Attachment I, UIPL No. 11-93
Preparation and Transmission of UCX-DD Form 214/UCFE Inquiries

A. Purpose:

To define the format to be used in preparing UCX/UCFE claims control inquiries and procedures to be followed in their transmission to the LCCC.

B. Responsibilities of SESAs:

It will be the responsibility of each SESA to ensure the proper formatting of inquiries. For UCX inquiries, see the Record Description on Page 3 and Data Element Description on Page 4 in Attachment I. For UCFE inquiries, see the Record Description on Page 6 and Data Element Description on Page 7 in Attachment I. In addition, if a magnetic tape of inquiries is mailed to the LCCC, in lieu of the submission of magnetic card images via INTERNET, the SESA shall also complete and submit the batch transmittal cover letter as prescribed in Attachment II.

C. Instructions:

The central office of the SESA will send the prescribed 80 column, machine readable, inquiry record to the LCCC for each claimant who makes an initial application for UCX/UCFE benefits. The request will be sent by the SESA immediately upon the taking the claim, whether or not a UCX/UCFE determination has been made. Daily inquiry batches are encouraged.

The inquiry record should be a machine readable, magnetic image to allow for transmission via INTERNET and/or magnetic tape. The record is arranged in an 80 character (byte) format.

Each UCX record will contain the State code, Local Office Number, the UCX claimant's Social Security Number (SSN) as shown the DD Form 214, the claimant's first name, middle initial, last name, any other SSN belonging to the claimant, Separation from Active military duty, Indicator as to copy of DD Form presented to the local office, and Branch of Service, Date Initial Claim Filing, and optionally a request by the SESA to cancel a previous inquiry from the LCCC files.

Each UCFE record will contain the State code, Local Number, the UCX claimant's Social Security Number (SSN) as shown the ES Form 931, the claimant's first name, middle initial, and last name, any other SSN belonging to the claimant, Date of initial Claim Filing, a transmittal number, a UCFE inquiry indicator and optionally a request by the SESA to cancel a previous inquiry from the LCCC files.
A transmittal form, Attachment II, will be completed and mailed to the LCCC upon the submission of inquiries to the LCCC via magnetic tape. Inquiries sent via INTERNET do not require the submission of this form.

Each tape transmittal form will contain the name of the SESA's UCX/UCFE liaison, State Code, State name, number of records transmitted, magnetic tape information and transmittal number.

Magnetic tape information required includes the following:

- a. OS/Standard Label or None.
- b. DSN (Data Set Name).
- c. VOL=SER-(tape number).
- d. BPI of tape (1600 or 6250)
- e. Number of records on tape.
- f. Machine type which generated the tape.
- g. Date of transmission/mailing.

All tapes must have external Labels and should be sent in protective cases which will be returned to the SESA.

The Tape Transmittal Number for each State will be a number representing the year, hyphen, and a consecutive number beginning with one (1). For example, typical transmission numbers are 79-1, 79-2, 79-3, .. 79-365, 80-1.

LCCC Record Format

File: SESA UCX Claims Control Inquiry/Cancel Request

Record: SESA-INQ-REC

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Position From</th>
<th>Picture</th>
<th>Data Element Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>6</td>
<td>X (4)</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>15</td>
<td>9 (9)</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
<td>27</td>
<td>A (12)</td>
</tr>
<tr>
<td>5</td>
<td>28</td>
<td>28</td>
<td>A</td>
</tr>
<tr>
<td>6</td>
<td>29</td>
<td>45</td>
<td>A (17)</td>
</tr>
<tr>
<td>7</td>
<td>46</td>
<td>54</td>
<td>9 (9)</td>
</tr>
<tr>
<td>8</td>
<td>55</td>
<td>59</td>
<td>9 (5)</td>
</tr>
<tr>
<td>9</td>
<td>60</td>
<td>60</td>
<td>9</td>
</tr>
</tbody>
</table>
DATA ELEMENT DESCRIPTION
FOR UCX CLAIMS CONTROL INQUIRY

* FIELD LABEL  DESCRIPTION

1   STATE-CODE  is a two byte numeric field indicating the standard MAIPS/FIPs State code.

2   LOCAL-OFFICE is a four byte alphanumeric field indicating the code assigned to the local office in which the UCX claim was filed.

3   SSN-214  is a nine byte numeric field the Social Security Number under which the DD Form 214 was issued.

4   NAME-FIRST  is a 12 byte alphabetic field for the claimant's first name.

5   NAME-INITIAL  is a one byte alphabetic field for the claimant's middle initial.

6   NAME-LAST  is a 17 byte alphabetic field for the claimant's last name.

7   SSN-OTHER  is a nine byte numeric field indicating any other Social Security Number assigned to the claimant. This should otherwise be zero filled.

8   SEP-DATE  is a five byte numeric field indicating the actual date of separation from active duty as shown on the DD Form 214. It is represented in Julian date format (YYDDD).

9   DD 214-COPY  is a one byte numeric field indicating what copy, if any, was presented to local office at initial claim filing ranges from a value of 0 through 8.

10  SERVICE-BRANCH  is a two byte numeric code indicating
which branch of service from which the claimant was discharged.

01 - ARMY
02 - NAVY
03 - AIR FORCE
04 - MARINE CORPS
05 - COAST GUARD

11 CANCEL-REQUEST is a six byte alphabetic field. If SESA desires to cancel a UCX inquiry, complete field numbers one through and field numbers eight through 12. The contents of field number 11 should be used to “Cancel and it should only be used to cancel an existing inquiry. This field should be left blank (space filled) for transmittal of regular inquiries.

12 DATE-CLAIM FILED is a six byte numeric field representing the date the initial UCX claim was filed. The date is in YYMMD format. Otherwise, this field should be zero filled.

13 FILLER is a six byte field which is space filled.

LCCC Record Format

File: SESA UCFE Claims Control Inquiry/Cancel Request

Record: SESA-INQ-REC

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Position From</th>
<th>Position To</th>
<th>Picture</th>
<th>Data Element Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>99</td>
<td>STATE-CODE</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>6</td>
<td>X (4)</td>
<td>Local-Off (ALPHANUMERIC)</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>15</td>
<td>9 (9)</td>
<td>SSN -214  (NORMAL ORDER)</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
<td>27</td>
<td>A (12)</td>
<td>NAME-FIRST (ALPHA, LEFT JUSTIFIED)</td>
</tr>
<tr>
<td>5</td>
<td>28</td>
<td>28</td>
<td>A</td>
<td>NAME-INITL (ALPHA OR SPACE)</td>
</tr>
<tr>
<td>6</td>
<td>29</td>
<td>45</td>
<td>A (17)</td>
<td>NAME-LAST  (ALPHA, LEFT JUSTIFIED)</td>
</tr>
<tr>
<td>7</td>
<td>46</td>
<td>54</td>
<td>9 (9)</td>
<td>SSN-OTHER  (NUMERIC &gt; OR = ZEROS)</td>
</tr>
<tr>
<td>8</td>
<td>55</td>
<td>6</td>
<td>9 (5)</td>
<td>DATE-CLM-FLD (YYMMD)</td>
</tr>
</tbody>
</table>
DATA ELEMENT DESCRIPTION
FOR UCFE CLAIMS CONTROL INQUIRY

- **FIELD LABEL**
- **DESCRIPTION**

1. STATE-CODE
   - is a two byte numeric field indicating the standard MAIPS/FIPs State code.

2. LOCAL-OFFICE
   - is a four byte alphanumeric field indicating the code assigned to the local office in which the initial UCFE claim was filed.

3. SSN
   - is a nine byte numeric field representing the claimant's Social Security Number.

4. NAME-FIRST
   - is a 12 byte alphabetic field for claimant's first name.

5. NAME-INITIAL
   - is a one byte alphabetic field for the claimant's middle initial.

6. NAME-LAST
   - is a 17 byte alphabetic field for claimant's last name.

7. SSN-OTHER
   - is a nine byte numeric field indicating any other Social Security Number possibly assigned to the claimant. This field should otherwise be zero filled.

8. DATE-CLAIM-FILED
   - is a six byte numeric field representing the date the initial UCFE claim was filed. The date is in YYDDD format. Otherwise this field should be zero filled.

9. TRANSMITTAL-NO.
   - is a five byte numeric field indicating the SESA's transmission number coding scheme, most commonly a Julian date format (YYDDD).

10. CANCEL-REQUEST
    - is a six byte alphabetic field. If a SESA desires to cancel a DCFE inquiry, complete field numbers one through six and field numbers eight through 12. The contents of
field number ten should only be used to "Cancel" and it should only be used to cancel an existing inquiry. This field should be left blank [space filled, for transmittal of regular inquiries.]

11 FILLER is a six byte field which is space filled.

12 UCFE CODE is a one byte alpha code, valued "F", indicating this an UCFE claims control inquiry.