

LENGTH	DATA ELEMENT	TYPE	POSITION
12	CAN of Ineligible Spouse or Parent	AN	848-859
22	WIN of Ineligible Spouse or Parent	ANS	860-881
7	Earned Income Wage Estimate - Ineligible Spouse or Parent	N	882-888
7	Net Self-Employment Income Estimate - Ineligible Spouse or Parent	N	889-895
1	Unearned Income Type Code - Ineligible Spouse or Parent	A	896
7	Unearned Income Amount - Ineligible Spouse or Parent	N	897-903
1	Unearned Income Frequency - Ineligible Spouse or Parent	A	904
1	Unearned Income Type Code - Ineligible Spouse or Parent	A	905
7	Unearned Income Amount - Ineligible Spouse or Parent	N	906-912
1	Unearned Income Frequency - Ineligible Spouse or Parent	A	913
1	Unearned Income Type Code - Ineligible Spouse or Parent	A	914
7	Unearned Income Amount - Ineligible Spouse or Parent	N	915-921
1	Unearned Income Frequency - Ineligible Spouse or Parent	A	922
8	Representative Selection Date	N	923-930
3	Custody Code	A	931-933
1	Competency Code	A	934
3	Type of Payee Code	A	935-937
1	Disability Payment Code	A	938
8	Onset Date of Disability/Blindness	N	939-946
1	Blank		947
1	Rollback Code	AN	948
1	Federal Countable Income (Dec 1973) Source Code	AN	949
7	Federal Countable Income (Dec. 1973)	N	950-956
1	Federal Living Arrangement Code (Dec 1973)	A	957
2	State Code at Conversion	N	958-959
4	Welfare Office Code Dec. 1973 Conversion Only	AN	960-963
1	Direct Deposit Savings/Checking Account Indicator	A	964
1	Appeals Flag	A	965
1	Appeals Code	A	966

LENGTH	DATA ELEMENT	TYPE	POSITION
8	Appeals Filing Date	N	967-974
1	SSN Cross-Reference Indicator	AN	975
1	SSN - Multiple SSN Indicator	N	976
9	SSN - List of Multiple SSNs	N	977-985
1	Verification Code - Multiple SSNs	A	986
9	SSN - List of Multiple SSNs	N	987-995
1	Verification Code - Multiple SSNs	A	996
9	SSN - List of Multiple SSNs	N	997-1005
1	Verification Code - Multiple SSNs	A	1006
9	SSN - List of Multiple SSNs	N	1007-1015
1	Verification Code - Multiple SSNs	A	1016
9	SSN - List of Multiple SSNs	N	1017-1025
1	Verification Code - Multiple SSNs	A	1026
1	SSN Correction Indicator	A	1027
1	Qualified Medicaid Beneficiary RESERVED FOR FUTURE USE ONLY	A	1028
1	Head of Household Status Indicator	A	1029
1	Student Indicator	A	1030
2	Earned Income Period	AN	1031-1032
7	Earned Income Wage Estimate	N	1033-1039
7	Earned Income Exclusion (Plan for Achieving Self-Support)	N	1040-1046
7	Earned Income - Net Self-Employment Estimate	N	1047-1053
7	Blind Work Expenses Exclusion	N	1054-1060
1	Unearned Income - Number of Entries	N	1061
1	Unearned Income Overflow Indicator	N	1062
1	Unearned Income Type Code	A	1063
6	Unearned Income Start Date	N	1064-1069
6	Unearned Income Stop Date	N	1070-1075
7	Unearned Income Amount	N	1076-1082
1	Unearned Income Frequency	A	1083
12	Claim Identification Number	AN	1084-1095
1	Unearned Income Verification Code	AN	1096

LENGTH	DATA ELEMENT	TYPE	POSITION
1	Unearned Income Type Code	A	1097
6	Unearned Income Start Date	N	1098-1103
6	Unearned Income Stop Date	N	1104-1109
7	Unearned Income Amount	N	1110-1116
1	Unearned Income Frequency	A	1117
12	Claim Identification Number	AN	1118-1129
1	Unearned Income Verification Code	AN	1130
1	Unearned Income Type Code	A	1131
6	Unearned Income Start Date	N	1132-1137
6	Unearned Income Stop Date	N	1138-1143
7	Unearned Income Amount	N	1144-1150
1	Unearned Income Frequency	A	1151
12	Claim Identification Number	AN	1152-1163
1	Unearned Income Verification Code	AN	1164
1	Unearned Income Type Code	A	1165
6	Unearned Income Start Date	N	1166-1171
6	Unearned Income Stop Date	N	1172-1177
7	Unearned Income Amount	N	1178-1184
1	Unearned Income Frequency	A	1185
12	Claim Identification Number	AN	1186-1197
1	Unearned Income Verification Code	AN	1198
1	Unearned Income Type Code	A	1199
6	Unearned Income Start Date	N	1200-1205
6	Unearned Income Stop Date	N	1206-1211
7	Unearned Income Amount	N	1212-1218
1	Unearned Income Frequency	A	1219
12	Claim Identification Number	AN	1220-1231
1	Unearned Income Verification Code	AN	1232
1	Unearned Income Type Code	A	1233
6	Unearned Income Start Date	N	1234-1239
6	Unearned Income Stop Date	N	1240-1245
7	Unearned Income Amount	N	1246-1252

LENGTH	DATA ELEMENT	TYPE	POSITION
1	Unearned Income Frequency	A	1253
12	Claim Identification Number	AN	1254-1265
1	Unearned Income Verification Code	AN	1266
1	Unearned Income Type Code	A	1267
6	Unearned Income Start Date	N	1268-1273
6	Unearned Income Stop Date	N	1274-1279
7	Unearned Income Amount	N	1280-1286
1	Unearned Income Frequency	A	1287
12	Claim Identification Number	AN	1288-1299
1	Unearned Income Verification Code	AN	1300
1	Unearned Income Type Code	A	1301
6	Unearned Income Start Date	N	1302-1307
6	Unearned Income Stop Date	N	1308-1313
7	Unearned Income Amount	N	1314-1320
1	Unearned Income Frequency	A	1321
12	Claim Identification Number	AN	1322-1333
1	Unearned Income Verification Code	AN	1334
1	Unearned Income Type Code	A	1335
6	Unearned Income Start Date	N	1336-1341
6	Unearned Income Stop Date	N	1342-1347
7	Unearned Income Amount	N	1348-1354
1	Unearned Income Frequency	N	1355
12	Claim Identification Number	AN	1356-1367
1	Unearned Income Verification Code	AN	1368
57	Blanks		1369-1425
1	Institutionalization Determination Code	A	1426
7	SSI Monthly Assistance Amount	N	1427-1433
7	SSI Gross Payable Amount	N	1434-1440
7	State Supplement Amount	N	1441-1447
7	State Supplement Gross Payable Amount	N	1448-1454
8	Payment Date	N	1455-1462

LENGTH	DATA ELEMENT	TYPE	POSITION
7	SSI Monthly Assistance Amount	N	1463-1469
7	State Supplement Amount	N	1470-1476
8	Payment Date	N	1477-1484
7	SSI Monthly Assistance Amount	N	1485-1491
7	State Supplement Amount	N	1492-1498
8	Payment Date	N	1499-1506
7	SSI Monthly Assistance Amount	N	1507-1513
7	State Supplement Amount	N	1514-1520
7	Advance Payment Amount	N	1521-1527
1	Conditional Payment	A	1528
1	Multi-category Indicator	AN	1529
1	Special Needs Code (Other than Essential Person)	A	1530
1	Concurrent State Payment Code	AN	1531
6	Month of Change	N	1532-1537
1	Medicaid Eligibility Code	A	1538
3	Payment Status Code	ANS	1539-1541
1	Federal Living Arrangement Code	A	1542
1	Living Arrangement Code - Optional State Supplement	A	1543
5	State and County Code of Jurisdiction	AN	1544-1548
6	Month of Change	N	1549-1554
1	Medicaid Eligibility Code	A	1555
3	Payment Status Code	ANS	1556-1558
1	Federal Living Arrangement Code	A	1559
1	Living Arrangement Code - Optional State Supplement	A	1560
5	State and County Code of Jurisdiction	AN	1561-1565
6	Month of Change	N	1566-1571
1	Medicaid Eligibility Code	A	1572
3	Payment Status Code	ANS	1573-1575
1	Federal Living Arrangement Code	A	1576

LENGTH	DATA ELEMENT	TYPE	POSITION
1	Living Arrangement Code- Optional State Supplement	A	1577
5	State and County Code of Jurisdiction	AN	1578-1582
6	Month of Change	N	1583-1588
1	Medicaid Eligibility Code	A	1589
3	Payment Status Code	ANS	1590-1592
1	Federal Living Arrangement Code	A	1593
1	Living Arrangement Code - Optional State Supplement	A	1594
5	State and County Code of Jurisdiction	AN	1595-1599
6	Month of Change	N	1600-1605
1	Medicaid Eligibility Code	A	1606
3	Payment Status Code	ANS	1607-1609
1	Federal Living Arrangement Code	A	1610
1	Living Arrangement Code - Optional State Supplement	A	1611
5	State and County Code of Jurisdiction	AN	1612-1616
6	Month of Change	N	1617-1622
1	Medicaid Eligibility Code	A	1623
3	Payment Status Code	ANS	1624-1626
1	Federal Living Arrangement Code	A	1627
1	Living Arrangement Code - Optional State Supplement	A	1628
5	State and County Code of Jurisdiction	AN	1629-1633
6	Month of Change	N	1634-1639
1	Medicaid Eligibility Code	A	1640
3	Payment Status Code	ANS	1641-1643
1	Federal Living Arrangement Code - Optional State Supplement	A	1644
1	Living Arrangement Code - Optional State Supplement	A	1645
5	State and County Code of Jurisdiction	AN	1646-1650
6	Month of Change	N	1651-1656
1	Medicaid Eligibility Code	A	1657
3	Payment Status Code	ANS	1658-1660
1	Federal Living Arrangement Code	A	1661

LENGTH	DATA ELEMENT	TYPE	POSITION
1	Living Arrangement Code - Optional State Supplement	A	1662
5	State and County Code of Jurisdiction	AN	1663-1667
6	Month of Change	N	1668-1673
1	Medicaid Eligibility Code	A	1674
3	Payment Status Code	ANS	1675-1677
1	Federal Living Arrangement Code	A	1678
1	Living Arrangement Code - Optional State Supplement	A	1679
5	State and County Code of Jurisdiction	AN	1680-1684
6	Month of Change	N	1685-1690
1	Medicaid Eligibility Code	A	1691
3	Payment Status Code	ANS	1692-1694
1	Federal Living Arrangement Code	A	1695
1	Living Arrangement Code - Optional State Supplement	A	1696
5	State and County Code of Jurisdiction	AN	1697-1701
1	Medicare Entitlement Code	A	1702
1	Medicaid Test Indicator	A	1703
8	Medicaid Effective Date	N	1704-1711
8	Date Residency Began	N	1712-1719
1	Federal Eligibility Code	A	1720
1	Optional State Eligibility Code	A	1721
1	Mandatory Eligibility Code	A	1722
1	Budget Month Flag	AN	1723
1	Federal Living Arrangement Code -Budget Month	A	1724
7	Unearned Income -Retrospective Net Countable Amount	N	1725-1731
7	Earned Income - Retrospective Net Countable Amount	N	1732-1738
7	Deemed Income Amount (Retrospective)	N	1739-1745
7	Earned Income - Net Countable Amount	N	1746-1752
7	Unearned Income - Net Countable Amount	N	1753-1759
7	Deemed Income Amount	N	1760-1766
7	State Benefit Amount	N	1767-1773
1	IAR Status Code	N	1774

LENGTH	DATA ELEMENT	TYPE	POSITION
5	State and County Code of Reimbursement	AN	1775-1779
1	Overpayment/Underpayment Indicator	A	1780
7	Overpayment Balance	N	1781-1787
7	Current Month's Recovery Amount	N	1788-1794
8	Overpayment Waiver Date	N	1795-1802
7	Overpayment Waiver Amount	N	1803-1809
12	Converted Railroad Board Number	AN	1810-1821
1	Alien Sponsor Status Code	A	1822
1	Alien Eligibility Code	AN	1823
13	Bank Transit/Routing Number	N	1824-1836
17	Bank Account Number	AN	1837-1853
2	Foreign Language Code	A	1854-1855
2	Appeals Decision Code	A/N	1856-1857
8	Appeals Decision Code Date	AN	1858-1865
2	Appeal Reason	A	1866-1867
2	MN Diary	A	1868-1869
8	MN Diary Date	N	1870-1877
2	TOA (Type of Action)	A/N	1878-1879
1	Current Composition Code	AN	1880
1	Selection Indicator Code	A/N	1881
1	Food Stamp – Heating	A	1882
1	Food Stamp – Shelter	A	1883
76	Reserved for State Use		1884-1959
40	Reserved for State Use (additional Space)		1960-1999
1	Reserved for Wire Transmission Character	A/N	2000
54	Individual's name	A/N	2001-2054
40	Representative Payee Agency Name	A/N	2055-2094
54	Representative Payee Name	A/N	2095-2148
140	Representative Payee Address	A/N	2149-2288
22	Representative Payee City	A/N	2289-2310
2	Representative Payee State Name	A	2311-2312

LENGTH	DATA ELEMENT	TYPE	POSITION
5	Representative Payee ZIP	A/N	2313-2317
4	Representative Payee ZIP+4	A/N	2318-2321
35	Representative Payee Foreign Country	A	2322-2356
15	Representative Payee Foreign Zone	A/N	2357-2371
3	Representative Payee Consul CD	N	2372-2374
1	Representative Payee Legend Choice	A/N	2375
35	Representative Payee Legend Free-Form	A	2376-2410
1	Deeming Indicator	A	2411
589	Blanks		2412-3000

Source of SDX Information:

The State Data Exchange (SDX) Manual (*Last revised 11.2006*)

SVES - Last revised 02/2007

INPUT RECORD LAYOUT

The following table illustrates the SVES input record layout. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN should be input (generally, SSN is preferable). If the CAN is input, the BIC is mandatory. *Category of Assistance is a mandatory field only for BENDEX/BEER requests and Food Stamp Death requests.*

Key:

A=Alpha

N=Numeric

AN=Alphanumeric

FIELD	TYPE	POSITION
*SSN	N	1-9
*Claim Account Number (CAN)	N	10-18
Beneficiary Identification Code (BIC)	AN	19-21
*Surname	AN	22-40
Middle Initial	AN	41
First Name	AN	42-53
*Date of Birth	N	54-61
Sex	A	62
Title II Request	AN	63
Title XVI Request	AN	64
*State Agency Code	N	65-67
*Category of Assistance	AN	68
State Communication Code	AN	69-71
Exchange Request Data	AN	72-111
(For Future Expansion)	AN	112-137

OUTPUT: RESPONSES TO THE STATES – RECORD LAYOUTS

The basic output record layouts for the four types are as follows:

o Type 1

Verification (1-156)

o Type 2

Verification (1-156)	Title 2 (157-839)
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o Type 3

Verification (1-156)	Title 16 (157-1468)
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o Type 4

Verification (1-156)	Title 2 (157-839)	Title 16 (840-2151)
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SSN VERIFICATION/STANDARD RESPONSE
RECORD LAYOUT - ABRIDGED

DATA ELEMENT	POSITION
Input SSN	1-9
Input Claim Account Number (CAN) (10-18)/BIC (19-21)	10-21
Input Surname	22-40
Input Middle Initial	41
Input First Name	42-53
Input Date of Birth	54-61
Input Sex	62
Input State Agency Code	63-65
Input Category of Assistance Code	66
Input State Communication Code	67-69
Input Welfare ID No.	70-91
Date of WTPY Response	92-99
Error Condition Code	100-102
Identity Discrepancy Code	103-104
Blank	105-107
Verification Code	108
Verification SSN Data	109-153
Record Type	154
Title II Status	155
Title XVI Status	156

TITLE II RESPONSE RECORD
LAYOUT - ABRIDGED

(This is appended to SSN Verification/Standard Response)

DATA ELEMENT	POSITION
Title II Claim Account Number (CAN) and BIC	157-168
State and County Code	169-173
ZIP Code	174-178
ZIP + 4	179-182
Number of Lines of Address	183
Address	184-315
Direct Deposit Indicator	316
Deferred Payment Date	317-322
Schedule Payment Indicator	323
Schedule Payment Date	324-329
Schedule Prior Payment Amount	330-336
Schedule Current Payment Amount	337-342
Schedule Payment Combined Check Indicator	343
LAF (Ledger Account File) Code	344-345
Date of Birth	346-353
Proof of Age Indicator	354
Given Name	355-364
Middle Initial	365
Surname	366-377
Date of Initial Entitlement	378-383
Date of Current Entitlement	384-389
Date of Suspension or Termination	390-395
Sex Code	396
Net Monthly Benefit if Payable (MBP)	397-402
Medicare Indicator	403
Health Insurance (HI) Indicator	404

DATA ELEMENT	POSITION
HI Option Code	405
HI Start Date	406-411
HI Stop Date	412-417
HI Premium	418-422
HI Buy-In Indicator	423
HI Buy-In Code	424-426
HI Buy-In Start Date	427-432
HI Buy-In Stop Date	433-438
Supplemental Medical Insurance (SMI) Indicator	439
SMI Option Code	440
SMI Start Date	441-446
SMI Stop Date	447-452
SMI Premium	453-457
SMI Buy-In Indicator	458
SMI Buy-In Code	459-461
SMI Buy-In Start Date	462-467
SMI Buy-In Stop Date	468-473
Welfare Agency Code	474-476
Category of Assistance Code	477
Black Lung Entitlement Code	478
Black Lung Payment Amount	479-484
Railroad Indicator	485
Person's Own Social Security Number (SSN)	486-494
Date of Death	495-502
Disability Onset Date	503-510
Number of Cross-reference Account Number (XAN) Occurrences	511
Cross-Reference (XREF) Entitlement Number *	512-571 (Field 1)
Cross-Reference (XREF) BIC *	512-571 (Field 2)
Cross-Reference (XREF) Code *	512-571 (Field 3)

DATA ELEMENT	POSITION
Dual Entitlement Number	572-580
Dual Entitlement BIC	581-582
Number of History Occurrences	583-584
Monthly Benefit Credited (MBC) Date **	585-688 (Field 1)
MBC Amount **	585-688 (Field 2)
MBC Type **	585-688 (Field 3)
Other Date of Entitlement	689-694
Other Primary Insurance Amount	695-700
Other Retirement Insurance Amount	701-706
Larger Full Monthly Benefit Amount	707-712
Larger Excess Monthly Benefit Amount	713-718
Smaller Full Monthly Benefit Amount	719-724
Smaller Actuarially Reduced Monthly Benefit Amount	725-730
Dual Entitlement Status Code	731
Other Office Code	732
Type of Dual Entitlement	733
Other Primary Insurance Amount Factor Code	734
Other Primary Insurance Amount Factor Code Two	735
Other Eligibility Year	736-739
Reserved for future use	740-839

*There could be five occurrences of this information.

**There could be eight occurrences of this information.

TITLE XVI RESPONSE RECORD
LAYOUT - ABRIDGED

(This is appended to the SSN Verification/Standard Response)

DATA ELEMENT	POSITION
Essential Person Indicator	157
Appeal Code	158
Date of Appeal	159-166
Last Redetermination Date	167-174
Person's Own Social Security Number (SSN)	175-183
Type of Recipient	184-185
Record Establishment Date	186-193
Date of Birth	194-201
Date of Death	202-209
Date of Death Source Code	210
Payment Status Code	211-213
Current Pay Status Effective Date	214-219
SSN Correction Indicator	220
Sex Code	221
Race Code	222
Resource Code - House	223
Resource Code - Vehicle	224
Resource Code - Insurance	225
Resource Code - Property	226
Resource Code - Other	227
Other Name	228-233
Given Name	234-243
Middle Initial	244
Surname	245-263
Appeals Decision Code	264-265
Date of Eligibility	266-271
Medicaid Effective Date	272-279

DATA ELEMENT	POSITION
Application Date	280-287
Telephone Number	288-297
Record Source Code	298
Alien Indicator Code	299
Alien Date of Residency	300-305
Country of Origin	306-307
Third Party Insurance Indicator	308
Medicaid - Unpaid Medical Expense Indicator	309
Denial Code	310-312
Denial Date	313-320
Food Stamp Interview Date	321-326
Food Stamp Application	327
Food Stamp Recipient Status	328
Blank	329
Onset Date of Disability/Blindness	330-337
Disability Payment Code	338
Drug Addiction or Alcohol Identification Code	339
Rollback Code	340
Blank	341
Welfare ID Number	342-363
State Code of Conversion	364-365
Special Needs Code	366
Appeals Decision Date	367-374
Blank	375-379
Direct Deposit Indicator	380
Blank	381
Payee Name and Address Number of Lines	382
Payee Name and Mailing Address	383-514
Payee ZIP Code	515-519
Payee ZIP Code + 4	520-523
State & County Code of Jurisdiction	524-528

DATA ELEMENT	POSITION
District Office (DO) Code	529-531
Blank	532
Blank	533
Earned Income - Wage Amount	534-539
Earned Income - Net Self-Employment Estimate	540-545
Blind Work Expense (BWE) Exclusion	546-551
Earned Income Exclusion (Plan for Self-support)	552-557
Blank	558
Unearned Income - Number of Occurrences	559
Unearned Income Type Code *	560-856 (Field 1)
Unearned Income Verification Code *	560-856 (Field 2)
Unearned Income Start Date *	560-856 (Field 3)
Unearned Income Stop Date *	560-856 (Field 4)
Unearned Income Amount *	560-856 (Field 5)
Unearned Income Frequency *	560-856 (Field 6)
Claim or Identification Number For Unearned Income *	560-856 (Field 7)
Blank	857
Representative (Rep) Payee Indicator	858
Rep Payee Selection Date	859-866
Custody Code	867-869
Competency Code	870
Type of Payee Code	871-873
Blank	874
SSN-Multiple SSN Indicator	875
SSN-List of Multiple SSNs **	876-920
Blank	921

DATA ELEMENT	POSITION
Residence Address-Number of Lines	922
Residence Address	923-1032
Residence ZIP Code	1033-1037
Residence ZIP Code + 4	1038-1041
Blank	1042
Last Transaction Type	1043-1044
Last Transaction Date	1045-1052
Blank	1053
Blank	1054
Advance Payment Indicator	1055
Advance Payment Date	1056-1063
Advance Payment Amount	1064-1068
Blank	1069
Interim Assistance Reimbursement Status Code	1070
State and County Code of Reimbursement	1071-1075
Blank	1076
Payment Date	1077-1084
SSI Gross Payable Amount (Current)	1085-1091
State Gross Payable Amount (Current)	1092-1098
Payment History (PHIST) Number of Occurrences	1099-1100
PHIST Payment Date ***	1101-1292 (Field 1)
SSI Monthly Assistance Amount ***	1101-1292 (Field 2)
State Supplement Amount ***	1101-1292 (Field 3)
PHIST Payment Payflag 1 ***	1101-1292 (Field 4)
PHIST Payment Payflag 2 ***	1101-1292 (Field 5)
Blank	1293
Overpayment/Underpayment Indicator	1294
Month of Change	1295-1300

DATA ELEMENT	POSITION
Budget Month Flag	1301
Payment Status Code (Current)	1302-1304
Federal Living Arrangement Code (Current)	1305
Living Arrangement Code - Optional State Supplement	1306
State and County Code of Jurisdiction (Current)	1307-1311
Concurrent State Payment Code	1312
Medicaid Eligibility Code	1313
Head of Household Indicator	1314
Marital Status	1315
Student Indicator	1316
Earned Income - Net Countable Amount	1317-1322
Unearned Income - Net Countable Amount	1323-1328
SSI Gross Payable Amount	1329-1333
State Gross Payable Amount (Current)	1334-1338
Conditional Payment	1339
Medicaid Test Indicator	1340
Federal Eligibility Code	1341
Optional State Eligibility Code	1342
Mandatory Eligibility Code	1343
Deemed Income Amount	1344-1349
Federal Living Arrangement Code - Budget Month	1350
Earned Income - Retrospective Net Countable Amount	1351-1356
Unearned Income Retrospective Net Countable Amount	1357-1362
Deemed Income Amount Retrospective	1363-1368
40 QQ History	1369-1468

*There can be nine occurrences of this information

** There can be five occurrences of this information

*** There can be eight occurrences of this information

NOTE: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

TITLE II AND TITLE XVI RESPONSE RECORD
LAYOUT - ABRIDGED

(This is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

DATA ELEMENT	POSITION
Title II Claim Account Number (CAN) and BIC	157-168
State and County Code	169-173
ZIP Code	174-178
ZIP + 4	179-182
Number of Lines of Address	183
Address	184-315
Direct Deposit Indicator	316
Deferred Payment Date	317-322
Schedule Payment Indicator	323
Schedule Payment Date	324-329
Schedule Prior Payment Amount	330-336
Schedule Current Payment Amount	337-342
Schedule Payment Combined Check Indicator	343
LAF Code	344-345
Date of Birth	346-353
Proof of Age Indicator	354
Given Name	355-364
Middle Initial	365
Surname	366-377
Date of Initial Entitlement	378-383
Date of Current Entitlement	384-389
Date of Suspension or Termination	390-395
Sex Code	396
Net Monthly Benefit if Payable (MBP)	397-402
Medicare Indicator	403

DATA ELEMENT	POSITION
Health Insurance (HI) Indicator	404
HI Option Code	405
HI Start Date	406-411
HI Stop Date	412-417
HI Premium	418-422
HI Buy-In Indicator	423
HI Buy-In Code	424-426
HI Buy-In Start Date	427-432
HI Buy-In Stop Date	433-438
Supplemental Medical Insurance (SMI) Indicator	439
SMI Option Code	440
SMI Start Date	441-446
SMI Stop Date	447-452
SMI Premium	453-457
SMI Buy-In Indicator	458
SMI Buy-In Code	459-461
SMI Buy-In Start Date	462-467
SMI Buy-In Stop Date	468-473
Welfare Agency Code	474-476
Category of Assistance Code	477
Black Lung Entitlement Code	478
Black Lung Payment Amount	479-484
Railroad Indicator	485
Person's Own Social Security Number (SSN)	486-494
Date of Death	495-502
Disability Onset Date	503-510
Number of Cross-reference Account Number (XРАН) Occurrences	511
Cross-Reference (XREF) Entitlement Number *	512-571 (Field 1)
Cross-Reference (XREF) BIC *	512-571 (Field 2)
Cross-Reference (XREF) Code *	512-571

DATA ELEMENT	POSITION
	(Field 3)
Dual Entitlement Number	572-580
Dual Entitlement BIC	581-582
Number of History Occurrences	583-584
Monthly Benefit Credited (MBC) Date **	585-688 (Field 1)
MBC Amount **	585-688 (Field 2)
MBC Type **	585-688 (Field 3)
Other Date of Entitlement	689-694
Other Primary Insurance Amount	695-700
Other Retirement Insurance Amount	701-706
Larger Full Monthly Benefit Amount	707-712
Larger Excess Monthly Benefit Amount	713-718
Smaller Full Monthly Benefit Amount	719-724
Smaller Actuarially Reduced Monthly Benefit Amount	725-730
Dual Entitlement Status Code	731
Other Office Code	732
Type of Dual Entitlement	733
Other Primary Insurance Amount Factor Code	734
Other Primary Insurance Amount Factor Code Two	735
Other Eligibility Year	736-739
Blank (reserved for future use)	740-839
Essential Person Indicator	840
Appeal Code	841
Date of Appeal	842-849
Last Redetermination Date	850-857
Person's Own Social Security Number (SSN)	858-866
Type of Recipient	867-868
Record Establishment Date	869-876

DATA ELEMENT	POSITION
Date of Birth	877-884
Date of Death	885-892
Date of Death Source Code	893
Payment Status Code	894-896
Current Pay Status Effective Date	897-902
SSN Correction Indicator	903
Sex Code	904
Race Code	905
Resource Code - House	906
Resource Code - Vehicle	907
Resource Code - Insurance	908
Resource Code - Property	909
Resource Code - Other	910
Other Name	911-916
Given Name	917-926
Middle Initial	927
Surname	928-946
Appeals Decision Code	947-948
Date of Eligibility	949-954
Medicaid Effective Date	955-962
Application Date	963-970
Telephone Number	971-980
Record Source Code	981
Alien Indicator Code	982
Alien Date of Residency	983-988
Country of Origin	989-990
Third Party Insurance Indicator	991
Medicaid - Unpaid Medical Expense Indicator	992
Denial Code	993-995
Denial Date	996-1003