

New York Life Group Benefit Solutions

Employer Reporting Glossary

October 2024



GROUP BENEFIT
SOLUTIONS

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Introduction

New York Life Group Benefit Solutions offers a full suite of customizable reports that refresh nightly, giving you on-demand insights to understand your employees' claims and plan usage. This Reporting Glossary clarifies the terms and statuses used in these reports.

Following the "Report Descriptions" section, each reporting category includes its own fields and definitions arranged alphabetically, rather than in the order that they appear within the reports. Not all fields are present in every report. For example, the Disability section lists all potential data fields across the Claims, Intakes, and Payments reports, but "Net Payment" only appears in Disability Payments.

Bolded terms within definitions refer to other fields in the same category. Refer for their definitions for more information.

Available reports may differ by client and user. For further guidance on navigating or using our reports, please consult the Reporting Guide.

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myNYLGBS Support

We are here to help! For assistance with the myNYLGBS portal and reports, please contact your Account Team or our GBS Client Service Center. The Client Service Center can be contacted via:

- Email: GBSClientService@newyorklife.com
- Phone: (800) 557-7975, Monday – Friday 8:00am to 8:00pm ET

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Report Descriptions

Report Category	Report Name	Description
Integrated Reports	Absence & Disability	<p>Integrated Reports captures all leaves and claims in one view.</p> <p>Not all fields are shared for an Absence and Disability case, so some columns may show a blank value if the field is not applicable to the respective product.</p> <p>This is a high-level view with limited data fields. For more detailed reports on Absence or Disability, please visit those corresponding tabs.</p> <p><i>Note:</i> For employers with ADA administration service, this report shows ADA Leaves as an Accommodation but not Workplace Accommodations.</p>
Absence	Leaves	<p>View who is on leave and their claim status. The default view displays open leaves only, so adjust the Leave Status filter to see all leaves.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • All Open Leaves • Open Continuous Leaves • Open Intermittent Leaves • Returning to Work This Week • CT Paid Family Medical Leaves • Changes Only (7/14/30 days or custom date range)
	Intermittent Time Tracking	View details about leave time requested and status.
	Intakes	<p>View new requests received during a specified period. By default, this list will show requests received within the last seven days.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • New Leaves Received Last Week • New Leaves Received This Week
	Payments	<p>View issued payments when applicable.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • Payments in the Last 30 Days • Payments in the Last 14 Days • Payments in the Last 7 Days • Last Week's Payments • This Week's Payments • Salary Continuance Payments in the Last 30 Days • Last Week's Salary Continuance Payments • This Week's Salary Continuance Payments

	ADA	<p>Provides claims details for employee accommodation requests, including the requested accommodation and status.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • All Accommodation Requests • Workplace Accommodation Requests <p><i>Note: only available to employers with ADA administration service.</i></p>
	Leave Summary	<p>Provides approved absence hours and total benefits paid per employee per month.</p>
Disability	Claims	<p>View data on active, pending, or closed claims. The default view displays active and pending claims, so adjust the Claim Status filter to see all claims.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • All Open Claims • Claims Closed in the Last 30 Days • Returned to Work Last Week • Returning to Work This Week • Changes Only • Offsets
	Intakes	<p>View new claims received during any period. By default, this list will show all intakes received within the last seven days.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • New Claims Received in the Last 7 Days • New Claims Received Last Week • Pre-Files Only
	Payments	<p>View all issued payments.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • Payments in the Last 30 Days • Payments in the Last 14 Days • Payments in the Last 7 Days • Last Week's Payments • This Week's Payments
	Analytics	<p>Analytics provides an aggregate view of your disability plan performance with summary data, such as:</p> <ul style="list-style-type: none"> • Claim Approvals and Closures • Average Days to Decision and Claim Duration • Total Payments • Claim breakouts by demographic categories <p><i>Note: availability depends on user access & claim volume.</i></p>
Tax	Weekly, Monthly, and/or Annual	<p>Tax reports are available at set frequencies as determined by your account setup.</p>

Banking	Payments	<p>Provides a detailed view of all payments from your bank account(s) and their respective status.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • All Payments • Issued Payments Prior Month • Cleared Payments Prior Month • Stop Payments Prior Month • ACH Returns Prior Month <p><i>Note: available to ASO (Administrative Services Only) clients only.</i></p>
Medical Underwriting	Activity	<p>Provides the status of coverage requests (employees and/or spouses*, if applicable) that require underwriting review.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • Applications Received in the Last 90 Days • Activity in the Last 7 Days • Approved Applications • Closed Applications • Pending Applications • Changes Only (7/14/30/90 days or custom date range) <p>*Includes a domestic partner or partner to a civil union. A domestic partner is eligible for insurance if they meet specific criteria stated in the group policy.</p>
Life and AD&D	Claims	<p>Provides information regarding Life, Waiver, and Accidental Death & Dismemberment claims for employees or their dependents.</p> <p>Standard saved views include:</p> <ul style="list-style-type: none"> • All Claim Activity • All Life and AD&D Claims • All Waiver Claims • Claims Paid in the Last 12 Months

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Integrated Report Fields

Field	Definition
Absence Number	<p>The unique identifier specific to the absence plans that apply to a case. If multiple plans apply to a single leave request, all plans will be associated with this one Absence Number.</p> <p>For a visualization of the claim structure, see Figure 1 in the appendix.</p>
Absence Reason	<p>The reason an employee is filing an absence claim. This corresponds with leave reason on the Leaves report. Potential reasons include, but are not limited to:</p> <ul style="list-style-type: none"> • Serious Health Condition - Employee – Absence for an employee's own condition • Pregnancy/Maternity – Absence for a pregnancy/maternity claim • Child Bonding – Absence to bond with a biological, foster or adopted child • Care for a Family Member – Absence to care for a covered family member • Leave as an Accommodation – Absence covered by ADA

Absence Type	<p>The type of leave the employee is requesting. This can be one of five absence types:</p> <ul style="list-style-type: none"> • Continuous – An uninterrupted absence for a defined time period (ex. 1/1-3/1) • Intermittent – An absence that takes place at unscheduled intervals (ex. up to 4 hours, 2-3x/month) • Reduced Schedule – The employee works a defined number of scheduled hours per week (ex. 4 hrs./day for 2 weeks) • STD – Short-Term Disability • LTD – Long-Term Disability
Actual RTW	The GBS record of when the employee returned to work (RTW), as provided by the employee or a contact at the employer. If not provided to NYL GBS by one of these sources, the field will be blank or "N/A". Applicable to Continuous leaves only.
Approved Through	The date to which medical documentation supports approval. Also known as the Medical Approved Through Date (MATD), this is the date GBS is supporting/paying benefits through.
Benefit Start	The date paid benefits begin.
Case	<p>The unique identifier for the overall leave request (i.e., claim). If multiple products or plans apply to a single leave request, they will all be associated with this one case number.</p> <p>For a visualization of the claim structure, see Figure 1 in the appendix.</p>
Case Status	The status of the overall Case . A disability claim can be pending, active, or closed. A leave will be either open (future end date) or closed (past end date with a decision made).
Date Of Disability	The date the employee became disabled.
Decision Reason	<p>When the Plan Segment Status or Plan Decision is "Denied" or "Withdrawn", this field will provide reasoning for the claim decision. Potential reasons include, but are not limited to:</p> <ul style="list-style-type: none"> • Employee not Eligible – The employee is not eligible for coverage by the plan • Sufficient Evidence not Received – Employee did not submit the required documentation • Time Exhausted – Applicable plan but time denied because employee has exhausted leave time bank • No Time Available – Employee has exhausted leave time bank • Employee Withdrawal – Employee has cancelled leave request • Invalid Plan Selection – Plan not applicable • Proof – Certification does not support the absence request
Division/ Organization	A level of structure set up in the GBS claim system as defined by your company and may be provided on the eligibility feed.
Employee	The first and last name of the employee.
Employee ID	The employee's unique identification number, as provided by the eligibility feed.
Estimated RTW	An estimate of when the employee expects to return to work (RTW). This is provided by the employee during intake, a leave change, or when completing a return-to-work task. Applicable to Continuous leaves only.
Job Title	The name of the work role that the employee currently holds.
Location	A secondary level of structure set up in the GBS claim system as defined by your company and may be provided on the eligibility feed.
Paid Thru	The date benefits have been paid through. Applicable to paid leave plans only.

Plan	The name of the specific leave plan associated with the Case . One or more plan(s) can be associated with the overall claim. For example, a leave request can include FML, PFL, and/or another company-specific plan (such as military, personal, parental, etc.). The plan(s) that apply are determined by the leave reason, work state, and other factors.
Plan Decision	<p>The decision made for the respective Plan. Potential decisions include, but are not limited to:</p> <ul style="list-style-type: none"> • Accepted – The specific leave plan is determined to be applicable; does not indicate that the absence request dates are approved • Pending Evidence – Request is in progress; GBS is gathering information to make a decision • Denied – The specific leave plan is determined to be not applicable • Undecided – GBS has not yet made a decision on plan • N/A – Plan Decision references absence plans only, so N/A will appear on Disability rows <p><i>Note:</i> If the Plan Decision column value is "Denied", the Decision Reason column will include additional detail for why it was denied.</p>
Plan Segment	<p>Multiple time periods & plan decisions may apply to one plan based on employee eligibility and interactions with other plans. Plan Segment refers to one of these time periods. It may encompass the employee's entire requested time period or a portion of the request.</p> <p><i>Note:</i> Plan Segment does not appear on the report but is helpful for understanding related terms.</p>
Plan Segment End	The <i>end</i> of the time period for this row's Plan Segment . Applicable to Continuous and Reduced Work Schedule leaves only.
Plan Segment Start	The <i>beginning</i> of the time period for this row's Plan Segment . Applicable to Continuous and Reduced Work Schedule leaves only.
Plan Segment Status	<p>The decision of the Plan Segment. Potential statuses include, but are not limited to:</p> <ul style="list-style-type: none"> • Approved – GBS has approved the referenced plan segment dates • Decided – All applicable plans have been decided for the referenced plan segment dates • Denied – All applicable plans have been denied for the referenced plan segment dates • Partially Decided – For absence requests with multiple applicable plans, some plans have been decided while others remain undecided • Pending – The plan is pending a decision • Pending Certification – GBS is awaiting provider certification to make a decision on the plan • Time Available – The plan has time remaining to be used • Cancelled – The leave request was cancelled • Waiting Period – The plan has a waiting period before benefits begin • Withdrawn – The employee has withdrawn the absence request <p><i>Note:</i> The Request Status and Plan Segment Status will not always be the same, since Request Status refers to the high-level request, while Plan Segment Status refers to more granular periods of time.</p>
Policy	The unique identifier given to each policy a client holds.
Received Date	The date on which GBS received the claim.

Request End	The <i>end</i> of the time period the employee expects to be on leave from work. This is provided when submitting the claim.
Request Start	The <i>beginning</i> of the time period the employee expects to be on leave from work. This is provided when submitting the claim.
Request Status	<p>The status that pertains to the overall request. This can be one of six statuses:</p> <ul style="list-style-type: none"> • Pending – Request in progress; GBS is gathering information to make a decision • Partially Decided – For absence requests with multiple applicable plans, some plans have been decided while others remain undecided • Decided – All applicable plans have been decided for the referenced request period • Denied – All applicable plans have been denied for the referenced request period • Withdrawn – The employee has withdrawn the absence request • Cancelled – GBS has cancelled the absence review <p><i>Note:</i> If the Request Status column value is "Denied" or "Partially Decided," you can find additional detail by reviewing the Closed Status Reason for Disability or the Plan Decision, Plan Segment Status, and Decision Reason for Absence.</p>
Time As Of	The effective date of the Time Used and Time Remaining values.
Time Remaining	How much time is remaining on a plan's current entitlement, as of the date listed in the Time As Of column.
Time Used	The time that has been used on a plan as of the date listed in the Time As Of column. Time is tracked and displayed in weeks.
Work State	The state in which the employee works, as defined on the eligibility feed. This state may be used to determine the applicable leave plans. For employees living outside the US, this field will be blank.

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Absence Reports Fields

Field	Definition
Absence Number	The unique identifier specific to the absence Plans that apply to a Case . If multiple plans apply to a single leave request, all plans will be associated with this one Absence Number.
Accepted	Indicates whether or not the accommodation request has been approved. If it has not yet been approved, this field will be populated as "-". If and when it is approved, this field will be populated as "Yes".
Accommodated Date	The date an employee's approved accommodation <i>begins</i> .
Accommodation Detail	Provides additional detail for the specific accommodation. It is a sub-category of the Category field.
Actual RTW	The GBS record of when the employee returned to work (RTW), as provided by the employee or a contact at the employer. If not provided to NYL GBS by one of these sources, the field will be blank. Applicable to Continuous leaves only.
Approved Hours	The number of hours the employee has requested for the respective intermittent time Occurrence that have been approved.
Avg Weekly Wage	The average earnings paid to an employee prior to leave. The definition of earnings is determined by the plan. The Avg Weekly Wage is used to calculate paid leave benefits. Applicable to paid leave plans only.

Benefit Payment Frequency	How frequently benefits are paid. While this will typically be "7 Day Week" (paid weekly), this can be one of six frequencies: <ul style="list-style-type: none"> • 5 Day Week • 7 Day Week • Bi-Weekly • Semi-Monthly • Monthly • Unknown
Benefit Start	The date paid leave benefits begin. Applicable to approved paid leave plans only.
Case	The unique identifier for the overall leave request (i.e., claim). If multiple products or Plans apply to a single leave request, they will all be associated with this one case number. For a visualization of the claim structure, see Figure 1 in the appendix .
Category	The general category for the type of accommodation that has been requested.
Check/EFT Number	The unique identifier for each payment.
Closure Reason	The reason an accommodation request has been closed.
Current Earnings Amount	The amount of earnings that an employee is making from their employer prior to being on leave, at the frequency defined in Current Earnings Frequency . This will only be populated for paid leave plans.
Current Earnings Frequency	Indicates how frequently the employee received their Current Earnings Amount from their employer. This will only be populated for paid leave plans. For Absence reports, this can be one of four frequencies: <ul style="list-style-type: none"> • Annual • Bi-weekly • Weekly • Monthly
Current Gross Benefit	The full dollar amount of benefits awarded without taking into account any money withheld.
Current Net Benefit	The benefit dollar amount after deductions and adjustments.
Decision Date	The date a decision was made by a GBS Claim Manager about the employee absence request
Decision Reason	When the Plan Segment Status or Plan Decision is "Denied" or "Withdrawn", this field will provide reasoning for the claim decision. Potential reasons include, but are not limited to: <ul style="list-style-type: none"> • Employee not Eligible – The employee is not eligible for coverage by the plan • Sufficient Evidence not Received – Employee did not submit the required documentation • Time Exhausted – Applicable plan, but time denied because employee has exhausted leave time bank • No Time Available – Employee has exhausted leave time bank • Employee Withdrawal – Employee has cancelled leave request • Invalid Plan Selection – Plan not applicable • Proof – Certification does not support the absence request
Deduction: Child Support	Indicates if deductions due to child support apply to the respective payment.

Deduction: Garnishment	Indicates if deductions due to garnishment apply to the respective payment.
Denied Hours	The number of hours the employee has requested for the respective intermittent time Occurrence that have been denied.
Division/ Organization	A level of structure set up in the GBS claim system as defined by your company and may be provided on the eligibility feed.
Division/ Organization Code	The Organization Code, defined on the eligibility file, is a short-form reference to the Division/Organization .
Employee	The first and last name of the employee.
Employee Age	The age of the employee at the time the claim was submitted.
Employee ID	The employee's unique identification number, as provided by the eligibility feed.
Employee SSN	The last 4 digits of the Social Security number (SSN) of the employee.
Employer Email 1	Associated employer contact sourced from eligibility file feed.
Employer Email 2	Associated employer contact sourced from eligibility file feed.
End Date	The date an employee's approved accommodation <i>ends</i> .
Estimated RTW	An estimate of when the employee expects to return to work (RTW). This is provided by the employee during intake, a leave change, or when completing a return-to-work task. Applicable to Continuous leaves only.
FICA	The dollar amount of the FICA adjustment for the respective payment. FICA (Federal Insurance Contributions Act) is a U.S. payroll tax collected to fund the Social Security and Medicare programs.
FIT	The dollar amount of the FIT adjustment for the respective payment. FIT (Federal Income Tax) is a tax on income that is imposed by the U.S. federal government.
Gender	The employee's gender.
Gross Payment	The total payment amount before deductions or adjustments.
Job Title	The name of the work role that the employee currently holds.
Last Day Worked	The last day the employee worked before going on leave. Applicable to Continuous leaves only; all other leave types will display "N/A".
Leave Manager Name	First and Last name of the GBS claim manager assigned to process the claim.
Leave Reason	The reason an employee is filing an absence claim. Potential reasons include, but are not limited to: <ul style="list-style-type: none"> • Serious Health Condition - Employee – Absence for an employee's own condition • Pregnancy/Maternity – Absence for a pregnancy/maternity claim • Child Bonding – Absence to bond with a biological, foster or adopted child • Care for a Family Member – Absence to care for a covered family member • Leave as an Accommodation – Absence covered by ADA
Leave Received	The date on which GBS received the absence request.
Leave Status	The status of an overall absence request. This can be one of two statuses: <ul style="list-style-type: none"> • Open – displays when a request is approved or fully/partially pending • Closed – a request has been closed

Leave Type	The type of leave that the employee has requested. This can be one of three leave types: <ul style="list-style-type: none"> • Continuous – An uninterrupted absence for a defined time period (ex. 1/1-3/1) • Intermittent – An absence that takes place at unscheduled intervals (ex. up to 4 hours, 2-3x/month) • Reduced Schedule – The employee works a defined number of scheduled hours per week (ex. 4 hrs./day for 2 weeks)
Location	A secondary level of structure set up in the GBS claim system as defined by your company and may be provided on the eligibility feed.
Location Code	The Location Code is defined on the eligibility file and is a short-form reference to the Location .
Mailing Address	The mailing address for the employee.
Method Received	The way in which the absence request was submitted. This can be one of six submission methods: <ul style="list-style-type: none"> • Self Service (i.e., online) • Phone • E-Mail • Fax • Mailing Address • Unknown
Month	The month the requested time off begins. For continuous leaves and reduced work schedules, this date is derived from the Request Start . For intermittent leaves, this is derived from the first date the employee submitted an occurrence of intermittent time off (if the employee has not yet submitted an occurrence, this will be blank).
Net Payment	The total payment amount after deductions or adjustments.
Notification Date	The date on which an accommodation request was submitted to GBS.
Notified By	The person who submitted the new claim request. This can be one of three notifiers: <ul style="list-style-type: none"> • Employee • Employer • Other Notifier
Occurrence	The singular instance of an absence on an intermittent leave. One intermittent leave claim may have multiple occurrences, each with their own corresponding decisions. This field will indicate the date for an individual occurrence.
Occurrence Decision Date	The date on which a decision was made for the overall leave claim, not a decision for the individual occurrence.
Occurrence Reason	The reason an employee has requested the occurrence of intermittent time. This be one of three reasons: <ul style="list-style-type: none"> • Incapacity – Absence due to medical episode • Office Visit – Absence due to medical treatment • Other – Often used for intermittent use of child bonding time
Occurrence Status	The status of the cancellation of an employee's intermittent time occurrence. Potential statuses include, but are not limited to: <ul style="list-style-type: none"> • Cancelled – Reported time was cancelled • Pending Cancellation

	<ul style="list-style-type: none"> • Denied Cancellation • N/A <p><i>Note:</i> To understand the status of intermittent time occurrences that were not cancelled, check the Pending Hours, Approved Hours, Denied Hours, and/or Waiting Period Hours.</p>
Paid Thru	The date benefits have been paid through. Applicable to paid leave plans only.
Payee	Person or entity to whom the payment is issued.
Payment Method	The method by which the payee will receive their payment. This will either be a check or Electronic Transfer (also known as EFT).
Pending Hours	The number of hours the employee has requested for the respective intermittent time Occurrence that are pending approval.
Plan	The name of the specific leave plan associated with the Case . One or more plan(s) can be associated with the overall claim. For example, a leave request can include FML, PFL, and/or another company-specific plan (such as military, personal, parental, etc.). The Plan(s) that apply are determined by the leave reason, work state, and other factors.
Plan Decision	<p>The decision made for the respective Plan. Potential decisions include, but are not limited to:</p> <ul style="list-style-type: none"> • Accepted – The specific leave plan is determined to be applicable; does not indicate that the absence request dates are approved • Pending Evidence – Request is in progress; GBS is gathering information to make a decision • Denied – The specific leave plan is determined to be not applicable • Undecided – GBS has not yet made a decision on plan <p><i>Note:</i> If the Plan Decision column value is "Denied", the Decision Reason column will include additional detail for why it was denied.</p>
Plan Segment	<p>Multiple time periods & plan decisions may apply to one plan based on employee eligibility and interactions with other plans. Plan segment refers to one of these time periods. It may encompass the employee's entire requested time period or a portion of the request.</p> <p><i>Note:</i> Plan Segment does not appear on the report but is helpful for understanding related terms.</p>
Plan Segment End	The <i>end</i> of the time period for this row's Plan Segment . Applicable to Continuous and Reduced Work Schedule leaves only.
Plan Segment Start	The <i>beginning</i> of the time period for this row's Plan Segment . Applicable to Continuous and Reduced Work Schedule leaves only.
Plan Segment Status	<p>The decision of the Plan Segment. Potential reasons include, but are not limited to:</p> <ul style="list-style-type: none"> • Approved – GBS has approved the referenced plan segment dates • Decided – All applicable plans have been decided for the referenced plan segment dates • Denied – All applicable plans have been denied for the referenced plan segment dates • Partially Decided – For absence requests with multiple applicable plans, some plans have been decided while others remain undecided • Pending – The plan is pending a decision • Pending Certification – GBS is awaiting provider certification to make a decision on the plan • Time Available – The plan has time remaining to be used

	<ul style="list-style-type: none"> • Cancelled – The leave request was cancelled • Waiting Period – The plan has a waiting period before benefits begin • Withdrawn – The employee has withdrawn the absence request <p>Note: The Request Status and Plan Segment Status will not always be the same, since Request Status refers to the high-level request, while Plan Segment Status refers to more granular periods of time.</p>
Policy	The unique identifier given to each policy a client holds.
Policy Holder	The employer that provides the leave plans.
Pregnancy Related	Indicates if the leave is pregnancy related or not. This can be one of three options: <ul style="list-style-type: none"> • Yes • No • Unknown
Prior Plan Case	Used to identify the corresponding case number for a claim that was taken over from a prior carrier or moved from NYL GBS' legacy leave system
Relationship	When a leave reason involves a family member, the Relationship refers to the family member's relation to that employee. For example, if the employee goes on leave to care for their child, the relationship would be "Child".
Request	<p>The unique identifier for each requested leave period. If an employee requests an extension on their originally requested leave period, this extension will be associated with a new, unique request number. If multiple Plans apply to a single request, all plans will be associated with this one request number. If multiple requests apply to a single claim, all requests will be associated with the Absence Number.</p> <p>For a visualization of the claim structure, see Figure 1 in the appendix.</p>
Request End	The <i>end</i> of the time period the employee expects to be on leave from work. This is provided when submitting the claim.
Request Received	The date on which the leave request was received.
Request Start	The <i>beginning</i> of the time period the employee expects to be on leave from work. This is provided when submitting the claim.
Request Status	<p>The status that pertains to the overall request. This can be one of six statuses:</p> <ul style="list-style-type: none"> • Pending – Request in progress; GBS is gathering information to make a decision • Partially Decided – For absence requests with multiple applicable plans, some plans have been decided while others remain undecided • Decided – All applicable plans have been decided for the referenced request period • Denied – All applicable plans have been denied for the referenced request period • Withdrawn – The employee has withdrawn the absence request • Cancelled – GBS has cancelled the absence review <p>Note: If the Request Status column value is "Denied" or "Partially Decided," you can find additional detail by reviewing the Plan Decision, Plan Segment Status, and Decision Reason.</p>
Request Status	<p>The current status of the accommodation request. This can be one of six statuses:</p> <ul style="list-style-type: none"> • Gathering Additional Information – GBS is in the process of gathering information to make a decision • Not Accommodated – Decision to not support the accommodation request

	<ul style="list-style-type: none"> • Accommodated – Decision to support the accommodation request • Implement Accommodation – In the process of implementing the approved accommodations • Request Recognized – The ADA workplace accommodation was submitted to GBS for review
Requested Hours	The number of hours the employee has requested for the respective intermittent time Occurrence .
Salary Continuance	Indicates if salary continuance applies. In the case of salary continuance, the employer has continued to directly pay the employee who is on leave and NYL then reimburses the employer.
Salary Location	If Salary Continuance is applicable, this will show the location.
Settlement Date	The date on which the EFT payment is credited to the employee's financial institution.
SIT	The dollar amount of the SIT adjustment for the respective payment. SIT (State Income Tax) is a tax levied by the employee's work state on income earned in or from the state.
SUTA	The dollar amount of the SUTA adjustment for the respective payment. SUTA (State Unemployment Tax Act) is a payroll tax that is imposed to help fund state unemployment benefits.
Time As Of	The effective date of the Time Used and Time Remaining values.
Time Remaining	How much time is remaining on a plan's current entitlement, as of the date listed in the Time As Of column.
Time Used	The time that has been used on a plan as of the date listed in the Time As Of column. Time is tracked and displayed in weeks. This includes all time used within the lookback period, even under different leaves.
Total Benefits Paid	Sum of all benefits paid to the employee under the plan. Applicable to paid leave plans only.
Transaction Date	The date on which the payment was processed by our claim system.
Transaction Period End	The <i>end</i> of the benefit period that the payment transaction applies to.
Transaction Period Start	The <i>beginning</i> of the benefit period that the payment transaction applies to.
Transaction Type	Indicates what type of payment is being made. Potential types include, but are not limited to: <ul style="list-style-type: none"> • Benefit Payment – Claim payment • Benefit Payment Adjustment – Payment adjusted due to incorrect or updated information • Refund – Refund owed to the employee • Reversal – Payment amount reversed • Negative Refund – Employee owes reimbursement to NYL GBS • Tax Reimbursement – Refund to claimant when claim was overtaxed • Tax Adjustment – Taxes need to be adjusted
Type	Indicates whether the accommodation was requested or proposed. A proposal occurs when a request is received for a certain accommodation, but through the process, the employer and employee agree to an alternative accommodation.

Waiting Period Hours	For some <i>paid</i> leave plans, employees may need to wait a certain amount of time before they are eligible for benefits. This field indicates how many hours of the respective Occurrence are applied towards their eligibility waiting period.
Work State	The state in which the employee works, as defined on the eligibility feed. This state may be used to determine the applicable leave plans. For employees living outside the US, this field will be blank.
Year	The year the requested time off begins. For continuous leaves and reduced work schedules, this date is derived from the Request Start . For intermittent leaves, this is derived from the first date the employee submitted an occurrence of intermittent time off (if the employee has not yet submitted an occurrence, this will be blank).

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Disability Reports Fields

Field	Definition
Actual Return To Work	Our record of when the employee returned to work (RTW), as provided by the employee or a contact at the employer. If not provided to NYL GBS by one of these sources, the field will be "N/A".
Any Occupation	The date on which NYL GBS reviews the claim to determine if the customer is disabled from any occupation vs. their own occupation.
Approved Through	The date to which medical documentation supports approval. Also known as the Medical Approved Through Date (MATD), this is the date GBS is supporting/paying benefits through.
Benefit End	The date paid benefits end, based on the requested time period for the claim.
Benefit Payment Frequency	How frequently benefits are paid. For Disability reports, this can be one of 11 frequencies: <ul style="list-style-type: none"> • 1 Day Week • 2 Day Week • 3 Day Week • 4 Day Week • 5 Day Week • 6 Day Week • 7 Day Week • Bi-Weekly • Monthly • Semi-Monthly • Unknown
Benefit Start	The date paid benefits begin.
Case	The unique identifier for the overall leave request (i.e., claim). If multiple products or plans apply to a single leave request, they will all be associated with this one case number. For a visualization of the claim structure, see Figure 1 in the appendix .
Cell Phone	The employee's cell phone number.
Check/EFT Number	The unique identifier for each payment.
Claim Group	Claim group as defined by the employer's file feed. Also known as "suffix code."

Claim Location	Location code as defined by the employer's file feed.
Claim Manager	First and Last name of the NYL GBS claim manager assigned to process the claim.
Claim Office	The NYL GBS office where your disability claims are managed.
Claim Office Phone	The phone number for the claim office .
Claim Received	The date on which a claim was received.
Claim Status	<p>The status of the overall claim. This can be one of three statuses:</p> <ul style="list-style-type: none"> • Active • Pending • Closed <p><i>Note: If the Claim Status is "Closed", you can find the claim closure reason in the Closed Status Reason column.</i></p>
Claim Status Updated	The date the Claim Status was last updated.
Claim Type	Indicates which disability product applies to the claim. This can be labeled as either "STD" (Short Term Disability) or "LTD" (Long Term Disability).
Closed Status Reason	<p>The reason the claim status was closed. Potential reasons include, but are not limited to:</p> <ul style="list-style-type: none"> • Return to Work – Employee has returned to work • Maximum benefit date – Benefits have been paid through plan maximum and claim is closed • Denied, due to misrepresentation – Misrepresentation in the claim resulted in a denial • Denied, not eligible: Employee is not eligible for the plan • Denied, does not meet the definition of disability (Any Occ) – Employee does not meet the contractual definition of disability, which is Any Occ • Denied, does not meet the definition of disability (Own Occ) – Employee does not meet the contractual definition of disability, which is Own Occ • Denied, due to other contract limit: – Plan design resulted in a denial • Denied, Preexisting Condition Limitation – Claim denied due to employee pre-existing condition, which is a policy exclusion • Denied, Workers Comp – Claim denied because Worker's Comp is a policy exclusion • Workers' Compensation exclusion – Claim denied because Worker's Comp is a policy exclusion • Settlement – Claimant accepted settlement • Zero liability – Claim has not been paid because other income benefits and/or deductions exceed the benefit amount • Death – Employee has passed away • Pre-File, Withdrawn – Employee cancelled claim prior to the Date of Disability • Pre-file, No Proof of Loss – Claim submitted prior to Date of Disability but could not be decided due to lack of medical evidence • Pre-File, Other – Claim submitted prior to Date of Disability but has been closed
Comments 1	A note added to the claim file to provide additional context, clarification, or details regarding the claim. This field is populated only as an exception request.
Comments 1 Date	The date the Comments 1 field was added or updated.

Comments 2	A note added to the claim file to provide additional context, clarification, or details regarding the claim. This field is populated only as an exception request.
Comments 2 Date	The date the Comments 2 field was added or updated.
Comments 3	A note added to the claim file to provide additional context, clarification, or details regarding the claim. This field is populated only as an exception request.
Comments 3 Date	The date the Comments 3 field was added or updated.
Comments 4	A note added to the claim file to provide additional context, clarification, or details regarding the claim. This field is populated only as an exception request.
Current Benefit Percentage	Indicates, based on the policy, what percentage of income the employee will receive.
Current Earnings Amount	The dollar amount of earnings that an employee received prior to leave at the frequency indicated in Current Earnings Frequency .
Current Earnings Frequency	Indicates how frequently the employee received their Current Earnings Amount from their employer. For Disability reports, this can be one of seven frequencies: <ul style="list-style-type: none"> • Annual • Bi-Weekly • Weekly • Hourly • Monthly • Semi-Monthly • Unknown
Current Gross Benefit	The full benefit dollar amount <i>before</i> deductions and adjustments.
Current Net Benefit	The benefit dollar amount <i>after</i> deductions and adjustments.
Current Net Benefit Effective Date	The date on which the Current Net Benefit amount became effective.
Date Of Birth	The employee's date of birth.
Date Of Disability	The date the employee became disabled.
Date Of Hire	The date the employee was hired.
Days Approved	Count of the number of days from the Date of Disability to the Approved Through date.
Electronic Authorization	The date on which we received the employee's <i>electronic</i> authorization, allowing NYL to contact their medical providers on their behalf for claim purposes. If no electronic authorization was received, this field will show as "N/A". Other authorization types include Verbal and Written Authorizations, which are reflected in separate columns.
Email	The employee's email address.
Employee	The first and last name of the employee.
Employee Age	The age of the employee at the time the claim was submitted.
Employee ID	The employee's unique identification number, as provided by the eligibility feed.
Employee SSN	The last 4 digits of the employee's Social Security number (SSN).

FICA	The dollar amount of the FICA adjustment for the respective payment. FICA (Federal Insurance Contributions Act) is a U.S. payroll tax collected to fund the Social Security and Medicare programs.
Financial Arrangement	Indicates whether the client's disability plans are fully insured or administrative services only. <ul style="list-style-type: none"> • Fully Insured – NYL GBS assumes risk and responsibility for paying claims • Administrative Services Only – NYLGBS processes claims, but the employer assumes risk and responsibility for funding claims
First Day Unable To Work	The date on which employee is first unable to work due to their disability.
FIT	The dollar amount of the FIT adjustment for the respective payment. FIT (Federal Income Tax) is a tax on income that is imposed by the U.S. federal government.
Full/Part Time	Indicates the employee's employment status prior to their disability claim. This can be labeled as "Part Time" or "Full Time".
Gender	The employee's gender.
Gross Payment	The total payment amount before deductions or adjustments.
Home Phone	The employee's home phone number.
Incident Number	The unique identifier specific to the disability claim that applies to a case . For a visualization of the claim structure, see Figure 1 in the appendix .
Incident Type	The reason the employee has filed a disability claim. This can be one of three incident types: <ul style="list-style-type: none"> • Injury • Illness • Pregnancy
Job Title	The name of the work role that the employee currently holds.
Last Day Worked	The last day the employee worked before missing work due to disability.
Location	A secondary level of structure set up in the NYL GBS claim system as defined by your company and may be provided on the eligibility feed.
Location Code	The Location Code is defined on the eligibility file and is a short-form reference to the Location .
Mailing Address	The mailing address for the employee.
Maximum Benefit	The maximum benefit payable per policy provisions.
Maximum Benefits Through	The date on which benefits are exhausted.
Method Received	The way in which the disability claim was submitted. This can be one of six submission methods: <ul style="list-style-type: none"> • Self Service (i.e., online) • Phone • E-Mail • Fax

	<ul style="list-style-type: none"> • Mailing Address • Unknown
Minimum Benefit	The minimum benefit payable per policy provisions after the offset of Other Income Benefits.
Net Payment	The total payment amount after deductions or adjustments.
Notified By	The person who submitted the new claim request. This can be one of three notifiers: <ul style="list-style-type: none"> • Employee • Employer • Other Notifier
Occupational Category	Indicates what type of occupational field the employee works in. Also known as "occ level," this field pairs with the ICD-10 code to influence benefit duration. This can be one of eleven categories: <ul style="list-style-type: none"> • Craftsmen • Laborers • Office and Clerical • Operators • Officials and Managers • Professionals • Sales • Service Workers • Technicians • Unemployed • Unclassified/Unknown
Payee Name	Person or entity to whom the payment is issued.
Payment End Date	The end of the pay period for the respective benefit payment.
Payment Method	The method by which the payee will receive their payment. This will either be a check or Electronic Transfer (also known as EFT).
Payment Start Date	The start of the pay period for the respective benefit payment.
Planned Return To Work	An estimate of when the employee expects to return to work (RTW). This is provided by the employee during intake, a claim change, or when completing a return-to-work task.
Policy Administrative Service	Indicates the type of administrative services provided on the claim. This can be one of four categories: <ul style="list-style-type: none"> • Determination Only – Advises, based on the incident and plan, if the claim should be approved or not. The employer determines the benefit calculation and, if applicable, pays the employee directly. • Determination with Benefit Calculations – Advises, based on the incident and plan, if the claim should be approved and provides weekly benefit calculations to the client via reporting. If applicable, the employer pays the employee directly. • Benefit Calculations with Pay Advisement – Also known as "dummy checks," advises the employer, based on the incident and plan, if the claim should be approved and provides payment dates and amounts for the employer to process. If applicable, the employer pays the employee directly. • Full Administrative Service with Check Cutting – Full decisioning and servicing of the claim and payment. NYL GBS pays the benefit to the employee.

Policy Holder	The employer that provides the disability policy.
Policy Inception Date	The date the policy became effective with the policy holder.
Policy Number	The unique identifier given to each policy a client holds.
Pre-File	Indicates if the employee filed their claim ahead of their estimated Date of Disability (ex., if they filed their pregnancy disability claim ahead of the delivery date). This can be labeled as "Yes" or "No". If "Yes", the claim becomes activated once the employee's Last Day Worked and First Day Missed are confirmed. Pre-File claims are indicated on the Disability Intake report but will not appear on the Disability Claims report until seven days prior to the Date of Disability .
Primary Diagnosis Code	The ICD10 code for the <i>primary</i> diagnosis that resulted in the employee's disability. The translation of this code can be found in the Primary Diagnosis Description column.
Primary Diagnosis Description	The written description of the <i>primary</i> diagnosis that resulted in the employee's disability. This is a translation of the ICD10 code in the Primary Diagnosis Code column.
Proof Of Loss	The date NYL received sufficient documentation of the disability in order to make a decision on the claim.
Referred To LTD	If an employee's Short-Term Disability (STD) exhausts, but they are still unable to return to work, their claim may transition to Long-Term Disability (LTD). This field indicates on which date this transition occurred and the LTD claim initiated.
Return To Work Condition	Indicates what type of work the employee is able to perform after returning to work. This can be one of five conditions: <ul style="list-style-type: none"> • Own Occupation/Own Employer – Employee occupation and employer worked prior to disability • Any Occupation/Own Employer – Occupation other than the one the employee worked prior to disability but same employer • Own Occupation/Any Employer – Employee occupation worked prior to disability but a different employer • Any Occupation/Any Employer – Occupation and employer other than the one the employee worked prior to disability • Unknown
Return To Work Restrictions	Indicates what, if any, restrictions an employee may have upon returning to work after their disability claim closes. This is a free-form field based on the provider's return to work plan.
Salary Continuance	Indicates if salary continuance applies. In the case of salary continuance, the employer has continued to directly pay the employee who is on leave and NYL GBS then reimburses the employer.
Salary Location	If Salary Continuance is applicable, this will show the location.
Secondary Diagnosis Code	If a secondary diagnosis was provided, this indicates the ICD10 code for the <i>secondary</i> diagnosis that resulted in the employee's disability. The translation of this code can be found in the Secondary Diagnosis Description column.
Secondary Diagnosis Description	The written description of the <i>secondary</i> diagnosis that resulted in the employee's disability. This is a translation of the ICD10 code in the Secondary Diagnosis Code column.
Settlement Date	The date on which the EFT payment is credited to the employee's financial institution.

SIT	The dollar amount of the SIT adjustment for the respective payment. SIT (State Income Tax) is a tax levied by the employee's work state on income earned in or from the state.
SUTA	The dollar amount of the SUTA adjustment for the respective payment. SUTA (State Unemployment Tax Act) is a payroll tax that is imposed to help fund state unemployment benefits.
Total Benefits Paid	Sum of all benefits paid to the employee on this disability claim through the date provided in the Total Benefits Paid Through column.
Total Benefits Paid Through	The effective date of the total provided in the Total Benefits Paid column.
Transaction Date	The date on which the payment was processed by the NYL GBS claim system.
Transaction Type	Indicates what type of payment is being made. Potential payments include, but are not limited to: <ul style="list-style-type: none"> • Benefit Payment – Claim payment • Benefit Payment Adjustment – Payment adjusted due to incorrect or updated information • Refund – Refund owed to the employee • Reversal – Payment amount reversed • Negative Refund – Employee owes reimbursement to NYL GBS • Tax Reimbursement – Refund to claimant when claim was overtaxed • Tax Adjustment – Taxes need to be adjusted
Unable To Work	The date on which employee is first unable to work due to their disability.
Verbal Authorization	The date on the employee provided <i>verbal</i> authorization, allowing NYL to contact their medical providers on their behalf for claim purposes. If no verbal authorization was received, this field will show as "N/A". Other authorization types include Electronic and Written Authorizations, which are reflected in separate columns.
Work Related	Indicates if the employee's work had any relation to the reason for their disability claim. This will be labeled as "Yes" or "No".
Work State	The state where the employee works. For employees living outside the US, this field will be blank.
Written Authorization	The date on which we received the employee's <i>written</i> authorization, allowing NYL to contact their medical providers on their behalf for claim purposes. If no written authorization was received, this field will show as "N/A". Other authorization types include Electronic and Verbal Authorizations, which are reflected in separate columns.

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Banking Report Fields

Field	Definition
Amount	The dollar amount issued on the check or EFT (Electronic Fund Transfer).
Bank Account	Citibank subaccount established for funding ASO Plans
Check/EFT Number	The unique identifier for each payment.
Claim Number	The unique identifier for a claim.
Claim Office	The NYL GBS office where your disability claims are managed.
Employee	The first and last name of the employee.
Employee SSN	The last 4 digits of the employee's Social Security number (SSN).
Encashment Date	The date the payment posted to the payee's account (i.e., the date an encashed check cleared in an employee's personal bank account).
Issue Date	The date the payment record was sent to Citibank.
Payee	Person or entity to whom the payment was issued.
Payment Method	The method by which the payee will receive their payment. This will either be a check or Electronic Transfer (also known as EFT).
Policy	The unique identifier given to each policy a client holds.
Product Type	The product associated with the claim under which a payment was processed. This can be one of three products: <ul style="list-style-type: none"> • STD • LTD • Paid Leave
Reason	The reason a payment has been returned.
Service Date	The date the respective claim was approved and payment was generated.
Status Date	Date of the most recent transaction status update (i.e., the date a check changed from 'issued' to 'encashed').
Transaction Status	Current status of this transaction. This can be one of four statuses: <ul style="list-style-type: none"> • Issued – A payment has been generated, but is not yet posted to the payee's account • Reversed – An EFT payment was generated and sent, but was returned to NYL GBS (a Bank Analyst can assist with researching the reason for return) • Encashed – Payment has been deposited and cleared in the payee's account • Stopped – A payment was generated, but stopped (cancelled) before it was cleared/encashed

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Tax Report Fields

Field	Definition
Adjustment	This field will always be blank.
Benefit Amount	The dollar amount of the gross benefit payable to the employee.
Check Amount	The total payment amount after deductions or adjustments.
Current SIT State	The payee's residence state and the state in which the Current SIT W/Held is effective.
Current SIT W/Held	The dollar amount of the SIT (State Income Tax) adjustment for the respective payment.
Disability Date	The date the employee became disabled.
Employee Address	The employee's street address.
Employee City	The employee's city of residence.
Employee Name	The first and last name of the employee.
Employee Pct %	The employee non-taxable contribution percentage.
Employee SS#	The full 9 digits of the employee's Social Security number (SSN).
Employee SSN#	The full 9 digits of the employee's Social Security number (SSN).
Employee State	The employee's state of residence.
Employee Zip Code	The zip code of the employee's address.
ER Med Withheld	The dollar amount of the employer's contribution to FICA Medicare for the respective payment.
ER Med Withheld YTD	The total dollar amount of the employer's contribution to FICA Medicare for all benefits paid year-to-date.
ER SS Withheld	The dollar amount of the employer's contribution to FICA Social Security for the respective payment.
ER SS Withheld YTD	The total dollar amount of the employer's contribution to FICA Social Security for all benefits paid year-to-date.
FICA Taxable Payments	The total dollar amount of benefits paid during the respective tax year that are subject to FICA taxation. FICA (Federal Insurance Contributions Act) is a U.S. payroll tax collected to fund the Social Security and Medicare programs.
FIT Tax W/Held	The total dollar amount of the FIT (Federal Income Tax) adjustment for all benefits paid during the respective tax year.
FIT Withheld	The dollar amount of the FIT adjustment for the respective payment. FIT (Federal Income Tax) is a tax on income that is imposed by the U.S. federal government.
FIT/SIT Non-Taxable Payments	The total dollar amount of benefits paid during the respective tax year that <i>are not</i> subject to FIT (Federal Income Tax) and/or SIT (State Income Tax) taxation.
FIT/SIT Taxable Payments	The total dollar amount of benefits paid during the respective tax year that <i>are</i> subject to FIT and/or SIT taxation. FIT (Federal Income Tax) is a tax on income that is imposed by the U.S. federal government. SIT (State Income Tax) is a tax levied by the employee's work state on income earned in or from the state.
Location	A secondary level of structure set up in the NYL GBS claim system as defined by your company and may be provided on the eligibility feed.

Med Tax W/Held	The total dollar amount of the FICA Medicare adjustment for all benefits paid during the respective tax year.
Medicare Withheld	The dollar amount of the FICA Medicare adjustment for the respective payment.
Monthly Benefit Amount	The dollar amount of the gross benefit payable to the employee.
Monthly FIT Taxable	The dollar amount of the benefit that is subject to FIT taxation. FIT (Federal Income Tax) is a tax on income that is imposed by the U.S. federal government.
Monthly FIT W/Held	The dollar amount of the FIT (Federal Income Tax) adjustment for the respective payment.
Monthly Med Taxable	The dollar amount of the benefit that is subject to FICA Medicare taxation.
Monthly Med W/Held	The dollar amount of the FICA Medicare adjustment for the respective payment.
Monthly SS Taxable	The dollar amount of the benefit that is subject to FICA Social Security taxation.
Monthly SS W/Held	The dollar amount of the FICA Social Security adjustment for the respective payment.
Monthly SUTA Amount	SUTA (State Unemployment Tax Act) is a payroll tax that is imposed to help fund state unemployment benefits. <i>NYL GBS does not deduct SUTA.</i>
Monthly SUTA State	The state in which the Monthly SUTA Amount is effective.
Payment Date	The date payment was made.
Policy Number	The unique identifier given to each policy a client holds.
Report Date	The date the report was originally created (not the date that the report was downloaded).
SIT St	The payee's residence state and the state in which the SIT Withheld is effective.
SIT Tax W/Held	The total dollar amount of the SIT (State Income Tax) adjustment for all benefits paid during the respective tax year.
SIT Withheld	The dollar amount of the SIT adjustment for the respective payment. SIT (State Income Tax) is a tax levied by the employee's work state on income earned in or from the state.
Situs State 1	The payee's residence state and the state in which the SIT (State Income Tax) is effective.
Situs State 2	If there is a change in the employee's SIT (State Income Tax) state during the current year, this will show the secondary SIT state (i.e., their previous residence state).
Soc Sec Tax W/Held	The total dollar amount of the FICA Social Security adjustment for all benefits paid during the respective tax year.
SS Withheld	The dollar amount of the FICA Social Security adjustment for the respective payment.
SSN	The full 9 digits of the employee's Social Security number (SSN).
Suffix	In some cases, a policy suffix is used to organize sub-classifications of the policy.
SUTA St	The state in which the SUTA Withheld is effective.
SUTA Withheld	SUTA (State Unemployment Tax Act) is a payroll tax that is imposed to help fund state unemployment benefits. <i>NYL GBS does not deduct SUTA.</i>
Total Benefit Payments	The total, gross benefits paid to the employee during the respective tax year.
YTD Benefit Amount	The total dollar amount of the gross benefits payable to the employee year-to-date.

YTD Current SIT State	The payee's residence state and the state in which the YTD Current SIT W/Held is effective.
YTD Current SIT W/Held	The total dollar amount of the SIT adjustment for all benefits paid year-to-date. SIT (State Income Tax) is a tax levied by the employee's work state on income earned in or from the state.
YTD FIT Taxable	The total dollar amount of benefits paid year-to-date that are subject to FIT taxation. FIT (Federal Income Tax) is a tax on income that is imposed by the U.S. federal government.
YTD Fit W/Held	The total dollar amount of the FIT (Federal Income Tax) adjustment for all benefits paid year-to-date.
YTD Med Taxable	The total dollar amount of benefits paid year-to-date that are subject to FICA Medicare taxation.
YTD Med W/Held	The total dollar amount of the FICA Medicare adjustment for all benefits paid year-to-date.
YTD Prior SIT State	If the employee's SIT (State Income Tax) state changes during the current year, this indicates the previous state in which the YTD Prior SIT W/Held is effective.
YTD Prior SIT W/Held	If the employee's SIT (State Income Tax) state changes during the year, this indicates the total dollar amount of the SIT adjustment for all benefits paid year-to-date while the YTD Prior SIT State was effective. For example, if the SIT state changes as of June 1, this would indicate the total dollar amount of the SIT adjustment for all benefits paid from Jan. 1 through May 31.
YTD SS Taxable	The total dollar amount of benefits paid year-to-date that are subject to FICA Social Security taxation.
YTD SS W/Held	The total dollar amount of the FICA Social Security adjustment for all benefits paid year-to-date.
YTD SUTA Amount	SUTA (State Unemployment Tax Act) is a payroll tax that is imposed to help fund state unemployment benefits. <i>NYL GBS does not deduct SUTA.</i>
YTD SUTA State	The state in which the YTD SUTA Amount is effective.

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Medical Underwriting Report Fields

Field	Definition
Applicant SSN	The last 4 digits of the Social Security number (SSN) of the <i>applicant</i> (ex., if applying for spousal coverage, this will be the spouse SSN).
Applied: Current	The dollar amount of the current in-force coverage. The Guaranteed Issue coverage is always included in this total, and the Supplemental (requested) amount is included if and when the request is approved. Supplemental will not be included if the request is pending or closed.
Applied: Date	The date on which NYL GBS received the application.
Applied: Requested	The dollar amount of the requested coverage. This includes the Guaranteed Issue amount and the Supplemental (requested) amount.
Applied: Underwriting	The amount of coverage that needs to be reviewed by the NYL GBS underwriting team. This is always the amount that is pending. If the request is not pending, there will be no amount in field.

Benefit	The life product that is being applied for. This can be one of eight products: <ul style="list-style-type: none"> • BTL-EE (Basic Term Life - Employee) • BTL-SP (Basic Term Life - Spouse) • GUL-EE (Group Universal Life - Employee) • GUL-SP (Group Universal Life - Spouse) • LTD-EE (Long-Term Disability - Employee) • STD-EE (Short-Term Disability - Employee) • VTL-EE (Voluntary Term Life - Employee) • VTL-SP (Voluntary Term Life - Spouse)
Employee ID	The employee's unique identification number, as provided by the eligibility feed.
Employee SSN	The last 4 digits of the <i>employee's</i> Social Security number (SSN).
Final: Approved	The total amount of approved coverage. This will include the Guaranteed Issue coverage and any approved Supplemental (requested) coverage.
Final: Closed	The dollar amount of Supplemental (requested) coverage that was not approved.
Final: Date	The date NYL GBS made the final underwriting decision.
Location	A secondary level of structure set up in the NYL GBS claim system as defined by your company and may be provided on the eligibility feed.
Name	The first and last name of the employee.
Pending: Date	The date the Pending: Reason was last updated.
Pending: Reason	The reason the case is pending. This can be one of six reasons: <ul style="list-style-type: none"> • Additional Medical Review – Additional medical information required from the employee • Consumer Omission – Information was missing from the submitted EOI form. A letter is sent to the employee with directions on how to submit the missing information. • EOI in Progress – NYL GBS has received the EOI form and is in the process of reviewing • EOI Not Submitted – NYL GBS received the electronic enrollment file indicating an enrollment request, but the EOI form was not completed. A follow-up letter containing EOI instructions is sent to the employee five days after the enrollment request is received. • Underwriting Review – A NYL GBS underwriter needs to conduct a manual review of the request. This occurs when the EOI form cannot be automatically approved or denied. This may depend on the EOI type, the amount requested, or the information provided on the EOI form.
Policy	The unique identifier given to each policy a client holds.
Status	The status of the application. This can be one of three statuses: <ul style="list-style-type: none"> • Approved • Closed • Pending <p><i>Note:</i> If the status is "Pending", you can find additional detail in the Pending: Reason column.</p>

Life and AD&D Report Fields

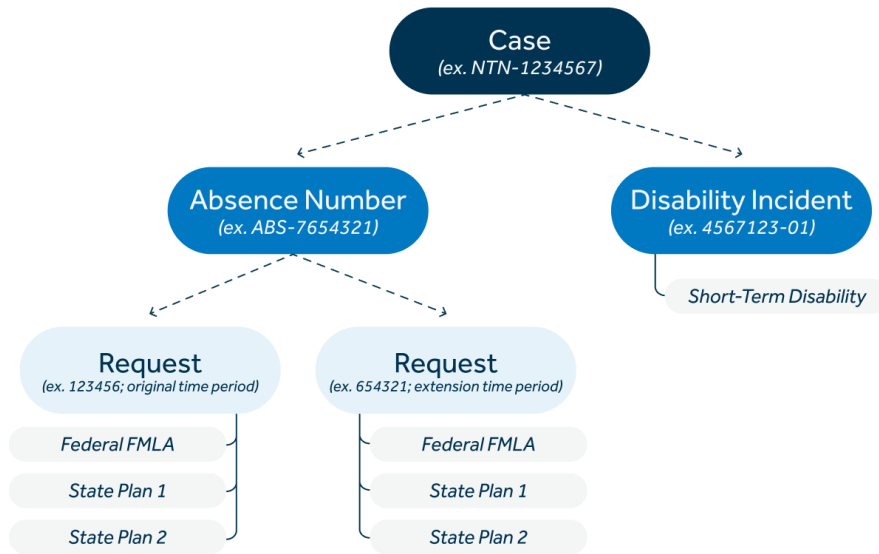
Field	Definition
Benefit Paid	The total benefit amount paid to the beneficiary(ies).
Claim Status	<p>The status of the overall claim. This can be one of three statuses:</p> <ul style="list-style-type: none"> • Active • Pending • Closed <p><i>Note:</i> The Decision Status column will indicate if the claim was Denied or Approved prior to closure.</p>
Claim Status Effective	The date the Claim Status was last updated.
Claim Type	<p>Describes the benefit being claimed. This benefit can be one of our core benefits, a policy rider, an ancillary benefit, or an interest only payment.</p> <p>Core Benefits:</p> <ul style="list-style-type: none"> • Acc Death – Accidental Death, core benefit on AD&D policy • Basic Life • Dismemb – Dismemberment, core benefit on AD&D policy • Supp Life – Supplemental Life, a benefit that is elected by an individual in addition to the basic life benefit the policy provides • Waiver – Waiver of Premium <p>Riders* – A base benefit that is added onto another policy:</p> <ul style="list-style-type: none"> • AD Rider – Accidental Death rider on life policy • ADB (Accel Life) – Accelerated Death Benefit, rider on life policy <p>Ancillary Benefits* – Small, add-on benefits that are payable in addition to core benefits. These benefits include, but are not limited to:</p> <ul style="list-style-type: none"> • Seatbelt – Ancillary benefit on AD&D policy that is paid in addition to an Accidental Death benefit if the death was related to an auto accident • Special Education – Provides additional benefit to dependent children who are full-time students and incur college expenses after the employee's death • Escalation Clause – Additional benefit that provides an incremental increase to the principal sum over time <p>* While a rider can be claimed and paid on its own, an ancillary benefit is only considered after determining that its related core benefit is payable, at which point the ancillary benefit is paid in addition to the core.</p>
Claimant	The first and last name of the claimant. If the benefits being claimed are coverage for the spouse/partner or dependents/children, the claimant is the spouse/partner or dependent/child. If the benefits being claimed are coverage for the employee, the claimant is the employee.

Claimant Description	Indicates the relationship of the claimant to the employee. This can be one of three options: <ul style="list-style-type: none"> • Employee (i.e., the claimant is the employee) • Spouse/Partner • Child
Claimant DOB	Date of birth of the claimant .
Coverage	Indicates the general coverage type that is being claimed. This can be one of three coverages: <ul style="list-style-type: none"> • Life • AD&D (Accidental Death & Dismemberment) • Waiver (Waiver of Premium)
Decision Status	Indicates the current status of the claim decision. This can be one of four statuses: <ul style="list-style-type: none"> • Approved • Pending • Denied • Other
Employee	The first and last name of the employee.
Employee SSN	The last 4 digits of the employee's Social Security number (SSN).
Face Value Amount	The face value of the insurance policy.
Incurred	The date the loss that resulted in the claim occurred (i.e., date of death for a life claim, date of disability for waiver, etc.)
Notified	The date on which NYL GBS first received notice of the claim
Payment Date	The date of the first payment.
Policy	The unique identifier given to each policy a client holds.
Received	The date on which NYL GBS received sufficient proof of loss (ex., death certificate). This can be the same date as the Notified field if NYL GBS receives a completed claim as the first notice, but this can also be a different date than notified if the documentation is received at a later date.
Suffix	A sub-classification of the policy. This is defined by the client. Clients can choose to differentiate their suffixes or group their entire employee population into one suffix.

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Appendix

Figure 1 – Visualization of Claim Structure



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