

Tab C: MSSICS Screens for Third Party Liability Inputs

FACSIMILE 2: BTPL - THIRD PARTY LIABILITY

MSSICS THIRD PARTY LIABILITY PAGE 2 OF BTPL

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[24-O]

CLAIM/LEGAL ACTION PENDING/PLANNED DUE TO ILLNESS/INJURY (Y/N): X

[25-O]

IF YES, NATURE OF CLAIM: 9 1=WORKER'S COMPENSATION
2=AUTOMOBILE ACCIDENT
3=OTHER (EXPLAIN)

[26-O]

IF OTHER, EXPLAIN: XX

[27-O]

INJURY/ILLNESS BEGIN DATE (MMDDYY): 999999

CLAIM PENDING AGAINST:

[28-O]

NAME: XX

[29-O]

ADDR: XX
XXX
XXX
XXX

[30-M]

[31-C]

[32-C]

[33-C]

CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[34-C]

[35-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE:
XXXXXXXXXXXXXXXXXXXX

ATTORNEY INFORMATION:

[36-O]

NAME: XX

[37-O]

ADDR: XX
XXX
XXX
XXX

[38-M]

[39-C]

[40-C]

[41-C]

CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[42-C]

[43-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE:
XXXXXXXXXXXXXXXXXXXX

[23-O]

REMARKS (Y): X