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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** GROUP HEALTH PLAN (GHP) MASTER RECORD	REC	330	1	330	SYSTEM ALIAS: GHPMSTR
1. GHP MASTER RECORD IDENTIFICATION CODE	CHAR	1	1	1	CODES: A = GHP MASTER RECORD (CONSTANT)
2. GHP MASTER RECORD LENGTH	PACK	3	2	4	4 DIGITS SIGNED CODES: 205 = MINIMUM 330 = MAXIMUM 280 = AVERAGE
**** GHP CLAIM NUMBER	GROUP	13	5	17	THE NUMBER UNDER WHICH THE RECORD IS CURRENTLY HOUSED IN THE GHP MASTER FILE.
3. BENEFICIARY CLAIM ACCOUNT NUMBER	CHAR	9	5	13	THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY UNDER THE SSA OR RRB PROGRAMS. STANDARD ALIAS: BENE_CLM_ACNT_NUM COMMON ALIAS: CAN SAS ALIAS: CAN SOURCE: SSA,RRB LIMITATIONS: RRB-ISSUED NUMBERS CONTAIN AN OVERPUNCH IN THE FIRST POSITION THAT MAY APPEAR AS A PLUS ZERO OR A-G. RRB-FORMATTED NUMBERS MAY CAUSE MATCHING PROBLEMS ON NON-IBM MACHINES.
4. BENEFICIARY IDENTIFICATION CODE	CHAR	2	14	15	THE CODE IDENTIFYING THE TYPE OF RELATIONSHIP BETWEEN AN INDIVIDUAL AND A PRIMARY SOCIAL SECURITY ADMINISTRATION (SSA) BENEFICIARY OR A PRIMARY RAILROAD BOARD (RRB) BENEFICIARY. STANDARD ALIAS: BENE_IDENT_CD

COMMON ALIAS: BIC

SAS ALIAS: BIC

EDIT-RULES:

REQUIRED FIELD

CODES:

SOCIAL SECURITY ADMINISTRATION:

A = PRIMARY CLAIMANT

B = AGED WIFE, AGE 62 OR OVER (1ST
CLAIMANT)B1 = AGED HUSBAND, AGE 62 OR OVER (1ST
CLAIMANT)

B2 = YOUNG WIFE, WITH A CHILD IN HER CARE

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				(1ST CLAIMANT)
				B3 = AGED WIFE (2ND CLAIMANT)
				B4 = AGED HUSBAND (2ND CLAIMANT)
				B5 = YOUNG WIFE (2ND CLAIMANT)
				B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
				B7 = YOUNG WIFE (3RD CLAIMANT)
				B8 = AGED WIFE (3RD CLAIMANT)
				B9 = DIVORCED WIFE (2ND CLAIMANT)
				BA = AGED WIFE (4TH CLAIMANT)
				BD = AGED WIFE (5TH CLAIMANT)
				BG = AGED HUSBAND (3RD CLAIMANT)
				BH = AGED HUSBAND (4TH CLAIMANT)
				BJ = AGED HUSBAND (5TH CLAIMANT)
				BK = YOUNG WIFE (4TH CLAIMANT)
				BL = YOUNG WIFE (5TH CLAIMANT)
				BN = DIVORCED WIFE (3RD CLAIMANT)
				BP = DIVORCED WIFE (4TH CLAIMANT)
				BQ = DIVORCED WIFE (5TH CLAIMANT)
				BR = DIVORCED HUSBAND (1ST CLAIMANT)
				BT = DIVORCED HUSBAND (2ND CLAIMANT)
				BW = YOUNG HUSBAND (2ND CLAIMANT)
				BY = YOUNG HUSBAND (1ST CLAIMANT)
				C1-C9, CA-CK = CHILD (INCLUDES MINOR, STUDENT)

OR DISABLED CHILD)
 D = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
 D1 = AGED WIDOWER, AGE 60 OR OVER (1ST CLAIMANT)
 D2 = AGED WIDOW (2ND CLAIMANT)
 D3 = AGED WIDOWER (2ND CLAIMANT)
 D4 = WIDOW (REARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
 D5 = WIDOWER (REARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
 D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER (1ST CLAIMANT)
 D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
 D8 = AGED WIDOW (3RD CLAIMANT)
 D9 = REMARRIED WIDOW (2ND CLAIMANT)
 DA = REMARRIED WIDOW (3RD CLAIMANT)
 DD = AGED WIDOW (4TH CLAIMANT)
 DG = AGED WIDOW (5TH CLAIMANT)
 DH = AGED WIDOWER (3RD CLAIMANT)
 DJ = AGED WIDOWER (4TH CLAIMANT)
 DK = AGED WIDOWER (5TH CLAIMANT)
 DL = REMARRIED WIDOW (4TH CLAIMANT)
 DM = SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
 DN = REMARRIED WIDOW (5TH CLAIMANT)
 DP = REMARRIED WIDOWER (2ND CLAIMANT)
 DQ = REMARRIED WIDOWER (3RD CLAIMANT)
 DR = REMARRIED WIDOWER (4TH CLAIMANT)
 DS = SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)

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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----	-----	-----	-----	-----
				DT = REMARRIED WIDOWER (5TH CLAIMANT)
				DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
				DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
				DX = SURVIVING DIVORCED HUSBAND (4TH CLAIMANT)
				DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
				DZ = SURVIVING DIVORCED HUSBAND (5TH CLAIMANT)
				E = MOTHER (WIDOW) (1ST CLAIMANT)

E1 = SURVIVING DIVORCED MOTHER (1ST CLAIMANT)
E2 = MOTHER (WIDOW) (2ND CLAIMANT)
E3 = SURVIVING DIVORCED MOTHER (2ND CLAIMANT)
E4 = FATHER (WIDOWER) (1ST CLAIMANT)
E5 = SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT)
E6 = FATHER (WIDOWER) (2ND CLAIMANT)
E7 = MOTHER (WIDOW) (3RD CLAIMANT)
E8 = MOTHER (WIDOW) (4TH CLAIMANT)
E9 = SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)
EA = MOTHER (WIDOW) (5TH CLAIMANT)
EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT)
EF = FATHER (WIDOWER) (3RD CLAIMANT)
EG = FATHER (WIDOWER) (4TH CLAIMANT)
EH = FATHER (WIDOWER) (5TH CLAIMANT)
EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT)
EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT)
F1 = FATHER
F2 = MOTHER
F3 = STEPFATHER
F4 = STEPMOTHER
F5 = ADOPTING FATHER
F6 = ADOPTING MOTHER
F7 = SECOND ALLEGED FATHER
F8 = SECOND ALLEGED MOTHER
J1 = PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
J2 = PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
J3 = PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
J4 = PRIMARY PROUTY NOT ENTITLED TO HIB

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(OVER 2 Q.C.) (RSI TRUST FUND)
 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
				K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
				K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
				K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
				K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
				K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
				K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
				K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
				K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
				KA = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
				KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
				KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
				KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
				KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C. (4TH CLAIMANT)
				KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (4TH CLAIMANT)
				KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (4TH CLAIMANT)

KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
 3 Q.C.) (5TH CLAIMANT)
 KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
 Q.C.) (5TH CLAIMANT)
 KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
 THAN 3 Q.C.) (5TH CLAIMANT)
 KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
 2 Q.C.) (5TH CLAIMANT)
 M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
 M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
 T = UNINSURED-ENTITLED TO HIB UNDER DEEMED
 OR RENAL PROVISIONS
 TA = MQGE (PRIMARY CLAIMANT)
 TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
 TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
 TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)

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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----	-----	-----	-----	-----
				TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
				TF = MQGE PARENT (MALE)
				TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
				TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
				TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
				TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
				TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
				TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
				TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
				TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
				TQ = MQGE PARENT (FEMALE)
				TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
				TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
				TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
				TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
				TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
				TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
				TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
				TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
				TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
				T2-T9 = DISABLED CHILD (SECOND TO NINTH CLAIMANT)
				W = DISABLED WIDOW, AGE 50 OR OVER (1ST

CLAIMANT)
 W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)
 W2 = DISABLED WIDOW (2ND CLAIMANT)
 W3 = DISABLED WIDOWER (2ND CLAIMANT)
 W4 = DISABLED WIDOW (3RD CLAIMANT)
 W5 = DISABLED WIDOWER (3RD CLAIMANT)
 W6 = DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)
 W7 = DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)
 W8 = DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)
 W9 = DISABLED WIDOW (4TH CLAIMANT)
 WB = DISABLED WIDOWER (4TH CLAIMANT)
 WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
 WF = DISABLED WIDOW (5TH CLAIMANT)
 WG = DISABLED WIDOWER (5TH CLAIMANT)
 WJ = DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)
 WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
 WT = DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)

RAILROAD RETIREMENT BOARD:

NOTE:

EMPLOYEE: A MEDICARE BENEFICIARY WHO IS STILL WORKING OR A WORKER WHO

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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	

				DIED BEFORE RETIREMENT
				ANNUITANT: A PERSON WHO RETIRED UNDER THE RAILROAD RETIREMENT ACT AFTER 03/01/37
				PENSIONER: A PERSON WHO RETIRED PRIOR TO 03/01/37 AND WAS INCLUDED IN THE RAILROAD RETIREMENT ACT

10 = RETIREMENT - EMPLOYEE OR ANNUITANT
 80 = RR PENSIONER (AGE OR DISABILITY)
 14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT
 (HUSBAND OR WIFE)
 84 = SPOUSE OF RR PENSIONER
 43 = CHILD OF RR EMPLOYEE
 13 = CHILD OF RR ANNUITANT
 17 = DISABLED ADULT CHILD OF RR ANNUITANT
 46 = WIDOW/WIDOWER OF RR EMPLOYEE
 16 = WIDOW/WIDOWER OF RR ANNUITANT
 86 = WIDOW/WIDOWER OF RR PENSIONER
 43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
 13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
 83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
 45 = PARENT OF EMPLOYEE
 15 = PARENT OF ANNUITANT
 85 = PARENT OF PENSIONER
 11 = SURVIVOR JOINT ANNUITANT
 (REDUCED BENEFITS TAKEN TO INSURE BENEFITS
 FOR SURVIVING SPOUSE)

SOURCE:
SSA/RRB

5. PREVIOUS BIC CHAR 2 16 17 PRIOR BENEFICIARY IDENTIFICATION CODE ASSOCIATED WITH THE CURRENT BENEFICIARY CLAIM ACCOUNT NUMBER.

CODES:
SOCIAL SECURITY ADMINISTRATION:

A = PRIMARY CLAIMANT
 B = AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
 B1 = AGED HUSBAND, AGE 62 OR OVER (1ST CLAIMANT)
 B2 = YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT)
 B3 = AGED WIFE (2ND CLAIMANT)
 B4 = AGED HUSBAND (2ND CLAIMANT)
 B5 = YOUNG WIFE (2ND CLAIMANT)
 B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
 B7 = YOUNG WIFE (3RD CLAIMANT)
 B8 = AGED WIFE (3RD CLAIMANT)

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B9 = DIVORCED WIFE (2ND CLAIMANT)
 BA = AGED WIFE (4TH CLAIMANT)
 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				BD = AGED WIFE (5TH CLAIMANT)
				BG = AGED HUSBAND (3RD CLAIMANT)
				BH = AGED HUSBAND (4TH CLAIMANT)
				BJ = AGED HUSBAND (5TH CLAIMANT)
				BK = YOUNG WIFE (4TH CLAIMANT)
				BL = YOUNG WIFE (5TH CLAIMANT)
				BN = DIVORCED WIFE (3RD CLAIMANT)
				BP = DIVORCED WIFE (4TH CLAIMANT)
				BQ = DIVORCED WIFE (5TH CLAIMANT)
				BR = DIVORCED HUSBAND (1ST CLAIMANT)
				BT = DIVORCED HUSBAND (2ND CLAIMANT)
				BW = YOUNG HUSBAND (2ND CLAIMANT)
				BY = YOUNG HUSBAND (1ST CLAIMANT)
				C1-C9, CA-CK = CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)
				D = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
				D1 = AGED WIDOWER, AGE 60 OR OVER (1ST CLAIMANT)
				D2 = AGED WIDOW (2ND CLAIMANT)
				D3 = AGED WIDOWER (2ND CLAIMANT)
				D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
				D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
				D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER (1ST CLAIMANT)
				D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
				D8 = AGED WIDOW (3RD CLAIMANT)
				D9 = REMARRIED WIDOW (2ND CLAIMANT)
				DA = REMARRIED WIDOW (3RD CLAIMANT)
				DD = AGED WIDOW (4TH CLAIMANT)
				DG = AGED WIDOW (5TH CLAIMANT)
				DH = AGED WIDOWER (3RD CLAIMANT)
				DJ = AGED WIDOWER (4TH CLAIMANT)
				DK = AGED WIDOWER (5TH CLAIMANT)
				DL = REMARRIED WIDOW (4TH CLAIMANT)
				DM = SURVIVING DIVORCED HUSBAND (2ND

CLAIMANT)
 DN = REMARRIED WIDOW (5TH CLAIMANT)
 DP = REMARRIED WIDOWER (2ND CLAIMANT)
 DQ = REMARRIED WIDOWER (3RD CLAIMANT)
 DR = REMARRIED WIDOWER (4TH CLAIMANT)
 DS = SURVIVING DIVORCED HUSBAND (3RD
 CLAIMANT)
 DT = REMARRIED WIDOWER (5TH CLAIMANT)
 DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
 DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
 DX = SURVIVING DIVORCED HUSBAND (4TH
 CLAIMANT)
 DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
 DZ = SURVIVING DIVORCED HUSBAND (5TH
 CLAIMANT)
 E = MOTHER (WIDOW) (1ST CLAIMANT)
 E1 = SURVIVING DIVORCED MOTHER (1ST

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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				CLAIMANT)
				E2 = MOTHER (WIDOW) (2ND CLAIMANT)
				E3 = SURVIVING DIVORCED MOTHER (2ND CLAIMANT)
				E4 = FATHER (WIDOWER) (1ST CLAIMANT)
				E5 = SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT)
				E6 = FATHER (WIDOWER) (2ND CLAIMANT)
				E7 = MOTHER (WIDOW) (3RD CLAIMANT)
				E8 = MOTHER (WIDOW) (4TH CLAIMANT)
				E9 = SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)
				EA = MOTHER (WIDOW) (5TH CLAIMANT)
				EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
				EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
				ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT)
				EF = FATHER (WIDOWER) (3RD CLAIMANT)
				EG = FATHER (WIDOWER) (4TH CLAIMANT)
				EH = FATHER (WIDOWER) (5TH CLAIMANT)

EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT)
 EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
 EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT)
 F1 = FATHER
 F2 = MOTHER
 F3 = STEPFATHER
 F4 = STEPMOTHER
 F5 = ADOPTING FATHER
 F6 = ADOPTING MOTHER
 F7 = SECOND ALLEGED FATHER
 F8 = SECOND ALLEGED MOTHER
 J1 = PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
 J2 = PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
 J3 = PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
 J4 = PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
 K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
 K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
 K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
 K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)

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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
				K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
				K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)

K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
2 Q.C.) (RSI TRUST FUND) (2ND
CLAIMANT)

K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)

KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)

KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
THAN 3 Q.C.) (GENERAL FUND) (3RD
CLAIMANT)

KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
2 Q.C.) (RSI TRUST FUND) (3RD
CLAIMANT)

KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)

KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
(4TH CLAIMANT)

KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
THAN 3 Q.C.) (4TH CLAIMANT)

KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
2 Q.C.) (4TH CLAIMANT)

KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
3 Q.C.) (5TH CLAIMANT)

KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
Q.C.) (5TH CLAIMANT)

KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
THAN 3 Q.C.) (5TH CLAIMANT)

KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
2 Q.C.) (5TH CLAIMANT)

M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB

M1 = UNINSURED-QUALIFIED BUT REFUSED HIB

T = UNINSURED-ENTITLED TO HIB UNDER DEEMED
OR RENAL PROVISIONS

TA = MQGE (PRIMARY CLAIMANT)

TB = MQGE AGED SPOUSE (FIRST CLAIMANT)

TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)

TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)

TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)

TF = MQGE PARENT (MALE)

TG = MQGE AGED SPOUSE (SECOND CLAIMANT)

TH = MQGE AGED SPOUSE (THIRD CLAIMANT)

TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)

TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)

TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)

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GROUP HEALTH PLAN (GHP) MASTER RECORD

TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
 TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
 TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				TQ = MQGE PARENT (FEMALE)
				TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
				TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
				TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
				TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
				TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
				TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
				TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
				TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
				TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
				T2-T9 = DISABLED CHILD (SECOND TO NINTH CLAIMANT)
				W = DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)
				W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)
				W2 = DISABLED WIDOW (2ND CLAIMANT)
				W3 = DISABLED WIDOWER (2ND CLAIMANT)
				W4 = DISABLED WIDOW (3RD CLAIMANT)
				W5 = DISABLED WIDOWER (3RD CLAIMANT)
				W6 = DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)
				W7 = DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)
				W8 = DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)
				W9 = DISABLED WIDOW (4TH CLAIMANT)
				WB = DISABLED WIDOWER (4TH CLAIMANT)
				WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
				WF = DISABLED WIDOW (5TH CLAIMANT)
				WG = DISABLED WIDOWER (5TH CLAIMANT)
				WJ = DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)
				WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)

WT = DISABLED SURVIVING DIVORCED HUSBAND
(2ND CLAIMANT)

RAILROAD RETIREMENT BOARD:

NOTE:

EMPLOYEE: A MEDICARE BENEFICIARY WHO IS
STILL WORKING OR A WORKER WHO
DIED BEFORE RETIREMENT

ANNUITANT: A PERSON WHO RETIRED UNDER THE
RAILROAD RETIREMENT ACT AFTER
03/01/37

PENSIONER: A PERSON WHO RETIRED PRIOR TO
03/01/37 AND WAS INCLUDED IN THE
RAILROAD RETIREMENT ACT

10 = RETIREMENT - EMPLOYEE OR ANNUITANT

80 = RR PENSIONER (AGE OR DISABILITY)

1

GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
-----	----	-----	-----	-----	-----
					14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT (HUSBAND OR WIFE)
					84 = SPOUSE OF RR PENSIONER
					43 = CHILD OF RR EMPLOYEE
					13 = CHILD OF RR ANNUITANT
					17 = DISABLED ADULT CHILD OF RR ANNUITANT
					46 = WIDOW/WIDOWER OF RR EMPLOYEE
					16 = WIDOW/WIDOWER OF RR ANNUITANT
					86 = WIDOW/WIDOWER OF RR PENSIONER
					43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
					13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
					83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
					45 = PARENT OF EMPLOYEE
					15 = PARENT OF ANNUITANT
					85 = PARENT OF PENSIONER
					11 = SURVIVOR JOINT ANNUITANT (REDUCED BENEFITS TAKEN TO INSURE BENEFITS FOR SURVIVING SPOUSE)

SOURCE:

SSA AND RRB BENEFICIARY RECORD SYSTEMS

**** GHP CROSS-REFERENCE GROUP 11 18 28 THE CROSS REFERRED CLAIM NUMBER OR THE BENEFICIARY'S BENEFICIARY CLAIM NUMBER OWN SOCIAL SECURITY NUMBER. GROUP

6. CROSS-REFERENCE BENEFICIARY CHAR 9 18 26 AN ADDITIONAL BENEFICIARY CLAIM ACCOUNT NUMBER CLAIM ACCOUNT NUMBER ASSOCIATED WITH THE MEDICARE BENEFICIARY. THE BENEFICIARY'S ENTITLEMENT HAS BEEN CROSS-REFERRED FROM THIS NUMBER TO THE BENEFICIARY'S ACTIVE CLAIM ACCOUNT NUMBER.

STANDARD ALIAS: XREF_BENE_CLM_ACNT_NUM
SAS ALIAS: XRFCAN

EDIT-RULES:
A NON NUMERIC IN THE FIRST POSITION INDICATES AN RRB NUMBER.

SOURCE:
SSA/RRB

7. CROSS-REFERENCE BENEFICIARY CHAR 2 27 28 THE BENEFICIARY IDENTIFICATION CODE ASSOCIATED WITH THE IDENTIFICATION CODE BENEFICIARY'S CROSS-REFERRED CLAIM ACCOUNT NUMBER

CODES:
SPACES = BENEFICIARY'S OWN SOCIAL SECURITY NUMBER
** = BENEFICIARY'S OWN SOCIAL SECURITY NUMBER
SOCIAL SECURITY ADMINISTRATION:

A = PRIMARY CLAIMANT
B = AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
B1 = AGED HUSBAND, AGE 62 OR OVER (1ST CLAIMANT)
B2 = YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT)
B3 = AGED WIFE (2ND CLAIMANT)
B4 = AGED HUSBAND (2ND CLAIMANT)
B5 = YOUNG WIFE (2ND CLAIMANT)

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
-----	----	----	----	----	CLAIMANT)
					B2 = YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT)
					B3 = AGED WIFE (2ND CLAIMANT)
					B4 = AGED HUSBAND (2ND CLAIMANT)
					B5 = YOUNG WIFE (2ND CLAIMANT)

B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
B7 = YOUNG WIFE (3RD CLAIMANT)
B8 = AGED WIFE (3RD CLAIMANT)
B9 = DIVORCED WIFE (2ND CLAIMANT)
BA = AGED WIFE (4TH CLAIMANT)
BD = AGED WIFE (5TH CLAIMANT)
BG = AGED HUSBAND (3RD CLAIMANT)
BH = AGED HUSBAND (4TH CLAIMANT)
BJ = AGED HUSBAND (5TH CLAIMANT)
BK = YOUNG WIFE (4TH CLAIMANT)
BL = YOUNG WIFE (5TH CLAIMANT)
BN = DIVORCED WIFE (3RD CLAIMANT)
BP = DIVORCED WIFE (4TH CLAIMANT)
BQ = DIVORCED WIFE (5TH CLAIMANT)
BR = DIVORCED HUSBAND (1ST CLAIMANT)
BT = DIVORCED HUSBAND (2ND CLAIMANT)
BW = YOUNG HUSBAND (2ND CLAIMANT)
BY = YOUNG HUSBAND (1ST CLAIMANT)
C1-C9,CA-CK = CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)
D = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
D1 = AGED WIDOWER, AGE 60 OR OVER (1ST CLAIMANT)
D2 = AGED WIDOW (2ND CLAIMANT)
D3 = AGED WIDOWER (2ND CLAIMANT)
D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER (1ST CLAIMANT)
D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
D8 = AGED WIDOW (3RD CLAIMANT)
D9 = REMARRIED WIDOW (2ND CLAIMANT)
DA = REMARRIED WIDOW (3RD CLAIMANT)
DD = AGED WIDOW (4TH CLAIMANT)
DG = AGED WIDOW (5TH CLAIMANT)
DH = AGED WIDOWER (3RD CLAIMANT)
DJ = AGED WIDOWER (4TH CLAIMANT)
DK = AGED WIDOWER (5TH CLAIMANT)
DL = REMARRIED WIDOW (4TH CLAIMANT)
DM = SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)

1

GROUP HEALTH PLAN (GHP) MASTER RECORD

DN = REMARRIED WIDOW (5TH CLAIMANT)
 DP = REMARRIED WIDOWER (2ND CLAIMANT)
 DQ = REMARRIED WIDOWER (3RD CLAIMANT)
 DR = REMARRIED WIDOWER (4TH CLAIMANT)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				DS = SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)
				DT = REMARRIED WIDOWER (5TH CLAIMANT)
				DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
				DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
				DX = SURVIVING DIVORCED HUSBAND (4TH CLAIMANT)
				DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
				DZ = SURVIVING DIVORCED HUSBAND (5TH CLAIMANT)
				E = MOTHER (WIDOW) (1ST CLAIMANT)
				E1 = SURVIVING DIVORCED MOTHER (1ST CLAIMANT)
				E2 = MOTHER (WIDOW) (2ND CLAIMANT)
				E3 = SURVIVING DIVORCED MOTHER (2ND CLAIMANT)
				E4 = FATHER (WIDOWER) (1ST CLAIMANT)
				E5 = SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT)
				E6 = FATHER (WIDOWER) (2ND CLAIMANT)
				E7 = MOTHER (WIDOW) (3RD CLAIMANT)
				E8 = MOTHER (WIDOW) (4TH CLAIMANT)
				E9 = SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)
				EA = MOTHER (WIDOW) (5TH CLAIMANT)
				EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
				EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
				ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT)
				EF = FATHER (WIDOWER) (3RD CLAIMANT)
				EG = FATHER (WIDOWER) (4TH CLAIMANT)
				EH = FATHER (WIDOWER) (5TH CLAIMANT)
				EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT)

CLAIMANT)
 EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
 EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT)
 F1 = FATHER
 F2 = MOTHER
 F3 = STEPFATHER
 F4 = STEPMOTHER
 F5 = ADOPTING FATHER
 F6 = ADOPTING MOTHER
 F7 = SECOND ALLEGED FATHER
 F8 = SECOND ALLEGED MOTHER
 J1 = PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
 J2 = PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
 J3 = PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
 1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
						J4 = PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
						K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
						K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
						K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
						K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
						K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
						K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
						K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
						K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER

2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
 K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
 KA = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
 KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
 KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
 KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
 KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (4TH CLAIMANT)
 KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (4TH CLAIMANT)
 KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (4TH CLAIMANT)
 KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (5TH CLAIMANT)
 KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
 KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (5TH CLAIMANT)
 KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
 M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
 M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
 T = UNINSURED-ENTITLED TO HIB UNDER DEEMED OR RENAL PROVISIONS
 TA = MQGE (PRIMARY CLAIMANT)
 TB = MQGE AGED SPOUSE (FIRST CLAIMANT)

1

GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
TC				MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
TD				MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
TE				MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
TF				MQGE PARENT (MALE)
TG				MQGE AGED SPOUSE (SECOND CLAIMANT)

TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
TQ = MQGE PARENT (FEMALE)
TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
T2-T9 = DISABLED CHILD (SECOND TO NINTH
CLAIMANT)
W = DISABLED WIDOW, AGE 50 OR OVER (1ST
CLAIMANT)
W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST
CLAIMANT)
W2 = DISABLED WIDOW (2ND CLAIMANT)
W3 = DISABLED WIDOWER (2ND CLAIMANT)
W4 = DISABLED WIDOW (3RD CLAIMANT)
W5 = DISABLED WIDOWER (3RD CLAIMANT)
W6 = DISABLED SURVIVING DIVORCED WIFE (1ST
CLAIMANT)
W7 = DISABLED SURVIVING DIVORCED WIFE (2ND
CLAIMANT)
W8 = DISABLED SURVIVING DIVORCED WIFE (3RD
CLAIMANT)
W9 = DISABLED WIDOW (4TH CLAIMANT)
WB = DISABLED WIDOWER (4TH CLAIMANT)
WC = DISABLED SURVIVING DIVORCED WIFE (4TH
CLAIMANT)
WF = DISABLED WIDOW (5TH CLAIMANT)
WG = DISABLED WIDOWER (5TH CLAIMANT)
WJ = DISABLED SURVIVING DIVORCED WIFE (5TH
CLAIMANT)
WR = DISABLED SURVIVING DIVORCED HUSBAND
(1ST CLAIMANT)
WT = DISABLED SURVIVING DIVORCED HUSBAND

(2ND CLAIMANT)

RAILROAD RETIREMENT BOARD:

NOTE:

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GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----	-----	-----	-----	-----
				EMPLOYEE: A MEDICARE BENEFICIARY WHO IS STILL WORKING OR A WORKER WHO DIED BEFORE RETIREMENT
				ANNUITANT: A PERSON WHO RETIRED UNDER THE RAILROAD RETIREMENT ACT AFTER 03/01/37
				PENSIONER: A PERSON WHO RETIRED PRIOR TO 03/01/37 AND WAS INCLUDED IN THE RAILROAD RETIREMENT ACT
				10 = RETIREMENT - EMPLOYEE OR ANNUITANT
				80 = RR PENSIONER (AGE OR DISABILITY)
				14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT (HUSBAND OR WIFE)
				84 = SPOUSE OF RR PENSIONER
				43 = CHILD OF RR EMPLOYEE
				13 = CHILD OF RR ANNUITANT
				17 = DISABLED ADULT CHILD OF RR ANNUITANT
				46 = WIDOW/WIDOWER OF RR EMPLOYEE
				16 = WIDOW/WIDOWER OF RR ANNUITANT
				86 = WIDOW/WIDOWER OF RR PENSIONER
				43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
				13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
				83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
				45 = PARENT OF EMPLOYEE
				15 = PARENT OF ANNUITANT
				85 = PARENT OF PENSIONER
				11 = SURVIVOR JOINT ANNUITANT (REDUCED BENEFITS TAKEN TO INSURE BENEFITS FOR SURVIVING SPOUSE)
				SOURCE: SSA MBR UPDT SYS DRTS (HDURIC)

8. FILLER CHAR 7 29 35

9. DATE OF BIRTH PACK 3 36 38 THIS FIELD INDICATES THE BENEFICIARY'S DATE OF BIRTH.

5 DIGITS SIGNED

STANDARD ALIAS: BENE_BIRTH_DT
 COBOL ALIAS: BIRTH-DT

EDIT-RULES:
 YYDDD

SOURCE:
 SSA AND RRB BENEFICIARY RECORD SYSTEMS

10. DATE OF DEATH PACK 3 39 41 THIS FIELD SHOWS THE BENEFICIARY'S DATE OF DEATH.

5 DIGITS SIGNED

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
-----	----	-----	-----	-----
				COBOL ALIAS: DEATH-DT
				EDIT-RULES: YYDDD 00000 = NO DATE OF DEATH YY999 = NO LONGER ON HISKEW, UNKNOWN REASON, ASSUMED I OR CROSS-REFERENCED OUT
				SOURCE: HIMASTER ENROLLMENT RECORD

11. FILLER CHAR 3 42 44

12. BENEFICIARY SEX IDENTIFICATION CODE CHAR 1 45 45 THE SEX OF A BENEFICIARY.

STANDARD ALIAS: BENE_SEX_IDENT_CD
 COMMON ALIAS: SEX_CD
 SAS ALIAS: SEX_CD

EDIT-RULES:
REQUIRED FIELD

CODES:
1 = MALE
2 = FEMALE
0 = UNKNOWN

SOURCE:
SSA, RRB, EDB

13. FILLER	CHAR	7	46	52	
14. BENEFICIARY GHO ENROLLMENT STATE CODE	CHAR	2	53	54	STANDARD ALIAS: BENE_GHO_ENRLMT_STATE_CD

CODES:
01 = ALABAMA
02 = ALASKA
03 = ARIZONA
04 = ARKANSAS
05 = CALIFORNIA
06 = COLORADO
07 = CONNECTICUT
08 = DELAWARE
09 = DISTRICT OF COLUMBIA
10 = FLORIDA
11 = GEORGIA
12 = HAWAII
13 = IDAHO
14 = ILLINOIS
15 = INDIANA
16 = IOWA
17 = KANSAS
18 = KENTUCKY
19 = LOUISIANA

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----
					20 = MAINE
					21 = MARYLAND
					22 = MASSACHUSETTS
					23 = MICHIGAN

24 = MINNESOTA
25 = MISSISSIPPI
26 = MISSOURI
27 = MONTANA
28 = NEBRASKA
29 = NEVADA
30 = NEW HAMPSHIRE
31 = NEW JERSEY
32 = NEW MEXICO
33 = NEW YORK
34 = NORTH CAROLINA
35 = NORTH DAKOTA
36 = OHIO
37 = OKLAHOMA
38 = OREGON
39 = PENNSYLVANIA
40 = PUERTO RICO
41 = RHODE ISLAND
42 = SOUTH CAROLINA
43 = SOUTH DAKOTA
44 = TENNESSEE
45 = TEXAS
46 = UTAH
47 = VERMONT
48 = VIRGIN ISLANDS
49 = VIRGINIA
50 = WASHINGTON
51 = WEST VIRGINIA
52 = WISCONSIN
53 = WYOMING
54 = AFRICA
55 = CALIFORNIA; INSTITUTIONAL PROVIDER
OF SERVICES (IPS) ONLY
56 = CANADA
57 = CENTRAL AMERICA AND WEST INDIES
58 = EUROPE
59 = MEXICO
60 = OCEANIA
61 = PHILIPPINES
62 = SOUTH AMERICA
63 = U.S. POSSESSIONS
64 = AMERICAN SAMOA
65 = GUAM
66 = SAIPAN

67 = TEXAS; INSTITUTIONAL PROVIDER
 OF SERVICES (IPS) ONLY
 97 = NORTHERN MARIANAS
 98 = GUAM
 99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
 OTHERWISE UNKNOWN

1

GROUP HEALTH PLAN (GHP) MASTER RECORD

	NAME	TYPE	POSITIONS			CONTENTS
			LENGTH	BEG	END	
15.	BENEFICIARY GHO ENROLLMENT COUNTY CODE	CHAR	3	55	57	STANDARD ALIAS: BENE_GHO_ENRLMT_CNTY_CD
16.	BENEFICIARY GHO ENROLLMENT ZIP CODE	CHAR	5	58	62	STANDARD ALIAS: BENE_GHO_ENRLMT_ZIP_CD
17.	CURRENT PART A ENTITLEMENT DATE	PACK	3	63	65	THIS DATE SPECIFIES THE FIRST DATE A BENEFICIARY BECAME ENTITLED TO PART A BENEFITS. 5 DIGITS SIGNED EDIT-RULES: YYDDD ZEROS = NO PART A ENTITLEMENT SOURCE: EDB
18.	CURRENT PART A TERMINATION DATE	PACK	3	66	68	THIS DATE SPECIFIES THE LAST DATE A BENEFICIARY IS ENTITLED TO PART A BENEFITS. AFTER THIS DATE, PART A BENEFITS ARE TERMINATED. 5 DIGITS SIGNED EDIT-RULES: YYDDD ZEROS = NO PART A TERMINATION SOURCE: EDB
19.	CURRENT PART B ENTITLEMENT	PACK	3	69	71	THIS DATE SPECIFIES THE FIRST DATE A BENEFICIARY

G = ENTITLED DUE TO GOOD CAUSE
 Y = ENTITLED AND A PREMIUM IS PAYABLE.

WHERE THE PART B ENTITLEMENT DATE IS PRESENT
 AND THE PART B TERMINATION DATE IS ALSO PRESENT:

C = TERMINATED DUE TO DISABILITY CESSATION
 F = TERMINATED DUE TO INVALID OR VOIDED
 ENROLLMENT
 S = TERMINATED, NO LONGER ENTITLED UNDER
 END-STAGE RENAL DISEASE PROVISION
 T = TERMINATED FOR NON-PAYMENT OF PREMIUMS
 W = VOLUNTARILY WITHDRAWN FROM COVERAGE

SOURCE:
 SSA/RRB

22. BENEFICIARY PART A CHAR 1 76 76 THE REASON FOR A BENEFICIARY'S ENTITLEMENT OR
 ENTITLEMENT STATUS CODE TERMINATION TO PART A BENEFITS DURING A PERIOD
 OF COVERAGE.

STANDARD ALIAS: BENE_PTA_ENTLMT_STUS_CD
 SAS ALIAS: PTAST
 COMMON ALIAS: HOC

EDIT-RULES:
 REQUIRED FOR UPDATE

CODES:
 WHERE PART A ENTITLEMENT DATE IS PRESENT AND
 PART A TERMINATION DATE IS BLANK:

E = FREE PART A ENTITLEMENT
 G = ENTITLED DUE TO GOOD CAUSE
 Y = PREMIUM PART A ENTITLEMENT

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	

WHERE PART A ENTITLEMENT DATE IS PRESENT AND PART A TERMINATION DATE IS ALSO PRESENT:					

C = TERMINATED FOR DISABILITY CESSATION
 S = TERMINATED, NO LONGER ENTITLED UNDER
 END-STAGE RENAL DISEASE PROVISION
 T = TERMINATED FOR NON-PAYMENT OF PREMIUMS
 W = VOLUNTARILY WITHDRAWN FROM COVERAGE
 X = FREE PART A TERMINATED OR REFUSED COVERAGE

SOURCE:
 SSA/RRB

23. FILLER	CHAR	19	77	95	
24. CENTURY OF BIRTH	CHAR	1	96	96	THIS FIELD SPECIFIES THE CENTURY IN WHICH A BENEFICIARY WAS BORN.
					COMMON ALIAS: DATA_INDICATOR#18
					CODES: 0 = CURRENT CENTURY 1 = PRIOR CENTURY
25. FILLER	CHAR	19	97	115	
26. END STAGE RENAL DISEASE INDICATOR (ESRD)	CHAR	1	116	116	THIS IS A NOTICE OF ESRD INVOLVEMENT
					COMMON ALIAS: CRD_INDICATOR
					CODES: 0 = NO ESRD 1 = ESRD STATUS
27. FILLER	CHAR	35	117	151	
28. BENEFICIARY SURNAME	CHAR	12	152	163	THE LAST NAME OF THE MEDICARE BENEFICIARY.
					STANDARD ALIAS: BENE_SRNM_NAME
29. BENEFICIARY GIVEN NAME	CHAR	7	164	170	THE FIRST NAME OF THE MEDICARE BENEFICIARY.
					STANDARD ALIAS: BENE_GVN_NAME
30. BENEFICIARY MIDDLE NAME	CHAR	1	171	171	THE FIRST POSITION (LETTER) OF A BENEFICIARY'S MIDDLE NAME.

STANDARD ALIAS: BENE_MDL_NAME
SAS ALIAS: MDLNAME

EDIT-RULES:
OPTIONAL; MAY BE BLANK

SOURCE:

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	

SSA/RRB					
31. ENROLLMENT CODE	CHAR	1	172	172	CODES: 0 = INACTIVE 1 = ACTIVE
32. FILLER	CHAR	1	173	173	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
33. HOSPICE INDICATOR	CHAR	1	174	174	CODES: 1 = HOSPICE START DATE PRESENT 0 = NO HOSPICE START DATE PRESENT
34. MEDICAID INDICATOR	CHAR	1	175	175	CODES: 1 = MEDICAID STATUS 0 = NO MEDICAID
35. WORKING AGED INDICATOR	CHAR	1	176	176	CODES: 0 = NO WORKING AGED 1 = WORKING AGED STATUS
36. PRIOR CAN BIC INDICATOR	CHAR	1	177	177	CODES: 0 = NO PRIOR CAN BIC 1 = PRIOR CAN BIC
37. FILLER	CHAR	2	178	179	
38. INSTITUTIONAL/NHC INDICATOR	CHAR	1	180	180	CODES: 0 = NO INSTITUTIONAL 1 = INSTITUTIONAL STATUS 2 = NURSING HOME CERTIFIABLE STATUS

**** GHP MEMBERSHIP GROUP 25 181 205 ONE TO SIX MEMBERSHIP PERIODS MAY BE PRESENT.
 THE CURRENT MEMBERSHIP PERIOD APPEARS FIRST.

OCCURS: 6 TIMES

39. SEPARATOR/TERMINATOR CHAR 1 181 181 FIELD INDICATES GHP DATA TRAILER FOLLOWS OR END OF
 RECORD

CODES:
 * = GHP MEMBERSHIP DATA FOLLOWS
 # = END OF RECORD

40. GHP STATUS CODE CHAR 1 182 182 THIS FIELD DENOTES THE BENEFICIARY'S CURRENT GHO
 MEMBERSHIP STATUS.

CODES:
 A = ACTIVE
 D = DECEASED
 I = INACTIVE

41. GHP CONTRACT NUMBER CHAR 5 183 187

1 GROUP HEALTH PLAN (GHP) MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
42. FILLER	CHAR	2	188 189	
43. PART B GHO ENROLLMENT DATE	PACK	3	190 192	YEAR AND DAY OF YEAR OF EFFECTIVE PART B GHO MEMBERSHI 5 DIGITS SIGNED EDIT-RULES: YYDDD SOURCE: GHP MASTER FILE
44. PART B GHO DISENROLLMENT DATE	PACK	3	193 195	YEAR AND DAY OF YEAR OF EFFECTIVE PART B GHO DELETION. 5 DIGITS SIGNED EDIT-RULES:

YYDDD

SOURCE:
GHP MASTER FILE

45. PART A GHO ENROLLMENT DATE PACK 3 196 198 YEAR AND DAY OF YEAR OF EFFECTIVE PART A GHO MEMBERSHI
5 DIGITS SIGNED

EDIT-RULES:
YYDDDSOURCE:
GHP MASTER FILE

46. PART A GHO DISENROLLMENT PACK 3 199 201 YEAR AND DAY OF YEAR OF EFFECTIVE PART A GHO DELETION.
DATE
5 DIGITS SIGNED

EDIT-RULES:
YYDDDSOURCE:
GHP MASTER FILE

47. FILLER CHAR 4 202 205

GENERATED ON 10/24/01 AT 11:48:33