How to submit your Debt Protection Information Electronically

This is an overview of how to remit debt protection monthly fee information electronically to Central States Health & Life Co. of Omaha who is your Debt Protection Program Administrator (Administrator).

General Overview:
Submitting an electronic file results in quicker processing of debt protection 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 debt protection 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 Debt Protection 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 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.

Fixed-length Text File Format

CSO

Central States Health & Life Co. of Omaha
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1-800-826-6587   www.cso.com

#	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 *	*Package code* **Note:** This identifies the product(s) sold.
18	171	171	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
19	172	176	5	99V999	Interest Rate *	*Interest rate/APR*
20	177	185	9	9999999V99	Current Balance *	*Current balance on the loan*
21	186	192	7	99999V99	Total Fee *	*Total fee*
22	193	201	9	9999999V99	Loan Payment *	*Loan payment (If HELOC, minimum payment will reflect interest payment only in draw period)*
23	202	209	8	9 (8)	Effective Date *	*Addendum effective date* **Format:** MMDDYYYY
24	210	212	3	9(3)	Covered Loan Term*	*Covered Loan Term*
25	213	220	8	9(8)	Covered Loan End Date	*Covered Loan End Date* **Format:** MMDDYYYY (For OE loans, use end date of draw period)
26	221	230	10	X (10)	Branch	*Branch identifier* **Note:** If the branch is not designated, then production reports will not be produced.

1/21/2020

#	Start	End	Len	Field Format	Field Name	Field Description/Values/Notes
27	231	235	5	X (5)	Officer	*Officer identifier* **Note:** If the officer is not designated, then production reports will not be produced.
28	236	265	30	X (30)	Primary Address 1	*Address of primary member*
29	266	295	30	X (30)	Primary Address 2	*Address of primary member continued*
30	296	323	28	X (28)	Primary City	*City of primary member*
31	324	325	2	X (2)	Primary State	*State of primary member* **Format:** XX
32	326	334	9	9 (9)	Primary Zip *	*Zip code of primary member*
33	335	364	30	X (30)	Secondary Address 1	*Address of joint member*
34	365	394	30	X (30)	Secondary Address 2	*Address of joint member continued*
35	395	422	28	X (28)	Secondary City	*City of joint member*
36	423	424	2	X (2)	Secondary State	*State of joint member* **Format:** XX
37	425	433	9	9 (9)	Secondary Zip *	*Zip code of joint member* **Note:** Required only if a secondary exists
38	434	500	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.