 | 5 | X (5) | Package Code 4* | *Package code* **Note:** This identifies the product sold. |
| 21 | 187 | 188 | 1 | X (1) | Payment Frequency * | *Payment Frequency* **Values:** A=Annually  B=Bi-weekly  Q=Quarterly  S=Semi-monthly  T=Twice annually  M=Monthly  W=Weekly |
| 22 | 189 | 193 | 5 | 99V999 | Interest Rate * | *Interest rate/APR* |
| 23 | 194 | 203 | 9 | 9999999V99 | Current Balance * | *Current balance on the loan* |
| 24 | 204 | 210 | 7 | 99999V99 | Fee Package Code 1 * | *Total fee* |
| 25 | 211 | 217 | 7 | 99999V99 | Fee Package Code 2 * | *Total fee* |
| 26 | 218 | 225 | 7 | 99999V99 | Fee Package Code 3 * | *Total fee* |
| 27 | 226 | 232 | 7 | 99999V99 | Fee Package Code 4 * | *Total fee* |

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| # | Start | End | Len | Field Format | Field Name | Field Description/Additional Notes |
|---|-------|-----|-----|--------------|------------|-----------------------------------|
| 28 | 233 | 241 | 9 | 9999999V99 | Loan Payment * | *Loan payment (If HELOC, minimum payment will reflect interest payment only in draw period)* |
| 29 | 242 | 249 | 8 | 9 (8) | Effective Date * | *Addendum effective date* **Format:** MMDDYYYY |
| 30 | 250 | 252 | 3 | 9(3) | Covered Loan Term* | *Covered Loan Term* |
| 31 | 253 | 260 | 8 | 9(8) | Covered Loan End Date | *Covered Loan End Date* **Format:** MMDDYYYY *(For OE loans, use end date of draw period)* |
| 32 | 261 | 271 | 10 | X (10) | Branch | *Branch identifier* **Note:** If the branch is not designated, then production reports will not be produced. |
| 33 | 272 | 276 | 5 | X (5) | Officer | *Officer identifier* **Note:** If the officer is not designated, then production reports will not be produced. |
| 34 | 277 | 307 | 30 | X (30) | Primary Address 1 | *Address of primary member* |
| 35 | 308 | 338 | 30 | X (30) | Primary Address 2 | *Address of primary member continued* |
| 36 | 339 | 367 | 28 | X (28) | Primary City | *City of primary member* |
| 37 | 368 | 370 | 2 | X (2) | Primary State | *State of primary member* **Format:** XX |
| 38 | 371 | 380 | 9 | 9 (9) | Primary Zip * | *Zip code of primary member* |
| 39 | 380 | 410 | 30 | X (30) | Secondary Address 1 | *Address of joint member* |
| 40 | 411 | 441 | 30 | X (30) | Secondary Address 2 | *Address of joint member continued* |
| 41 | 442 | 470 | 28 | X (28) | Secondary City | *City of joint member* |
| 42 | 471 | 473 | 2 | X (2) | Secondary State | *State of joint member* **Format:** XX |
| 43 | 474 | 483 | 9 | 9 (9) | Secondary Zip * | *Zip code of joint member* **Note:** Required only if a secondary exists |
| 44 | 484 | 551 | 67 | X(30) | For Future Use | For Future Use |

*\*Indicates Required Field*

*ASCII*
*Record length=500*
*Fixed length fields*
*Numeric fields (9) should be right justified and zero filled – 'V' denotes implied decimal point*
*Alpha numeric fields (X) should be left justified and padded with spaces*

**Excel File Format**

- First row is for column headings – use 'Field Names' from Fixed-length Text File Format.
- Dates may be input in MM/DD/YYYY format.
- Numeric fields need not be zero filled but should include a decimal point when necessary.
- Alpha numeric fields need not be padded with spaces.