

**LIABLE/AGENT DATA TRANSFER RECORD**

Background. The IB Committee requested that the size of the data exchange record be expanded to provide for: (1) the exchange of initial claims data, and (2) to accommodate the reservation of other data fields in anticipation of future needs, and (3) to diminish the need to again expand the record. At this time, States will only need to exchange the data identified with a single asterisk on the attached records with respect to interstate initial claims and weeks claimed and commuter weeks claimed. States will be notified when any other of the data elements on the Liable/Agent Data Transfer (LADT) record are required to be exchanged.

The following instructions are to be followed in reporting initial claims and weeks claimed via the ICON weekly statistical data exchange.

1. Initial Claims Data Exchange

a. Interstate Initial Claims. At the end of each report week, each State will report data to the residence State, with respect to each liable initial claim filed directly with the liable State. The data report will include the "claimant characteristics." In reporting this data, the residence State is assumed to be the agent State unless the initial claim being reported is an additional claim and the liable State has on file an identifiable agent State that is different from the residence State and there is no change in the claimant's address at the time of the additional claim. If there is an address change, the old agent State FIPS information should be removed from the record.

An initial claim will be reported, in field 30, for claims taken during the report week only and will not again be reported. When an initial claim is reported, entries will be required for fields 1,2,3,4,5,6,7,8,13,14,15,16,18,19,22, 25,26,27,28,29,30,45,46, and 59. Fields 9,10,11, and 12 will be completed when the liable State can provide a residence address that is different from the mailing address. Fields 23 and 24 will be completed at the option of the liable State.

2. Weeks Claimed Data Exchange

a. Interstate Weeks Claimed. The liable State will report all weeks claimed with respect to all interstate claims filed from a State whether directly with the liable State (via remote electronic procedures or mail) or through the agent State.

The weeks claimed report shall include the same data items presently exchanged with the following exception: If fields 23 and 24 are not completed at the option of the liable

State then the claimants address must be completed and transmitted.

b. Commuter Weeks Claimed. At the end of the report week that includes the 12th of the month, each State will report data with respect to each intrastate week claimed filed by a commuter to the State of residence under the same procedures as apply to interstate claims except that the field designated for the "Commuter Identification Code" will be completed.

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| FIELD NO. | CURRENT FIELD ** | FIELD NAME                  | FIELD TYPE | FIELD LENGTH | DESCRIPTION   |
|-----------|------------------|-----------------------------|------------|--------------|---|
| * 1       | 1                | SOCIAL SECURITY NO.         | N          | 9            | Enter Claimant's Social Security Number.  |
| * 2       |                  | CLT'S NAME - 1ST            | A          | 12           | Enter at least one alphabetic character. This is the claimant's first name. First position cannot be blank. |
| * 3       |                  | CLT'S NAME - MIDDLE INITIAL | A          | 1            | Claimant's middle initial.  |
| * 4       |                  | CLT'S NAME - LAST           | A          | 23           | Enter at least one alphabetic character. This is the claimant's last name. First position cannot be blank.  |
| * 5       |                  | MAILING ADDRESS - STREET    | A/N        | 30           | Enter Claimant's - (Mailing) Street   |
| * 6       |                  | MAILING ADDRESS - CITY      | A          | 19           | Enter Claimant's - (Mailing) City   |
| * 7       |                  | MAILING ADDRESS - STATE     | A/N        | 2            | Enter Claimant's - (Mailing) State  |
| * 8       | 19               | MAILING ADDRESS - ZIP CODE  | N          | 9            | Enter Claimant's - (Mailing) Zip code   |
| * 9       |                  | RESIDENCE ADDRESS - STREET  | A/N        | 30           | Enter Claimant's - (Residence) Street   |
| * 10      |                  | RESIDENCE ADDRESS - CITY    | A          | 19           | Enter Claimant's - (Residence) City   |

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|      |   |                                   |     |    |  |
|------|---|-----------------------------------|-----|----|--|
| * 11 |   | RESIDENCE<br>ADDRESS -<br>STATE   | A/N | 2  | Enter Claimant's - (Residence) State   |
| * 12 |   | RESIDENCE<br>ADDRESS- ZIP<br>CODE | N   | 9  | Enter Claimant's - (Residence) Zip code  |
| * 13 |   | CLAIMANT'S<br>TELEPHONE NO.       | N   | 10 | Enter Area Code, Exchange, and Extension of<br>the Claimant's Telephone Number.  |
| * 14 | 3 | YEAR OF BIRTH                     | N   | 4  | Claimant's year of birth - Format is CCYY.<br>"CC" (century) is not required at this time.<br>Included for future use. |

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| FIELD NO. | CURRENT FIELD | FIELD NAME              | FIELD TYPE | FIELD LENGTH | DESCRIPTION  |
|-----------|---------------|-------------------------|------------|--------------|--|
| * 15      | 2             | SEX                     | N          | 1            | Enter the sex of the claimant.<br><br>1 = Male<br>2 = Female<br>3 = Unknown  |
| * 16      | 8             | ETHNIC                  | N          | 1            | Claimant's Ethnic Code.<br>1 = White, not Hispanic<br>2 = Black, not Hispanic<br>3 = Hispanic<br>4 = American Indian/Alaskan Native<br>5 = Asian/Pacific Islander<br>6 = Information not available   |
| 17        |               | EDUCATION               | N          | 2            | Highest Grade Completed.<br>1 - 12 = Actual grade completed (12 = GED)<br>13 = 1 year of college or technical school<br>14 = 2 years of college or Associate degree/tech sch<br>15 = 3 years of college<br>16 = 4 years of college or Undergraduate degree<br>17 = 1 year post graduate study<br>18 = 2 years of post graduate study or Masters degree<br>19 = Doctorate |
| * 18      | 16            | LIABLE STATE FIPS       | N          | 2            | Liabile State FIPS Code. The Liabile State cannot be the same as the Agent State.  |
| * 19      |               | LIABLE STATE OFFICE NO. | N          | 4            | Liabile Office where the claimant filed the claim. System generated from your user ID information.   |
| * 20      | 18            | AGENT STATE FIPS        | N          | 2            | Agent State FIPS Code. The Agent State cannot be the same as the Liabile State.  |

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|      |    |                                    |   |   |  |
|------|----|------------------------------------|---|---|--|
| * 21 | 12 | AGENT STATE<br>LOCAL OFFICE<br>NO. | N | 4 | Local Office where the claimant filed the claim. System generated from your user ID information. |
| * 22 | 9  | RESIDENCE<br>STATE FIPS            | N | 2 | Residence State FIPS Code. The Residence State cannot be the same as the Liable State.           |
| * 23 | 10 | RESIDENCE<br>COUNTY FIPS           | N | 3 | Residence County FIPS Code.  |
| * 24 | 11 | RESIDENCE<br>CITY/TOWN FIPS        | N | 4 | Residence City/Town FIPS Code.   |

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| FIELD NO. | CURRENT FIELD ** | FIELD NAME              | FIELD TYPE | FIELD LENGTH | DESCRIPTION   |
|-----------|------------------|-------------------------|------------|--------------|---|
| * 25      |                  | DATE CLAIM TAKEN        | N          | 8            | Enter the date the claim was taken. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use.   |
| * 26      |                  | EFFECTIVE DATE OF CLAIM | N          | 8            | Enter effective date of the claim. Correlates with today's date, backdate reason, and liable State. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| * 27      | 13               | PROGRAM TYPE            | N          | 1            | Enter the program type:<br>1 = UI<br>5 = UCFE<br>7 = UCX  |
| * 28      | 14               | ENTITLEMENT             | N          | 1            | Enter the entitlement type:<br>0 = Regular<br>1 = Extended Benefits (EB)<br>2 = Federal Benefit Extension<br>3 = Additional Benefits (AB)   |
| * 29      | 4                | DOT (SOC) CODE          | N          | 4            | Claimant's Occupational Code.   |
| * 30      |                  | INITIAL CLAIM           | N          | 1            | Enter Status of Claim:<br>1 = New<br>2 = Additional   |
| 31        |                  | BYB                     | N          | 8            | Benefit Year Beginning date. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use.  |
| 32        |                  | BYE                     | N          | 8            | Benefit Year Ending date. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use.   |

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|    |  |                                   |   |   |  |
|----|--|-----------------------------------|---|---|--|
| 33 |  | WBA                               | N | 3 | Weekly Benefit Amount (Include Dependents Allowance).  |
| 34 |  | MBA                               | N | 5 | Maximum Benefit Amount (Include Dependents Allowance). |
| 35 |  | BASE PERIOD<br>WAGES - 1st<br>qtr | N | 7 | Enter BP Wages for 1st qtr.                            |
| 36 |  | BASE PERIOD<br>WAGES - 2nd<br>qtr | N | 7 | Enter BP Wages for 2nd qtr.                            |

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| FIELD NO. | CURRENT FIELD | FIELD NAME                     | FIELD TYPE | FIELD LENGTH | DESCRIPTION   |
|-----------|---------------|--------------------------------|------------|--------------|---|
| 37        |               | BASE PERIOD WAGES - 3rd qtr    | N          | 7            | Enter BP Wages for 3rd qtr.   |
| 38        |               | BASE PERIOD WAGES - 4th qtr    | N          | 7            | Enter BP Wages for 4th qtr.   |
| 39        |               | BASE PERIOD WAGES - 5th qtr    | N          | 7            | Enter BP Wages for 5th qtr.   |
| 40        |               | BASE PERIOD WAGES - TOTAL      | N          | 8            | Enter Total BP Wages for all qtrs.  |
| 41        |               | SIC (Employer with Most Wages) | N          | 6            | Standard Industrial Classification of the Claimant's Employer for which he/she had the most wages.  |
| 42        |               | LAST EMPLOYER - NAME           | A/N        | 30           | Enter name of Last Employer.  |
| 43        |               | DATE EMPLOYMENT BEGAN          | N          | 8            | Enter date employment began with Last Employer. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| 44        |               | DATE EMPLOYMENT ENDED          | N          | 8            | Enter date Employment ended with Last Employer. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| * 45      | 5             | LAST EMPLOYER - SIC            | N          | 6            | Standard Industrial Code of the Claimants Last Employer. If n/a, use primary base period employer.  |

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|      |   |                                      |     |    |  |
|------|---|--------------------------------------|-----|----|--|
| * 46 | 6 | LAST EMPLOYER<br>- OWNERSHIP<br>CODE | N   | 1  | Valid entries are '1' through '5'. Default is '5'.   |
| 47   |   | SEPARATION                           | N   | 1  | Separation:<br>1 = Permanent<br>2 = Temporary  |
| 48   |   | RECALL DATE                          | N   | 6  | Enter date claimant is to return to work. If no recall date, enter zeros. Format is CCYYMMDD.<br>"CC" (century) is not required at this time. Included for future use. |
| 49   |   | UNION                                | A   | 1  | Y = Yes<br>N = No  |
| 50   |   | US CITIZENSHIP                       | A   | 1  | Y = Yes<br>N = No  |
| 51   |   | ALIEN REG. NO.                       | A/N | 20 | Enter claimant's Alien Registration Number, if applicable and available.   |

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| FIELD NO. |    | FIELD NAME                   | FIELD TYPE | FIELD LENGTH | DESCRIPTION  |
|-----------|----|------------------------------|------------|--------------|--|
| * 52      | 17 | WEEK ENDING DATE             | N          | 8            | Week ending date of week claimed. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use.            |
| * 53      | 15 | EARNINGS DURING WEEK CLAIMED | N          | 1            | X = Yes. Indicates that claimant had earnings during the week claimed.   |
| 54        |    | DATE 1ST PAYMENT ISSUED      | N          | 8            | Enter the date the first payment was issued. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| 55        |    | EXHAUSTEE                    | A          | 1            | X = Yes. Complete only upon exhaustion.  |
| 56        |    | WEEKS COMPENSATED            | N          | 2            | Enter the number of weeks compensated during the benefit year.   |
| 57        |    | \$ AMOUNT OF BENEFITS PAID   | N          | 7            | Enter the total amount of benefits paid during the benefit year.   |
| * 58      |    | COMMUTER IDENTIFICATION CODE | A          | 1            | X = Yes. Complete to identify claims filed by commuters from residence State.  |
| * 59      | 21 | PROCESS DATE                 | N          | 8            | Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use.  |

**NOTE:**

\* Indicates data elements that State must be able to send and receive.

\*\* This column shows the data elements (with the current field identified) that are currently being transmitted, except that the date fields have been expanded to include the century.

Non-asterisked fields will be identified on the new record for potential future use (exchange of this information will not be implemented at this time.)