

Delaware Compensation Rating Bureau, Inc.



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January 7, 2016

VIA SERFF

The Honorable Karen Weldin-Stewart, CIR-ML
Insurance Commissioner
Department of Insurance
State of Delaware
841 Silver Lake Boulevard
Dover, DE 19904-2465

Attention: W. Harding Drane

**RE: DCRB Filing No. 1503 --- Proposed Effective July 1, 2016
Revisions to Delaware Statistical Plan Manual
Housekeeping Items and Premium Algorithm Update**

Dear Commissioner Weldin-Stewart:

On behalf of the members of the Delaware Compensation Rating Bureau, Inc., (DCRB), enclosed please find a filing proposing revisions to the Delaware Statistical Plan Manual (Statistical Plan). These revisions are proposed to be **effective July 1, 2016**.

This filing includes a series of housekeeping items related to standardizing titles and labels for various codes and programs within the Statistical Plan and the Delaware Basic Manual. All references to the Delaware Compensation Rating Bureau as the "Bureau" have been updated to read the "DCRB" to eliminate confusion with other state agencies. These housekeeping changes make the Statistical Plan easier to read and eliminate references to programs that no longer exist, such as Aircraft Passenger Seat Surcharge, and add coding for more recently and previously approved types of policy coverages such as the Large Alternative Risk Rating Options.

Provided with this filing letter is a document containing a set of proposed revisions that are displayed using standard "track changes," illustrating each insertion and deletion. Each section of the Statistical Plan is identified and if items remain unchanged it is noted. For your convenience we have also included a "clean" version of the document which does not include the tracked changes.

We appreciate your review and prompt attention to this filing. DCRB staff will be pleased to respond to any questions you or your office may have concerning these proposals.

Sincerely,

A handwritten signature in black ink that reads "William V. Taylor". The signature is written in a cursive, flowing style.

William V. Taylor
President

Enclosures:

Proposed Delaware Statistical Plan Manual Pages effective July 1, 2016

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INTRODUCTION

Item Numbers **1 through 3** remain unchanged.

4. The Delaware Compensation Rating Bureau, Inc. will hereinafter be referred to as "the **BureauDCRB**."

SECTION I - GENERAL RULES/DEFINITIONS

Items **A through B** remain unchanged.

C. Fine System for Late Unit Reports

Companies will receive **a notices** of overdue unit reports, to be mailed to the company by the **BureauDCRB** at the end of **the each** month when units **statistical reports** are **finally** due. Failure to respond to this notice will result in the following fines:

Schedule of Statistical Fines list remains unchanged.

Items **D through E** remain unchanged.

F. Radiation Exposure -- Other Than Government Agency Atomic Energy Projects

Paragraph 1 remains unchanged.

The Manual provides that a supplemental rate, subject to the approval of the **BureauDCRB**, may be applied to operations involving research, manufacturing, handling, transportation, use of or exposure to radioactive materials, where such operations are not performed for or under the direction of any government agency. The payroll to which such supplemental rate is applicable, together with the premium derived from such charge shall be reported under Code 9985. The payroll reported for Code 9985 shall be shown in parentheses and shall not be added to payrolls shown for other Manual classifications in determining the risk payroll total. The payroll, rate and premium shall be entered on lines "D," "E" or "F," and the premium shall be included in the risk total. Similarly, radiation losses on risks where a supplemental loading has been applied shall be assigned to Code 9985. If no supplemental radiation loading has been applied, any radiation losses shall be assigned to the appropriate classification. Note, however, that any radiation loss, whether reported under Code 9985 or a regular classification, must be identified as a disease loss in the column captioned Loss Conditions.

Items **G through I** remain unchanged.

J. Admiralty and Federal Employers Liability

The **BureauDCRB** has no jurisdiction over the rating values and classifications for Admiralty or Federal Employers Liability exposure. Admiralty and Federal Employers Liability exposure shall be excluded from the experience reported under this Plan.

K. Loss Rules

Item Numbers **1 through 3** remain unchanged.

4. **Subrogation Claims**

Item **a.** remains unchanged.

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- b. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed with the [BureauDCRB](#) reducing the incurred loss on the claim by the amount of the subrogation recovery received. If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed. The totals on the Individual Case Report and the unit report must match.

Suggested method for calculation remains unchanged.

Item Number **5** remains unchanged.

~~6.~~ **Aircraft Operation Losses**

~~Losses incurred in connection with employees of the risk, other than members of the flying crew, shall not be reported by classification but shall be assigned to Statistical Code 9108, provided such losses arise out of the operation of aircraft subject to a passenger seat surcharge.~~

Item Number **7** is renumbered **6**.

~~8.~~ **Correction and Subsequent Reports**

Item **a.** remains unchanged.

- b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:

Items **(a) through (d)** remain unchanged.

- e. The claim has been determined to be fraudulent (as defined in Section II.C.).

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. If the claim was declared fraudulent, a Code "01" or Code "02" must be reported in the Fraudulent Claim Code field. (See Section IV, Codes)

Item **(2)** remains unchanged.

- (3) Correction reports as defined above should be forwarded to the [BureauDCRB](#) as soon as possible after the changes are known.

Item **c.** remains unchanged.

Item Number **9** is renumbered **8**.

~~10.~~ **Incurred Losses**

Paragraphs 1 through 4 remain unchanged.

Items **a. through e.** remain unchanged.

- f. Paragraph 1 remains unchanged.

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When such an anticipated recovery becomes known by the carrier or when a recovery is paid to the carrier subsequent to the first reporting of the claim on the 18th month valuation date of the policy, a correction report must be filed with the [BureauDCRB](#) reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item [L-8.K.7.](#) of this Section for additional instructions on correction reports.) If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed.

L. Special Reportings

Item Number 1 remains unchanged.

2. Option A. Schedule Z Basis

- a. *Form of Report.* The experience shall be summarized by effective year and Manual classification and shall be reported in a separate submission. These reports may be made on Form NC-302. Send this data to the [BureauDCRB](#), Attention Option A Data.

Paragraph 2 remains unchanged.

Item **b.** remains unchanged.

- c. *Data to be Reported.* The experience to be reported for each classification consists of the following:

Items **(1) through (3)** remain unchanged.

- (4) Number of claims, total indemnity incurred and total medical incurred for
- (1) Death
 - (2) Permanent Total
 - (5) Temporary Total
 - (6) Non-Compensable Medical
 - (9) Permanent Partial

The totals of the claims, indemnity incurred and medical incurred shall also be shown. It is not necessary to separate and identify incurred losses resulting from Disease, Part II, [U.S. United States Longshore and Harbor Workers Compensation Act](#), etc.

Item Numbers **(5) through (6)** remain unchanged.

- d. *Correction Reports.* An error discovered by the carrier or the [BureauDCRB](#) within 12 months after submitting the original report shall be revised by submitting a correction report [per the rules set forth in this manual](#). ~~Where the original report was submitted on Form NC-302, the correction shall consist of two NC-302 forms carrying the necessary identifying information including the Manual classification. One form shall show only the amounts previously reported incorrectly as negative amounts, and the second form shall show the corresponding revised amounts as positive values. In cases where experience has been assigned to an incorrect Manual classification, the correction shall show the original code number with all amounts designated as negative items and the corresponding revised code number with the same amounts designated as positive values.~~

Item Number 3 remains unchanged.

4. Option C. Magnetic Tape Reporting

~~Data for three-year fixed rate policies may be submitted on magnetic tape. For further information, contact the Bureau.~~

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M. General Rules and Definitions

Item Numbers **1 through 6** remain unchanged.

7. Exposure Coverage / Loss Conditions

Items **a. through b.** remain unchanged.

- a. *State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act. Coverage benefits paid to employees injured as the result of a workplace accident under State Workers' Compensation Law or Federal Compensation Laws.*
- b. *USL&HW "F" or USL&HW Coverage on Non "F-" Classes. Coverage for benefits paid to employees injured as the result of a workplace accident under the United States Longshore and Harbor Workers Compensation Act.*
- c. *Federal ~~Coal-Mine~~ HealthSafety and SafetyHealth Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal ~~Coal-Mine~~ HealthSafety and SafetyHealth Act.
- d. *Federal ~~Coal-Mine~~ HealthSafety and SafetyHealth Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal ~~Coal-Mine~~ HealthSafety and SafetyHealth Act and the State Act.

Item Numbers **8 through 14** remain unchanged.

SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

Paragraph 1 remains unchanged.

Unit report data may be submitted ~~on magnetic tape~~electronically in lieu of the above hard copy reports. For further information regarding ~~magnetic tape~~electronic reporting, please contact the ~~Bureau~~DCRB.

Form Number and Descriptions remain unchanged.

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the ~~Bureau~~DCRB and the Policy Conditions field "Estimated Audit Code" shall be marked with the appropriate code.

Item Number **3** remains unchanged.

4. Method of Transmittal

Item **a.** remains unchanged.

- b. Experience reports shall be transmitted to the ~~Bureau~~DCRB with a standard letter of transmittal, Form NC2400, signed by a responsible official of the carrier. The transmittal form may show the summary totals. The use of a stamped signature is permissible.

Item Number **5** remains unchanged.

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6. Policy Information

Items **a. through i.** remain unchanged.

j. *Risk ID Number.* The Risk ID Number is not required by the ~~Bureau~~[DCRB](#).

k. *Page Number.* The Page Number is not required by the ~~Bureau~~[DCRB](#).

Item **l.** remains unchanged.

m. *Insured Address.* The Insured Address is not required by the ~~Bureau~~[DCRB](#).

Items **n. through p.** remain unchanged.

Item Number **7** remains unchanged.

8. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

Plan Type and Non-Standard Type code lists remain unchanged.

Item Numbers **9 through 12** remain unchanged.

B. Exposure Information

Item Number **1** remains unchanged.

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State Act or Federal Act, excl. Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" CoverageClasses
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and the State Act
10	Voluntary Coverage Not Mandatory by State Act

3. Class Code

Report the code corresponding to the insured's classification determined according to classification rules of the ~~Bureau~~[DCRB](#) and published in the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance.

4. Exposure Amount

Paragraph 1 remains unchanged.

a. [No Exposure in the State - When a policy is issued, either on an "if any" basis or as a multi-state policy, and upon audit it is determined that exposure did not develop, a first level unit report](#)

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must be submitted containing either 1) no exposure records at all or 2) a single exposure record containing Class Code 1111, No Exposure. If the Class Code 1111 option is chosen, the class must be reported above Line "A" with no corresponding exposure, rate or premium amounts. All no exposure unit totals (exposure, premium, loss, etc.) must be equal to zero, and there should be no corresponding exposure or loss records reported. The use of either Option 1) or 2) above will alert the DCRB that no exposure developed in the state.

Items **a. through d.** are re-lettered **b. through e.**

ef. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the **BureauDCRB** Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the **BureauDCRB** Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **9985, 0175, or 0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported.

fg. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the **BureauDCRB** Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class and Hazard code list remains unchanged.

To provide coverage for Federal Black Lung on class Code 0615, Tunneling and Shaft Sinking, the additional non-ratable disease loading Code 0164 and rating value must be applied to the payroll.

5. Exposure-Other Than Payroll

For a number of classifications, the Manual provides ~~bases~~ a basis of exposure other than payroll. The following method of reporting shall be used in such instances:

Item **a.** remains unchanged.

~~**b.** *Aircraft Operation-Passenger Seat Surcharge.* Passenger seat surcharge premiums shall be reported separately on the basis of each aircraft owned or operated by the risk during the policy period and shall be assigned to Code 9108. The number of seats shall be reported as 1.0 per seat. The exposure and premium shall be entered on lines "D," "E" or "F."~~

Note remains unchanged.

Item Number **6** remains unchanged.

7. Premium

Item **a.** remains unchanged.

b. *Miscellaneous Premium.* The **BureauDCRB** rules provide for additional premium charges for various special conditions or additional coverage, such as ~~Aircraft Seat Surcharge~~, Excess Limits under Part II, etc. These additional premium charges shall be reported in the column captioned Premium Amount under appropriate Class Code. (See Item B.3. of this Section). The exposure items, if any, shall be entered in the column captioned Exposure Amount.

Item Numbers **(1) through (2)** remain unchanged.

Item **c.** remains unchanged.

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Item Number **8** remains unchanged.

9. Miscellaneous Statistical Codes

Item **a.** remains unchanged.

- (1) Premium for Increased Limits under Part II **Codes 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816 and 9837** to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits ~~and percentages~~.

Paragraph 2 remains unchanged.

The **BureauDCRB** Manual rules provide that the premium for limits in excess of the standard limits shall be determined by applying the appropriate factors to the total premium, at the carrier's rates, before any applicable experience modification. The codes to be used are listed in Section IV, Item B.3.

These codes should not be used in connection with the reporting of excess premium developed for increased limits on voluntary compensation policies. For such cases, the **BureauDCRB** Manual rules contemplate that the premium for coverage in excess of standard limits is provided by an appropriate increase in the carrier's rate.

Paragraph 5 remains unchanged.

Item Numbers **(2) through (4)** remain unchanged.

- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.

~~(1) Aircraft Operation -- Passenger Seat Surcharge -- Code 9108 -- Refer to Item B.5.b. of this Section.~~

Item Numbers **(2) through (7)** are renumbered **(1) through (6)**.

Items **c. through d.** remain unchanged.

10. Correction Reports-Method of Reporting

a. *Conditions Requiring a Correction Report*

- (1) A correction report shall be filed whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the **BureauDCRB**.

Item Number **(2)** remains unchanged.

- (3) Correction reports as defined above should be forwarded to the **BureauDCRB** as soon as possible after the changes are known.

Items **b. through c.** remain unchanged.

- d. Correction reports should be forwarded to the **BureauDCRB** as soon as possible after the changes are known.

Items **e. through i.** remain unchanged.

C. Loss Information

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Item Numbers **1 through 5** remain unchanged.

6. Class Code

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the ~~Bureau~~ [DCRB](#). No claims may be assigned to any classification unless premium also has been reported for that class. In cases where losses have been incurred under the benefits of a state other than where payroll is assigned, the carrier shall report the claim in the state where the payroll is assigned, identifying the claim in the Jurisdiction State field.

7. Injury Type

Report the 2-digit numeric code that identifies under which provision of the law benefits are paid or expected to be paid.

a. *Death Cases Code - 01*

- (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered, as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state.

If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the loss is to be reported on the basis of the injury for which payments have been previously made.

In valuing a surviving spouse's benefits in death cases, [Table I, the Surviving Spouse's Pension Table](#), ~~Table I~~, shall be used. (For example, see Section VI.) In valuing the portion of reserves in death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage, [Table II, Present Value of Remarriage Award Table](#), shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, [Table III, Lifetime Benefits \(Other Than Surviving Spouse\) Pension Table](#), shall be used. (Refer to Section V for the Tables.)

- (2) ~~U.S.L.-&H.W.~~ Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under ~~U.S.L.-&H.W.~~ Coverage, [Table ~~U.S.L.-&HW~~-I, Surviving Spouse Pension Table](#), shall be used. In valuing, the portion of reserves in death cases under ~~U.S.L.-&H.W.~~ Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, [Table ~~U.S.L.-&HW~~-II, Present Value of Remarriage Award Table](#), shall be used. In valuing the portion of reserves certain death cases under ~~U.S.L.-&H.W.~~ Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, [Table ~~USL&HW~~-III, Lifetime Benefits \(Other Than Surviving Spouse\) Pension Table](#) shall be used.

b. *Permanent Total Disability Code - 02*

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- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial.

In establishing reserves on permanent total cases, Table III, ~~Pension Table~~ [Lifetime Benefits \(Other Than Surviving Spouse's\) Pension Table](#), shall be used, as found in Section V. (For examples, see Section VI.)

- (2) ~~U.S.L.-&H.W.~~ Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under ~~U.S.L.-&H.W.~~ Coverage, Table ~~U.S.L.-&HW-III~~, [Lifetime Benefits \(Other Than Surviving Spouse\) Pension Table](#), shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table ~~U.S.L.-&HW-IV~~, [Present Value of Survivorship Benefits Table](#), shall be used. (For an example, see Section VI.)

Items **c. through f.** remain unchanged.

Item Number **8** remains unchanged.

9. Loss Condition Codes

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State Act or Federal Act, excl. Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Coverage Classes
03	Federal Coal-Mine Health Safety and Safety Health Act Only
04	Federal Coal-Mine Health Safety and Safety Health Act and or the State Act

Type of Loss, Type of Recovery, Type of Claim and Type of Settlement code lists remain unchanged.

Item Numbers **10 through 24** remain unchanged.

Item **D** remains unchanged.

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

Item Number **1** remains unchanged.

2. **General Instructions** for Reporting Information on the Individual Case Reports. ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

Items **a. through c.** remain unchanged.

d. *Transaction Type Code.*

Item Numbers **(1) through (2)** remain unchanged.

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- (3) Revised Report-Code 3. Individual Case Report filed due to the rejection by the ~~Bureau~~DCRB Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.

Item Number **(4)** remains unchanged.

Items **e. through II.** remain unchanged.

Item Numbers **3 through 5** remain unchanged.

SECTION IV - CODES

A. Codes Common to Premium and Losses

Item Numbers **1 through 3** remain unchanged.

4. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
<u>05</u>	<u>Large Risk Rated Option / Large Risk Alternative Rating Option</u>
09	Non-Standard Policy

Plan Type and Non-Standard Type code lists remain unchanged.

5. Deductible Type Codes

Identifies the type of deductible being reported.

Losses Subject to Deductible Code list remains unchanged.

Basis of Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim <u>Deductible Amount</u>
02	Per Accident <u>Deductible Amount</u>
03	Per Policy Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Cost <u>Amount Limit</u>
07	Coinsurance Percent with Per Claim <u>Deductible</u> Amount and Coinsurance Limit
08	Coinsurance Percent with Per Claim -Accident <u>Deductible</u> Amount and Coinsurance Limit
09	Per Accident <u>Deductible</u> Amount with Per Policy <u>Deductible</u> Aggregate Limit
10	Per Claim <u>Deductible</u> Amount with Per Policy <u>Deductible</u> Aggregate Limit
11	Coinsurance Percent With Per Claim <u>Deductible</u> Amount Limit and <u>with</u> Per Policy Aggregate Limit
12	Variable

Item Number **6** remains unchanged.

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B. Exposure Information Codes

Item Number 1 remains unchanged.

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State Act or Federal Act, excl. Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" CoverageClasses
03	Federal Coal -Mine HealthSafety and SafetyHealth Act Only
04	Federal Coal -Mine HealthSafety and SafetyHealth Act and/or the State Act
10	Voluntary Compensation Coverage Not Mandatory by State Act

3. Premium Codes

Item **a.** remains unchanged.

b. Premium Not Subject to Experience Modification

~~(4)~~ **Seat Surcharge**

Code 9108

Items **(2) through (14)** are renumbered **(1) through (13)**.

Item **c.** remains unchanged.

C. Loss Information Codes

Item Numbers **1 through 2** remain unchanged.

3. Loss Conditions

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State Act or Federal Act, excl. Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" CoverageClasses
03	Federal Coal -Mine HealthSafety and SafetyHealth Act Only
04	Federal Coal -Mine HealthSafety and SafetyHealth Act and/or the State Act

Type of Loss, Type of Recovery, Type of Claim and Type of Settlement code lists remain unchanged.

Item Numbers **4 through 8** remain unchanged.

Item **D** remains unchanged.

Injury Description Coding remains unchanged.

Scheduled Indemnity – Maximum Weeks list remains unchanged.

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SECTION VI - EXAMPLES

Section VI contains examples of certain common types of reports required by the [BureauDCRB](#)'s Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes; ~~see~~ Consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the examples should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded; ~~see~~ Refer to the coding sections of this plan for mandatory and optional filing requirements.

Questions regarding any phase of the Plan or the submission of reports should be referred directly to the Statistical Department of the [BureauDCRB](#).

Paragraphs 3 through 4 remain unchanged.

Example Descriptions **1 through 6** remain unchanged.

Example 7 - Ratable Class; Mandatory Non-Ratable Element

For class codes such as 4771, 7405 and 7413, ~~where~~ there is a Mandatory Non-Ratable Element established by the [BureauDCRB](#) and shown on the [BureauDCRB](#) Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit.

Example 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the [BureauDCRB](#) and shown on the [BureauDCRB](#) Data Card when the non-ratable element is authorized by the [BureauDCRB](#)'s Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other [BureauDCRB](#) established, optional non-ratable codes such as those associated with classification Code 0513, ~~Code 7421~~ and classifications with radiation or carcinogen exposure.

Paragraph 2 remains unchanged.

Example Descriptions **9 through 21** remain unchanged.

SECTION VII - GLOSSARY

Terms not listed below remain unchanged.

[BureauDCRB](#) Data Card

[BureauDCRB](#) Data Cards provide the risk name, location, [BureauDCRB](#) file number, authorized classification(s) and, if applicable, the risk's experience modification for a minimum of one year.

Risks approved for the Delaware Construction Classification Premium Adjustment Program and any other applicable credit program will be shown on these data cards.

[BureauDCRB](#) Loss Costs

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverage's, filed by the [BureauDCRB](#) based on the aggregate experience of all [BureauDCRB](#) members and approved by the Delaware Insurance Commissioner.

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BureauDCRB Rating Values

All parameters filed by the BureauDCRB and approved by the Delaware Insurance Commissioner, and which are used either mandatorily or by option of carriers for purpose of pricing workers compensation and employers liability coverage's. Such BureauDCRB rating values include BureauDCRB Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to USL&HW coverage's such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.

Carrier Rating Value

All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverage's. Such parameters may be either BureauDCRB Rating Values adopted by a carrier for its own use or values independently determined by a carrier.

Loss Cost

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverage's. Loss costs may be developed either by the BureauDCRB based on the aggregate experience of all BureauDCRB members or may be established by individual carriers based on their own supporting information.

Non-Rateable Element

A portion of the rating value, which is not subject to experience or retrospective rating.

Rating Value

A parameter or number used in pricing workers compensation or employers liability insurance coverage's. Rating values may be established by the BureauDCRB or by individual carriers. Where individual carriers have established rating values different from those of the BureauDCRB, the carrier's values supercede those of the BureauDCRB for purposes of that insurer's policies.

Supplemental Non-Rateable Loading

A supplement to be added to the rating value for certain risks within a classification, which have a hazard, not shared by all members of the classification. The supplemental loading is not subject to experience or retrospective rating.

SECTION VIII - SAMPLE FORMS

Forms not listed below remain unchanged.

Individual Case Report

Updated Individual Case Report attached. "Workers Sex" field added and footnote updated.

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SECTION IX – ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Delaware has adopted the WCIO Electronic Data Interchange (EDI) Committee's changes to WCSTAT. The [BureauDCRB](#) encourages the use of electronic submission. Carriers should contact the [BureauDCRB](#)'s Systems & Programming Department at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. The Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org.

SECTION X – [PREMIUM ALGORITHM](#)

Delaware Premium Algorithm Preface:

Mandatory use for policies effective on or after January 1, ~~2006~~[2015](#)

Preface text remains unchanged.

Updated Premium Algorithm attached.

Line items **(28) through (30)** are deleted. Line items **(31) through (74)** are renumbered **(28) through (71)** and calculations are updated accordingly. Line items **(45) through (50)** are amended to delete the references to these items being DE only programs.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER	CARRIER NAME					PAYROLL STATE CODE*	ADM. FILE NUMBER							
POLICY NUMBER		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR		CLAIM NO.	STAT CODE*	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL				JURIS STATE	MCO TYPE			
INSURED NAME						ACC. DATE MO DAY YR			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR			DATE OF BIRTH MO DAY YR		SURG CODE	ATTNY CODE*
WORKER LAST NAME		WORKERS SEX	AVG. WEEKLY WAGE	INJURY DESC. CODE* →	PART	NATURE	CAUSE	OCCUPATION				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →			DATE OF HIRE →		MO	DAY	YR			
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY																		
3. NON-SCHEDULED INDEMNITY				X X X	XXXX													
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																		
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE									
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.									
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)									
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL									
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE									
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE									
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(3428)	Workfare Program Employees Exposure (PA)	0982	(3428)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(3229)	Workfare Program Employees Rating Value (PA)	0982	(3229)	Carrier Value
(3330)	Workfare Program Employees Premium (PA)	0982	(3330)	(3428) x (3229)
(3431)	Non-Ratable Classification Premium Total		(3431)	Sum of all (27)+(30)+ (33) premiums
(3532)	Non-Ratable Classification Increased Limits Factor	xxxx	(3532)	Carrier value
(3633)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(3633)	(3431) x [(3532) expressed as a decimal]
(3734)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(3734)	Carrier value
(3835)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(3835)	[(3734)-(3633)] if (3633) < (3734) and (3532) > 0, otherwise zero
(3936)	Premium Before Schedule Rating		(3936)	(23)+ (3431) + (3633) + (3835)
(4037)	Schedule Rating Plan Adjustment Factor	9887/9889	(4037)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(4138)	Schedule Rating Plan Premium Adjustment	9887/9889	(4138)	(3936) x[(4037) expressed as a decimal]. For schedule credits Line (4138) will be negative
(4239)	Certified Safety Committee Credit Factor (PA)	9890	(4239)	Credit applies if insured is certified.
(4340)	Certified Safety Committee Premium Credit (PA)	9890	(4340)	[(3936)+(4138)]x[(4239) expressed as a decimal]
(4441)	Workplace Safety Program Credit Factor (DE)	9880	(4441)	Credit applies if insured qualifies
(4542)	Workplace Safety Program Premium Credit (DE)	9880	(4542)	[(3936)+(4138)]x[(4441) expressed as a decimal]
(4643)	Construction Classification Premium Adjustment Program Credit Factor	9046	(4643)	Based on wage level(s), application to rating organization
(4744)	Construction Classification Premium Adjustment Program Premium Credit	9046	(4744)	[(3936)+(4138)]x[(4643) expressed as a decimal]
(4845)	Drug-Free Workplace Factor (DE)	9846	(4845)	Carrier value
(4946)	Drug-Free Workplace Credit (DE)	9846	(4946)	[(3936)+(4138)+(4542)+(4744)]x[(4845) expressed as a decimal]
(5047)	Managed Care Factor (DE)	9874	(5047)	Carrier value
(5148)	Managed Care Credit (DE)	9874	(5148)	[(3936)+(4138)+(4542)+(4744)+(4946)]x[(5047) expressed as a decimal]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(5249)	Package Credit Factor (DE)	9721	(5249)	Carrier value
(5350)	Package Credit (DE)	9721	(5350)	$[(3936)+(4138)+(4542)+(4744)+(4946)+(5448)] \times [(-5249) \text{ expressed as a decimal}]$
(5451)	Premium After Managed Care and Package Credit If Applicable		(5451)	$[(3936)+(4138)+(4340)+(4542)+(4744)+(4946)+(5448)+(5350)]$
(5552)	Assigned Risk Surcharge Factor (DE)	0277	(5552)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(5653)	Assigned Risk Premium Surcharge (DE)	0277	(5653)	$(5451) \times [(5552) \text{ expressed as a decimal}]$
(5754)	Deductible Credit Factor	9663	(5754)	Carrier value
(5855)	Deductible Premium Credit	9663	(5855)	$[(5451)+(5653)] \times [(-5754) \text{ expressed as a decimal}]$
(5956)	Loss Constant	0032	(5956)	Carrier value - may vary based on risk premium size
(6057)	Loss Constant Charge	0032	(6057)	Line (5956) if applicable
(6458)	Short Rate Cancellation Factor	0931	(6458)	Carrier value - zero if short rate cancellation does not apply
(6259)	Short Rate Premium	0931	(6259)	$[(5451)+(5653)+(5855)+(6057)] \times [(6458) - 1.0000]$ if (6458) > 0, otherwise zero
(6360)	Expense Constant	0900	(6360)	Carrier value if applicable
(6461)	Expense Constant Charge	0900	(6461)	Line (6360)
(6562)	Minimum Premium	0990	(6562)	Carrier value
(6663)	Minimum Premium Charge	0990	(6663)	If (6562) > $[(5451)+(5653)+(5855)+(6057)+(6259)+(6461)]$, (6562) - $[(5451)+(5653)+(5855)+(6057)+(6259)+(6461)]$, otherwise zero
(6764)	Unit Statistical Report Total Standard Premium		(6764)	$[(5451)+(5653)+(5855)+(6057)+(6259)+(6663)]$
(6865)	Premium Discount Amount	0063/0064	(6865)	Carrier value based on $[(5451)+(5653)+(5855)+(6057)+(6259)+(6663)]$
(6966)	Additional premium Waiver of Subrogation (flat charge)	9115	(6966)	Carrier value(s)
(7067)	Terrorism	9740	(7067)	(Total payroll/100) x carrier rating value
(7468)	Catastrophe (other than Certified Acts of Terrorism)	9741	(7468)	(Total payroll/100) x carrier rating value
(7269)	Total Policy Premium Subject to Employer Assessment		(7269)	$(6461)+(6764)-(6865)+(6966)+(7067)+(7468)$
(7370)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(7370)	Bureau PCR value for the specific purpose of computing employer assessments
(7471)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(7471)	$[(7269)-(11)-(5855)] \times (7370)$ NOTE: Cells (11) and (5855) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

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Item Numbers **1 through 3** remain unchanged.

4. The Delaware Compensation Rating Bureau, Inc. will hereinafter be referred to as "the DCRB."

SECTION I - GENERAL RULES/DEFINITIONS

Items **A through B** remain unchanged.

C. Fine System for Late Unit Reports

Companies will receive notices of overdue unit reports to be mailed to the company by the DCRB at the end of each month when unit statistical reports are due. Failure to respond to this notice will result in the following fines:

Schedule of Statistical Fines list remains unchanged.

Items **D through E** remain unchanged.

F. Radiation Exposure -- Other Than Government Agency Atomic Energy Projects

Paragraph 1 remains unchanged.

The Manual provides that a supplemental rate, subject to the approval of the DCRB, may be applied to operations involving research, manufacturing, handling, transportation, use of or exposure to radioactive materials, where such operations are not performed for or under the direction of any government agency. The payroll to which such supplemental rate is applicable, together with the premium derived from such charge shall be reported under Code 9985. The payroll reported for Code 9985 shall be shown in parentheses and shall not be added to payrolls shown for other Manual classifications in determining the risk payroll total. The payroll, rate and premium shall be entered on lines "D," "E" or "F," and the premium shall be included in the risk total. Similarly, radiation losses on risks where a supplemental loading has been applied shall be assigned to Code 9985. If no supplemental radiation loading has been applied, any radiation losses shall be assigned to the appropriate classification. Note, however, that any radiation loss, whether reported under Code 9985 or a regular classification, must be identified as a disease loss in the column captioned Loss Conditions.

Items **G through I** remain unchanged.

J. Admiralty and Federal Employers Liability

The DCRB has no jurisdiction over the rating values and classifications for Admiralty or Federal Employers Liability exposure. Admiralty and Federal Employers Liability exposure shall be excluded from the experience reported under this Plan.

K. Loss Rules

Item Numbers **1 through 3** remain unchanged.

4. **Subrogation Claims**

Item **a.** remains unchanged.

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- b. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed with the DCRB reducing the incurred loss on the claim by the amount of the subrogation recovery received. If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed. The totals on the Individual Case Report and the unit report must match.

Suggested method for calculation remains unchanged.

Item Number **5** remains unchanged.

Item Number **7** is renumbered **6**.

7. Correction and Subsequent Reports

Item **a.** remains unchanged.

- b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:

Items **(a) through (d)** remain unchanged.

- e. The claim has been determined to be fraudulent (as defined in Section II.C.).

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. If the claim was declared fraudulent, a Code "01" or Code "02" must be reported in the Fraudulent Claim Code field. (See Section IV, Codes)

Item **(2)** remains unchanged.

- (3) Correction reports as defined above should be forwarded to the DCRB as soon as possible after the changes are known.

Item **c.** remains unchanged.

Item Number **9** is renumbered **8**.

9. Incurred Losses

Paragraphs 1 through 4 remain unchanged.

Items **a. through e.** remain unchanged.

- f. Paragraph 1 remains unchanged.

When such an anticipated recovery becomes known by the carrier or when a recovery is paid to the carrier subsequent to the first reporting of the claim on the 18th month valuation date of the policy, a correction report must be filed with the DCRB reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item K.7. of this Section for additional instructions on correction reports.) If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed.

L. Special Reportings

Item Number **1** remains unchanged.

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2. Option A. Schedule Z Basis

- a. *Form of Report.* The experience shall be summarized by effective year and Manual classification and shall be reported in a separate submission. These reports may be made on Form NC-302. Send this data to the DCRB, Attention Option A Data.

Paragraph 2 remains unchanged.

Item **b.** remains unchanged.

- c. *Data to be Reported.* The experience to be reported for each classification consists of the following:

Items **(1) through (3)** remain unchanged.

- (4) Number of claims, total indemnity incurred and total medical incurred for
- (1) Death
 - (2) Permanent Total
 - (5) Temporary Total
 - (6) Non-Compensable Medical
 - (9) Permanent Partial

The totals of the claims, indemnity incurred and medical incurred shall also be shown. It is not necessary to separate and identify incurred losses resulting from Disease, Part II, United States Longshore and Harbor Workers Compensation Act, etc.

Item Numbers **(5) through (6)** remain unchanged.

- d. *Correction Reports.* An error discovered by the carrier or the DCRB within 12 months after submitting the original report shall be revised by submitting a correction report per the rules set forth in this manual.

Item Number **3** remains unchanged.

M. General Rules and Definitions

Item Numbers **1 through 6** remain unchanged.

7. Exposure Coverage / Loss Conditions

Items **a. through b.** remain unchanged.

- a. *State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act.* Coverage benefits paid to employees injured as the result of a workplace accident under State Workers' Compensation Law or Federal Compensation Laws.
- b. *USL&HW "F" or USL&HW Coverage on Non "F" Classes.* Coverage for benefits paid to employees injured as the result of a workplace accident under the United States Longshore and Harbor Workers Compensation Act.
- c. *Federal Mine Safety and Health Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Mine Safety and Health Act.
- d. *Federal Mine Safety and Health Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Mine Safety and Health Act and the State Act.

Item Numbers **8 through 14** remain unchanged.

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SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

Paragraph 1 remains unchanged.

Unit report data may be submitted electronically in lieu of the above hard copy reports. For further information regarding electronic reporting, please contact the DCRB.

Form Number and Descriptions remain unchanged.

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the DCRB and the Policy Conditions field "Estimated Audit Code" shall be marked with the appropriate code.

Item Number **3** remains unchanged.

4. Method of Transmittal

Item **a.** remains unchanged.

b. Experience reports shall be transmitted to the DCRB with a standard letter of transmittal, Form NC2400, signed by a responsible official of the carrier. The transmittal form may show the summary totals. The use of a stamped signature is permissible.

Item Number **5** remains unchanged.

6. Policy Information

Items **a. through i.** remain unchanged.

j. *Risk ID Number.* The Risk ID Number is not required by the DCRB.

k. *Page Number.* The Page Number is not required by the DCRB.

Item **l.** remains unchanged.

m. *Insured Address.* The Insured Address is not required by the DCRB.

Items **n. through p.** remain unchanged.

Item Number **7** remains unchanged.

8. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

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Plan Type and Non-Standard Type code lists remain unchanged.

Item Numbers **9 through 12** remain unchanged.

B. Exposure Information

Item Number **1** remains unchanged.

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State Act or Federal Act, Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and the State Act
10	Voluntary Coverage Not Mandatory by State Act

3. Class Code

Report the code corresponding to the insured's classification determined according to classification rules of the DCRB and published in the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance.

4. Exposure Amount

Paragraph 1 remains unchanged.

- a. No Exposure in the State - When a policy is issued, either on an "if any" basis or as a multi-state policy, and upon audit it is determined that exposure did not develop, a first level unit report must be submitted containing either 1) no exposure records at all or 2) a single exposure record containing Class Code 1111, No Exposure. If the Class Code 1111 option is chosen, the class must be reported above Line "A" with no corresponding exposure, rate or premium amounts. All no exposure unit totals (exposure, premium, loss, etc.) must be equal to zero, and there should be no corresponding exposure or loss records reported. The use of either Option 1) or 2) above will alert the DCRB that no exposure developed in the state.

Items **a. through d.** are re-lettered **b. through e.**

- f. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the DCRB Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the DCRB Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **9985, 0175, or 0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported.
- g. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the DCRB Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class and Hazard code list remains unchanged.

To provide coverage for Federal Black Lung on class **Code 0615**, Tunneling and Shaft Sinking, the

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additional non-ratable disease loading **Code 0164** and rating value must be applied to the payroll.

5. Exposure-Other Than Payroll

For a number of classifications, the Manual provides a basis of exposure other than payroll. The following method of reporting shall be used in such instances:

Item **a.** remains unchanged.

Note remains unchanged.

Item Number **6** remains unchanged.

7. Premium

Item **a.** remains unchanged.

b. *Miscellaneous Premium.* The DCRB rules provide for additional premium charges for various special conditions or additional coverage, such as Excess Limits under Part II, etc. These additional premium charges shall be reported in the column captioned Premium Amount under appropriate Class Code. (See Item B.3. of this Section). The exposure items, if any, shall be entered in the column captioned Exposure Amount.

Item Numbers **(1) through (2)** remain unchanged.

Item **c.** remains unchanged.

Item Number **8** remains unchanged.

9. Miscellaneous Statistical Codes

Item **a.** remains unchanged.

(1) Premium for Increased Limits under Part II **Codes 9803, 9805, 9806, 9807, 9808, 9810, 9811, 9812, 9814, 9815, 9816 and 9837** to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits.

Paragraph 2 remains unchanged.

The DCRB Manual rules provide that the premium for limits in excess of the standard limits shall be determined by applying the appropriate factors to the total premium, at the carrier's rates, before any applicable experience modification. The codes to be used are listed in Section IV, Item B.3.

These codes should not be used in connection with the reporting of excess premium developed for increased limits on voluntary compensation policies. For such cases, the DCRB Manual rules contemplate that the premium for coverage in excess of standard limits is provided by an appropriate increase in the carrier's rate.

Paragraph 5 remains unchanged.

Item Numbers **(2) through (4)** remain unchanged.

b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.

Item Numbers **(2) through (7)** are renumbered **(1) through (6)**.

Items **c. through d.** remain unchanged.

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10. Correction Reports-Method of Reporting

a. *Conditions Requiring a Correction Report*

- (1) A correction report shall be filed whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the DCRB.

Item Number **(2)** remains unchanged.

- (3) Correction reports as defined above should be forwarded to the DCRB as soon as possible after the changes are known.

Items **b. through c.** remain unchanged.

- d. Correction reports should be forwarded to the DCRB as soon as possible after the changes are known.

Items **e. through i.** remain unchanged.

C. Loss Information

Item Numbers **1 through 5** remain unchanged.

6. Class Code

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the DCRB. No claims may be assigned to any classification unless premium also has been reported for that class. In cases where losses have been incurred under the benefits of a state other than where payroll is assigned, the carrier shall report the claim in the state where the payroll is assigned, identifying the claim in the Jurisdiction State field.

7. Injury Type

Report the 2-digit numeric code that identifies under which provision of the law benefits are paid or expected to be paid.

a. *Death Cases Code - 01*

- (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered, as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state.

If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the loss is to be reported on the basis of the injury for which payments have been previously made.

In valuing a surviving spouse's benefits in death cases, Table I, Surviving Spouse Pension Table, shall be used. (For example, see Section VI.) In valuing the portion of reserves in death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table II, Present Value of Remarriage Award Table, shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used. (Refer to Section V for the Tables.)

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- (2) USL&HW Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under USL&HW Coverage, Table USL&HW-I, Surviving Spouse Pension Table, shall be used. In valuing the portion of reserves in death cases under USL&HW Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table USL&HW-II, Present Value of Remarriage Award Table, shall be used. In valuing the portion of reserves certain death cases under USL&HW Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL&HW-III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table shall be used.

b. *Permanent Total Disability Code - 02*

- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial.

In establishing reserves on permanent total cases, Table III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used, as found in Section V. (For examples, see Section VI.)

- (2) USL&HW Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under USL&HW Coverage, Table USL&HW-III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table USL&HW-IV, Present Value of Survivorship Benefits Table, shall be used. (For an example, see Section VI.)

Items **c. through f.** remain unchanged.

Item Number **8** remains unchanged.

9. **Loss Condition Codes**

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and the State Act

Type of Loss, Type of Recovery, Type of Claim and Type of Settlement code lists remain unchanged.

Item Numbers **10 through 24** remain unchanged.

Item **D** remains unchanged.

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

Item Number **1** remains unchanged.

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2. **General Instructions** for Reporting Information on the Individual Case Reports. ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

Items **a. through c.** remain unchanged.

- d. *Transaction Type Code.*

Item Numbers **(1) through (2)** remain unchanged.

- (3) Revised Report-Code 3. Individual Case Report filed due to the rejection by the DCRB Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.

Item Number **(4)** remains unchanged.

Items **e. through II.** remain unchanged.

Item Numbers **3 through 5** remain unchanged.

SECTION IV - CODES

A. Codes Common to Premium and Losses

Item Numbers **1 through 3** remain unchanged.

4. **Policy Type ID Code**

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

Plan Type and Non-Standard Type code lists remain unchanged.

5. **Deductible Type Codes**

Identifies the type of deductible being reported.

Losses Subject to Deductible Code list remains unchanged.

Basis of Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Amount Limit
07	Coinsurance Percent with Per Claim Deductible Amount and Coinsurance Limit
08	Coinsurance Percent with Per Accident Deductible Amount and Coinsurance Limit
09	Per Accident Deductible Amount with Per Policy Deductible Aggregate Limit
10	Per Claim Deductible Amount with Per Policy Deductible Aggregate Limit

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- 11 Coinsurance Percent With Per Claim Deductible Amount Limit with Per Policy Aggregate Limit
- 12 Variable

Item Number **6** remains unchanged.

B. Exposure Information Codes

Item Number **1** remains unchanged.

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and/or the State Act
10	Voluntary Compensation Coverage

3. Premium Codes

Item **a.** remains unchanged.

- b. Premium Not Subject to Experience Modification

Items **(2) through (14)** are renumbered **(1) through (13)**.

Item **c.** remains unchanged.

C. Loss Information Codes

Item Numbers **1 through 2** remain unchanged.

3. Loss Conditions

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and/or the State Act

Type of Loss, Type of Recovery, Type of Claim and Type of Settlement code lists remain unchanged.

Item Numbers **4 through 8** remain unchanged.

Item **D** remains unchanged.

Injury Description Coding remains unchanged.

Scheduled Indemnity – Maximum Weeks list remains unchanged.

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SECTION VI - EXAMPLES

Section VI contains examples of certain common types of reports required by the DCRB's Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes. Consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the examples should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded. Refer to the coding sections of this plan for mandatory and optional filing requirements.

Questions regarding any phase of the Plan or the submission of reports should be referred directly to the Statistical Department of the DCRB.

Paragraphs 3 through 4 remain unchanged.

Example Descriptions **1 through 6** remain unchanged.

Example 7 - Ratable Class; Mandatory Non-Ratable Element

For class codes such as 4771, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the DCRB and shown on the DCRB Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit.

Example 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the DCRB and shown on the DCRB Data Card when the non-ratable element is authorized by the DCRB's Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other DCRB established, optional non-ratable codes such as those associated with classification Code 0513 and classifications with radiation or carcinogen exposure.

Paragraph 2 remains unchanged.

Example Descriptions **9 through 21** remain unchanged.

SECTION VII - GLOSSARY

Terms not listed below remain unchanged.

DCRB Data Card

DCRB Data Cards provide the risk name, location, DCRB file number, authorized classification(s) and, if applicable, the risk's experience modification for a minimum of one year.

Risks approved for the Delaware Construction Classification Premium Adjustment Program and any other applicable credit program will be shown on these data cards.

DCRB Loss Costs

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the DCRB based on the aggregate experience of all DCRB members and approved by the Delaware Insurance Commissioner.

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DCRB Rating Values

All parameters filed by the DCRB and approved by the Delaware Insurance Commissioner, and which are used either mandatorily or by option of carriers for purpose of pricing workers compensation and employers liability coverages. Such DCRB rating values include DCRB Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to USL&HW coverages such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.

Carrier Rating Value

All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverages. Such parameters may be either DCRB Rating Values adopted by a carrier for its own use or values independently determined by a carrier.

Loss Cost

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages. Loss costs may be developed either by the DCRB based on the aggregate experience of all DCRB members or may be established by individual carriers based on their own supporting information.

Non-Ratable Element

A portion of the rating value, which is not subject to experience or retrospective rating.

Rating Value

A parameter or number used in pricing workers compensation or employers liability insurance coverages. Rating values may be established by the DCRB or by individual carriers. Where individual carriers have established rating values different from those of the DCRB, the carrier's values supercede those of the DCRB for purposes of that insurer's policies.

Supplemental Non-Ratable Loading

A supplement to be added to the rating value for certain risks within a classification, which have a hazard, not shared by all members of the classification. The supplemental loading is not subject to experience or retrospective rating.

SECTION VIII - SAMPLE FORMS

Forms not listed below remain unchanged.

Individual Case Report

Updated Individual Case Report attached. "Workers Sex" field added and footnote updated.

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SECTION IX – ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Delaware has adopted the WCIO Electronic Data Interchange (EDI) Committee's changes to WCSTAT. The DCRB encourages the use of electronic submission. Carriers should contact the DCRB's Systems & Programming Department at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. The Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org.

SECTION X – PREMIUM ALGORITHM

Delaware Premium Algorithm Preface:

Mandatory use for policies effective on or after January 1,2015

Preface text remains unchanged.

Updated Premium Algorithm attached.

Line items **(28) through (30)** are deleted. Line items **(31) through (74)** are renumbered **(28) through (71)** and calculations are updated accordingly. Line items **(45) through (50)** are amended to delete the references to these items being DE only programs.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER	CARRIER NAME						PAYROLL STATE CODE*	ADM. FILE NUMBER							
POLICY NUMBER		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR		CLAIM NO.		STAT CODE*	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE				JURIS STATE	MCO TYPE			
INSURED NAME							ACC. DATE MO DAY YR			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR			DATE OF BIRTH MO DAY YR		SURG CODE	ATTNY CODE*
WORKER LAST NAME		WORKERS SEX	AVG. WEEKLY WAGE			PART	NATURE	CAUSE	OCCUPATION				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →			DATE OF HIRE →		MO	DAY	YR			
BENEFITS OTHER THAN PENSION									PENSION BENEFITS										
KIND OF BENEFIT				% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY				X X X	X X X					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY																			
3. NON-SCHEDULED INDEMNITY					X X X	XXXX													
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE										7. PENSION INDEM. PAID TO VAL. DATE									
PHYSICIAN PAID					TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID								
HOSPITAL PAID					PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.								
APP. MED. EVAL. PAID					PERM. TOTAL PAID						10. FUNERAL ALLOWANCE								
DEFENSE MED. EVAL PAID					DEATH PAID						11. LUMP SUM REMARRIAGE								
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)								
LEGAL EXP. - DEFENSE					V.R. PAID						13. TOTAL INCURRED MEDICAL								
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE								
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE								
					V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.								

*SEE MANUAL FOR CODING

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Workfare Program Employees Exposure (PA)	0982	(28)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(29)	Workfare Program Employees Rating Value (PA)	0982	(29)	Carrier Value
(30)	Workfare Program Employees Premium (PA)	0982	(30)	(28) x (29)
(31)	Non-Ratable Classification Premium Total		(31)	Sum of all (27)+(30) premiums
(32)	Non-Ratable Classification Increased Limits Factor	xxxx	(32)	Carrier value
(33)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(33)	(31) x [(32) expressed as a decimal]
(34)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(34)	Carrier value
(35)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(35)	[(34)-(33)] if (33) < (34) and (32) > 0, otherwise zero
(36)	Premium Before Schedule Rating		(36)	(23)+(31)+(33)+(35)
(37)	Schedule Rating Plan Adjustment Factor	9887/9889	(37)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(38)	Schedule Rating Plan Premium Adjustment	9887/9889	(38)	(36)x[(37) expressed as a decimal]. For schedule credits Line (38) will be negative
(39)	Certified Safety Committee Credit Factor (PA)	9890	(39)	Credit applies if insured is certified.
(40)	Certified Safety Committee Premium Credit (PA)	9890	(40)	[(36)+(38)]x[(-39) expressed as a decimal]
(41)	Workplace Safety Program Credit Factor (DE)	9880	(41)	Credit applies if insured qualifies
(42)	Workplace Safety Program Premium Credit (DE)	9880	(42)	[(36)+(38)]x[(-41) expressed as a decimal]
(43)	Construction Classification Premium Adjustment Program Credit Factor	9046	(43)	Based on wage level(s), application to rating organization
(44)	Construction Classification Premium Adjustment Program Premium Credit	9046	(44)	[(36)+(38)]x[(-43) expressed as a decimal]
(45)	Drug-Free Workplace Factor	9846	(45)	Carrier value
(46)	Drug-Free Workplace Credit	9846	(46)	[(36)+(38)+(42)+(44)]x[(-45) expressed as a decimal]
(47)	Managed Care Factor	9874	(47)	Carrier value
(48)	Managed Care Credit	9874	(48)	[(36)+(38)+(42)+(44)+(46)]x[(-47) expressed as a decimal]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(49)	Package Credit Factor	9721	(49)	Carrier value
(50)	Package Credit	9721	(50)	$[(36)+(38)+(42)+(44)+(46)+(48)] \times [(-49) \text{ expressed as a decimal}]$
(51)	Premium After Managed Care and Package Credit If Applicable		(51)	$[(36)+(38)+(40)+(42)+(44)+(46)+(48)+(50)]$
(52)	Assigned Risk Surcharge Factor (DE)	0277	(52)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(53)	Assigned Risk Premium Surcharge (DE)	0277	(53)	$(51) \times [(52) \text{ expressed as a decimal}]$
(54)	Deductible Credit Factor	9663	(54)	Carrier value
(55)	Deductible Premium Credit	9663	(55)	$[(51)+(53)] \times [(-54) \text{ expressed as a decimal}]$
(56)	Loss Constant	0032	(56)	Carrier value - may vary based on risk premium size
(57)	Loss Constant Charge	0032	(57)	Line (56) if applicable
(58)	Short Rate Cancellation Factor	0931	(58)	Carrier value - zero if short rate cancellation does not apply
(59)	Short Rate Premium	0931	(59)	$[(51)+(53)+(55)+(57)] \times [(58)-1.0000]$ if (58)>0, otherwise zero
(60)	Expense Constant	0900	(60)	Carrier value if applicable
(61)	Expense Constant Charge	0900	(61)	Line (60)
(62)	Minimum Premium	0990	(62)	Carrier value
(63)	Minimum Premium Charge	0990	(63)	If (62)> $[(51)+(53)+(55)+(57)+(59)+(61)]$, (62)- $[(51)+(53)+(55)+(57)+(59)+(61)]$, otherwise zero
(64)	Unit Statistical Report Total Standard Premium		(64)	$[(51)+(53)+(55)+(57)+(59)+(63)]$
(65)	Premium Discount Amount	0063/0064	(65)	Carrier value based on $[(51)+(53)+(55)+(57)+(59)+(63)]$
(66)	Additional premium Waiver of Subrogation (flat charge)	9115	(66)	Carrier value(s)
(67)	Terrorism	9740	(67)	(Total payroll/100) x carrier rating value
(68)	Catastrophe (other than Certified Acts of Terrorism)	9741	(68)	(Total payroll/100) x carrier rating value
(69)	Total Policy Premium Subject to Employer Assessment		(69)	$(61)+(64)-(65)+(66)+(67)+(68)$
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	PCRB value for the specific purpose of computing employer assessments
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	$[(69)-(11)-(55)] \times (70)$ NOTE: Cells (11) and (55) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments