Delaware Compensation Rating Bureau, Inc.



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January 17, 2013

Refreshed 1/18/13

DCRB CIRCULAR NO. 882

To All Members of the DCRB:

Re: APPROVAL OF DCRB FILING NO. 1203

- 1) Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits
 Percentages and Factors NCCI Item Filing B-1425, Related Manual Rule
 Housekeeping Revisions EFFECTIVE JUNE 1, 2013
- 2) Statistical Plan Revisions Related to NCCI Item Filing B-1425 and Additional Revisions EFFECTIVE JUNE 1, 2013 WITH SPECIFIED ITEMS EFFECTIVE JUNE 1, 2013 ON AN OPTIONAL BASIS, JANUARY 1, 2014 ON A MANDATORY BASIS

The Delaware Compensation Rating Bureau, Inc. (DCRB) has filed and the Insurance Commissioner has approved Basic Manual and Statistical Plan Manual revisions to reflect countrywide changes in line with National Council on Compensation Insurance, Inc. (NCCI) Item Filing B-1425, which revises employer liability increased limits factors. Additionally, housekeeping revisions to both Manuals and miscellaneous revisions to the Statistical Plan Manual are also approved with the effective dates as shown below.

- 1) Basic Manual these changes are effective June 1, 2013
 - Revisions to Section 1, Rule VIII Table for Increased Limits
 - Miscellaneous housekeeping changes

NCCI Item Filing B-1425 provides two sets of employer liability increased factors, with the choice of lower or higher table factors based on each state's portion of employer liability losses relative to total workers compensation losses in that state. In Delaware, the lower table of factors has been filed and approved. This represents significant reductions to Delaware's factors.

The Manual changes are shown following:

SECTION 1

RULE II - EXPLANATION OF COVERAGES AND METHODS OF INSURING

- A. PART ONE WORKERS COMPENSATION INSURANCE
- 1. Description of Workers Compensation Coverage

No Change

- C. PART TWO EMPLOYERS LIABILITY INSURANCE
- 1. Description of Employers Liability Insurance

No Change

3. Admiralty Law or Federal Employers Liability Act

Employers liability insurance for liability of an employer under admiralty law or Federal Employers Liability Act is <u>not</u> provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover<u>or</u>, limit <u>er exclude</u> this exposure.

RULE VIII - LIMITS OF LIABILITY

Item 3-B of the Information Page

A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

1. Part One - Workers Compensation

There is no limit of liability in the standard policy for Part One. The policy provides all benefits required by the Delaware Workers Compensation Law.

- 2. Part Two Employers Liability
 - a. Standard Limits

The standard limits of liability under Part Two are:

Bodily Injury by Accident: \$100,000 – each accident Bodily Injury by Disease: \$100,000 – each employee Bodily Injury by Disease: \$500,000 – policy limit.

b. Increased Limits

The limit under Part Two may be increased, subject to the following:

- (1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.
- (2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed <u>after before</u> application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

TABLE FOR INCREASED LIMITS *

| Classification Statistical Codes | Limits of Liability | Percentage |
|-------------------------------------|---|------------------------------|
| | (000s omitted) | |
| 9803 | 100 / 100 / 1,000 | .70% <u>0.1%</u> |
| 9804 | 100/100/2,500 | 1.20% |
| 9805 | 100 / 100 / 5,000 | 1.70% <u>0.5%</u> |
| 9806 | 100 / 100 / 10,000 | 2.40% <u>1.0%</u> |
| 9807 | 500 / 500 / 500 | 1.90% <u>0.8%</u> |
| 9808 | 500 / 500 / 1,000 | 2.20% <u>0.9%</u> |
| 9809 | 500/500/2,500 | 2.70% |
| 9810 | 500 / 500 / 5,000 | 3.20% <u>1.3%</u> |
| 9811 | 500 / 500 / 10,000 | 3.90% <u>1.8%</u> |
| 9812 | 1,000 / 1,000 / 1,000 | 3.30% <u>1.1%</u> |
| 9813 | 1,000/1000,2,500 | 3.80% |
| 9814 | 1,000 / 1,000 / 5,000 | 4.40% <u>1.5%</u> |
| 9815 | 1,000 / 1,000 / 10,000 | 5.00% <u>2.0%</u> |
| | Over | |
| 9816 | 1,000 / 1,000 / 10,000 | (a) |
| <u>9837</u> | All other | Refer to Table 1 |
| | (a) Apply to DCRB for higher limit charges. | |

Table 1

| | Loss | Minimum * | | | | | | | | | | | |
|------------------------|---------------|-----------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <u>Bodily</u> | <u>Limits</u> | <u>Premiums</u> | <u>500</u> | 1,000 | 2,000 | 3,000 | 4,000 | <u>5,000</u> | 6,000 | 7,000 | <u>8,000</u> | 9,000 | 10,000 |
| Injury by | <u>100</u> | | 0.00% | <u>0.10%</u> | <u>0.20%</u> | 0.30% | 0.40% | <u>0.50%</u> | <u>0.60%</u> | <u>0.70%</u> | <u>0.80%</u> | <u>0.90%</u> | <u>1.00%</u> |
| Accident | <u>200</u> | <u>\$75</u> | 0.20% | <u>0.30%</u> | 0.40% | <u>0.50%</u> | 0.60% | 0.70% | 0.80% | 0.90% | <u>1.00%</u> | <u>1.10%</u> | <u>1.20%</u> |
| <u>Each</u> | <u>300</u> | <u>\$75</u> | 0.40% | <u>0.50%</u> | <u>0.60%</u> | <u>0.70%</u> | <u>0.80%</u> | <u>0.90%</u> | <u>1.00%</u> | <u>1.10%</u> | <u>1.20%</u> | <u>1.30%</u> | <u>1.40%</u> |
| Accident | <u>400</u> | <u>\$75</u> | 0.60% | <u>0.70%</u> | <u>0.80%</u> | <u>0.90%</u> | <u>1.00%</u> | <u>1.10%</u> | <u>1.20%</u> | <u>1.30%</u> | <u>1.40%</u> | <u>1.50%</u> | <u>1.60%</u> |
| Limit and | <u>500</u> | <u>\$75</u> | 0.80% | <u>0.90%</u> | 1.00% | <u>1.10%</u> | <u>1.20%</u> | <u>1.30%</u> | <u>1.40%</u> | <u>1.50%</u> | <u>1.60%</u> | <u>1.70%</u> | <u>1.80%</u> |
| <u>Bodily</u> | <u>1,000</u> | <u>\$120</u> | _ | <u>1.10%</u> | <u>1.20%</u> | <u>1.30%</u> | <u>1.40%</u> | <u>1.50%</u> | <u>1.60%</u> | <u>1.70%</u> | <u>1.80%</u> | <u>1.90%</u> | <u>2.00%</u> |
| Injury by | <u>2,000</u> | | _ | _ | <u>1.40%</u> | <u>1.50%</u> | <u>1.60%</u> | <u>1.70%</u> | <u>1.80%</u> | <u>1.90%</u> | <u>2.00%</u> | <u>2.10%</u> | <u>2.20%</u> |
| Disease | 3,000 | | _ | _ | _ | <u>1.60%</u> | <u>1.70%</u> | <u>1.80%</u> | <u>1.90%</u> | 2.00% | <u>2.10%</u> | <u>2.20%</u> | 2.30% |
| <u>Each</u> | 4,000 | | _ | _ | | | <u>1.80%</u> | <u>1.90%</u> | 2.00% | <u>2.10%</u> | <u>2.20%</u> | <u>2.30%</u> | <u>2.40%</u> |
| Employee | <u>5,000</u> | | _ | _ | _ | _ | _ | <u>2.00%</u> | <u>2.10%</u> | <u>2.20%</u> | <u>2.30%</u> | <u>2.40%</u> | <u>2.50%</u> |
| <u>Limit</u> (\$000 | <u>6,000</u> | | _ | _ | _ | _ | _ | _ | 2.20% | 2.30% | 2.40% | 2.50% | 2.60% |
| Omitted) | <u>7,000</u> | | _ | _ | _ | _ | _ | _ | _ | 2.40% | <u>2.50%</u> | 2.60% | <u>2.70%</u> |
| _ | <u>8,000</u> | | _ | _ | _ | _ | _ | _ | _ | _ | <u>2.60%</u> | <u>2.70%</u> | <u>2.80%</u> |
| | 9,000 | | _ | _ | | | | | | | | <u>2.80%</u> | 2.90% |
| | 10,000 | | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | 3.00% |
| | | | | · | · | | | | | | | | |

^{*} Increased limits of employers liability are available under the Delaware Insurance Plan upon request, subject to maximum limits of \$1million/\$1million/\$1million. Minimum premiums displayed with Table 1 are applicable to Delaware Residual Market. The same minimum premium applies for all the Bodily Injury by Disease policy limits within the same row.

(3) The premium for increased limits shall be subject to any experience rating modification, merit rating, deductible credit or retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating and retrospective rating.

B. VOLUNTARY COMPENSATION INSURANCE

1. Standard Limits

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation are:

Bodily Injury by Accident: **\$100,000** – each accident

Bodily Injury by Disease: **\$100,000** – each employee

Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

2. Increased Limits

(a) The standard limits under Part Two Employers Liability for employees subject to <u>V</u>voluntary <u>C</u>eompensation insurance may be increased.

(b) The premium for the increased limits shall be determined by using on the basis of the Table factors in Rule A.2. b. the following table:

| Limit of Liability | Factor Page 1 |
|--------------------------------------|------------------|
| 000s omitted | |
| 100 / 100 / 1,000 | 1.053 |
| 100 / 100 / 2,500 | 1.127 |
| 100 / 100 / 5,000 | 1.225 |
| 100 / 100 / 10,000 | 1.284 |
| 500 / 500 / 500 | 1.186 |
| 500 / 500 / 1,000 | 1.206 |
| 500 / 500 / 2,500 | 1.286 |
| 500 / 500 / 5,000 | 1.368 |
| 500 / 500 / 10,000 | 1.424 |
| 1,000 / 1,000 / 1,000 | 1.280 |
| 1,000 / 1,000 / 2,500 | 1.357 |
| 1,000 / 1,000 / 5,000 | 1.436 |
| 1,000 / 1,000 / 10,000 | 1.509 |
| Over 1,000 / 1,000 / 10,000 | (a) |
| | |
| (a) Apply to Bureau for higher limit | |
| factor | |

1. Premium Determination

Premium shall be determined on the basis of the workers compensation rules, classifications and DCRB rating values in this Manual for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability exposure. The following rule was published by the National Council on Compensation Insurance and is shown here for information purposes only.

A. GENERAL EXPLANATION

No Change

A. Description of Coverage Programs

No Change

B. Coverage

No Change

C. EXCLUSIONS

Unless specifically excluded, coverage for liability of an employer under admiralty law or F.E.L.A. is provided by the policy under Part Two - Employers Liability. The policy may be endorsed to exclude such coverage as follows:

1. Exclusion of Admiralty Law Liability

To exclude admiralty liability, attach the Standard Maritime Exclusion Endorsement (WC 00 02 02).

2. Exclusion of F.E.L.A. Liability

To exclude F.E.L.A. liability, attach the Standard Federal Employers Liability Act Exclusion Endorsement (WC 00 01 05).

D. E. LIMITS OF LIABILITY

No Change

Questions regarding these changes should be addressed to Betty Ann Campbell, Director – Rating Rules & Policy Reporting, at Extension 4425 or bcampbell@dcrb.com.

2) Statistical Plan Manual

- Changes effective June 1, 2013
 - Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Table
 - Changes effective June 1, 2013 on an OPTIONAL basis, January 1, 2014 on a MANDATORY basis
 - Housekeeping revisions to include typographical errors and language standardization
 - Addition to and deletion of certain data elements
 - Addition of new code values
 - Clarification of language for reporting instructions and code values
 - Updated example forms (there is no material change to reporting requirements)

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Complete Statistical Plan Manual revisions are attached to this circular.

Questions regarding Statistical Plan changes should be addressed to Bonnie Piacentino, Vice President – Data Management, at Extension 4456 or bpiacentino@dcrb.com.

Both the Basic Manual and Statistical Plan Manual will be available on our website (www.dcrb.com) at a later date.

Timothy L. Wisecarver President

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Remember to visit our web site at www.dcrb.com for more information about this and other topics.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the **Delaware Compensation Rating Bureau Inc.**, The Widener United Plaza Building, 6th Floor Suite 1500, One South Penn Square 30 South 17th Street, Philadelphia, PA 1910719103-35774077.

Items B through J remain unchanged.

K. Loss Rules

Items Number 1 through 7 remain unchanged.

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:

Item a. remains unchanged.

(b) The claim, or any part thereof, is declared non-compensable (as defined in an the experience Experience rating Plan Plan).

Item c. remains unchanged.

(d) The claim's catastrophe code values are found to have been included or excluded in error.

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. (See Section IV, Codes)

Items (2) through (3) remain unchanged.

Item c. remains unchanged.

Items Number 9 through 10 remain unchanged.

Item **L** remains unchanged.

M. General Rules and Definitions

Items Number 1 through 9 remain unchanged.

10. Type of Coverage Claim

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

Items a. through c. remain unchanged.

d. Liability Over. Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION II – REPORTING REQUIRMENTS

A. Rules Common to Premiums and Losses

Item Number 1 remains 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 and the Policy Conditions <u>f</u>Field "Estimated <u>Exposures Audit Code"</u> shall be marked with the <u>symbol "Y"</u>appropriate code.

Items Number 3 through 6 remain unchanged.

7. Policy Conditions

Report the 1-position indicator or code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicatoraudit code, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

Item Number 8 remains unchanged.

9. **Deductible Type Codes**

Report the two 42-digit codes that identifyies the type of deductible being reported.

First Two Positions Losses Subject to Deductible Code

Code Description

- 00 No Deductible
- 01 Medical Losses Only
- 02 Indemnity Losses Only
- 03 Medical & Indemnity Losses

Second Two Positions Basis of Deductible Calculation Code

Code Description

- 00 No Deductible
- 01 Per Claim
- 02 Per Accident
- 03 Per Policy Aggregate Limit
- 04 Percent of Claim Cost
- 05 Percent of Premium
- 06 Coinsurance Only Percent with Per Claim Limit
- 07 Benefits-Coinsurance Percent with Per Claim Amount and Coinsurance Limit
- 08 Per Accident Coinsurance Percent with Per Accident Amount and Coinsurance Limit
- 09 Per Policy & Accident Amount with Per Policy Aggregate Limit
- 10 Per Claim Amount with and Per Policy Aggregate Limit
- 11 Coinsurance Percent With Per Claim Amount Limit and Per Policy Aggregate Limits
- 12 Variable

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

Items Number 10 through 12 remain unchanged.

B. Exposure Information

Items Number 1 through 3 remain unchanged.

4. Exposure Amount

a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Exposures Audit Code should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.

Items **b. through d.** remain unchanged.

- e. 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 Bureau Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the Bureau Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as 0066, 0133, 9985, 01760175, 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. on one of the lines captioned "D," "E" or "F."
- f. 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 Bureau Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

| Class | Hazard | Code |
|-----------------|---|-----------------|
| | | |
| <u>4771</u> | Manufacturing of Explosives or Ammunition | <u>0771</u> |
| 4773 | Manufacturing of high explosives | 0773 |
| 4774 | Manufacturing of high explosives | 0774 |
| 4775 | Handling of explosives or mixing of fulminate | 0775 |
| 4776 | Handling of explosives or mixing of fulminate | 0776 |
| 4779 | Mixing and/or loading of charges | 0779 |
| 7323 | Stevedoring - handling of ammunition | 0763 |
| 7405 | All members of the flying crew of scheduled and supplemental air carriers | 7445 |
| 7413 | All members of the flying crew of commuter air carriers | 7453 |

Items Number 5 through 10 remain unchanged.

C. Loss Information

Item Number 1 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

2. Claim Number

Item a. remains unchanged.

- b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.
- c. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification.

The number of claims within each group shall be entered in the column captioned Accident Date/Number of Claims. In counting the number of claims, claims closed without payment shall be omitted. If one or more claims within the group are open, such a group shall be considered open and revised experience shall be reported in accordance with the rules of this Plan. If the grouping option is elected, claims must be grouped separately according to loss conditions codes as designated in Section IV, Item C.3.

NOTE: If claims otherwise eligible for the claim grouping option contained Catastrophe Code No. Numbers 48 or 87, these claims must be grouped separately with "48" or "87" reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No.Numbers 48 or 87.

3. Accident Date/Number of Claims

For claims, which are listed individually, Eentering of the accident date by reporting the month, day and year on which the injury occurred is required. Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is not reported for individually listed claims.

Items Number 4 through 6 remain unchanged.

7. Injury Type

Items a. through e. remain unchanged.

- f. Permanent Partial Disability Code 09
 - (1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b)2325 or 306(c)2326, respectively of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

Item Number 2 remains unchanged.

Item Number 8 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

9. Loss Conditions Codes

Loss Coverage Act

| oae | Description |
|-----|--|
| 01 | State or Federal Act, excl. USL&HW |
| 02 | USL&HW "F" or non "F" Coverage |
| 03 | Federal Coal Mine Health and Safety Act Only |
| 04 | Federal Coal Mine Health and Safety Act and/or the State Act |
| | - |

Type of Coverage Claim

| Code | Description | |
|------|--|--|
| 01 | Workers' Compensation Only | |
| 02 | Employers' Liability Only | |
| 03 | Workers' Comp. & Employers' Liability- | |

Item Number 10 remains unchanged.

11. Catastrophe Number (Cat. No.)

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc., up to and including "10". After the number "10" is assigned the next number in the sequence will reprocess to number "1". Numbers "11" through "99" are reserved for ISO assigned catastrophe codes. A separate series of catastrophe numbers shall be used for each policy.

EXCEPTIONS: Report Catastrophe Code No. 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.

Note: Catastrophe Code Number 48 will apply to both single and multiple claims.

- a. Report Catastrophe Code Number 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.
- <u>b.</u> Report Catastrophe Code Number 87 for all occupational diseases claims emanating from the rescue, recovery and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined in Article 8-A of the New York Workers' Compensation Law (Chapter 446 of the Laws of 2006).

Note: Catastrophe Code Number 48 and 87 will apply to both single and multiple claims.

Item Number 12 remains unchanged.

43. Social Security Number (Optional)

Report the claimant's social security number on individually reported claims.

Items Number 14 through 16 will be renumbered 13 through 15.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

16. Lump Sum Indicator

Report the value that identifies a lump sum agreement for the claim.

Indicator Description

- Y Claim has been settled by an agreement to a lump sum amount.
- N Claim has not been settled with a lump sum agreement.

Items Number 17 through 21 remain unchanged.

22. Weekly Wage Amount

Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Do not report the maximum or minimum weekly earnings specified in the state law.)

Items Number 22 through 23 will be renumbered 23 through 24.

D. Loss Totals

1. Total Number of Claims

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

1. Claims on Which Required. Individual Case Reports shall be filed for the following:

Items a. through b. remain unchanged.

NOTE: Delaware has no statutory maximum for incurred indemnity.

Individual Case Reports shall be filed concurrently with the submission of individual risk experience. Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting. (For examples, see Section VI.)

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 j. remain unchanged.

k. *Policy Effective Date.* Report the date on which the policy became effective coded as MM/DD/YY.

Item I. remains unchanged.

m. <u>Claim</u> Status Code. Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.

Item n. remains unchanged.

o. Loss Conditions <u>Codes</u>. <u>This These</u> fields is <u>are</u> not required since the information is on the Unit Statistical Report. However, if reported, <u>this-these entry-entries</u> should be identical with the <u>entry-entries</u> in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.

Items **p. through r.** remain unchanged.

- Accident Date. Enter the date of the accident in this space coded as MM/DD/YY.
- t. Date of Death. (Death Claims Only) Enter the date of death-coded as MM/DD/YY.
- u. Date Reported. Enter the date at which the application for benefits was filed coded as MM/DD/YY.
- v. Date of Birth. Enter the injured worker's date of birth-coded as MM/DD/YY.

Items w. through y. remain unchanged.

<u>z.</u> <u>Worker's Sex. Enter the code for the sex of the injured worker.</u>

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

- Zaa. Average Weekly Wage. Enter the average weekly wage as computed in accordance with the statutory provisions regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation. Report amount rounded to the nearest whole dollar.
- Injury Description Code. This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the three_62-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

Item bb. will be renumbered cc.

eedd. Date Closed. Enter the date the claim was closed, if applicable, coded MM/YY.

Items dd. through ff. will be renumbered ee. through gg.

- gghh. Social Security Number. This field is not required by Delaware. However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.
- hhii. Date Single Sum Paid. Enter the date single sum settlement was paid-coded MM/DD/YY.

Items ii. through jj. will be renumbered jj. through kk.

3. Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.

Item a. remains unchanged.

- b. Scheduled Indemnity.
 - Percent Disability. Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. In Delaware, the percentage MUST be 100.

Item c. through d. remain unchanged.

e. Vocational Rehabilitation Total Incurred. Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding loss condition/vocational Rehabilitation Indicator also must be used. See Section IV.

Item f. remains unchanged.

- 4. Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.
 - a. Beneficiary Data. Report the 1-digit numeric code corresponding to each different type of beneficiary. Refer to Section IV, Item D.12. for the code list. A separate code must be given for each beneficiary even if more than one beneficiary falls within the same code. For each beneficiary report the date of-when the beneficiary was born-coded as MM DD YY.

Items b. through f. remain unchanged.

Item Number 5 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION IV - CODES

A. Codes Common to Premiums and Losses

Items Number 1 through 4 remain unchanged.

5. **Deductible Type Codes**

Identifies the type of deductible being reported.

First Two Positions Losses Subject to Deductible Code

Code Description 00 No Deductible 01 Medical Losses Only 02 Indemnity Losses Only 03 Medical & Indemnity Losses

Second Two Positions Basis of Deductible Calculation Code

| Code | Description |
|------|---|
| 00 | No Deductible |
| 01 | Per Claim |
| 02 | Per Accident |
| 03 | Per Policy Aggregate Limit |
| 04 | Percent of Claim Cost |
| 05 | Percent of Premium |
| 06 | Coinsurance Only Percent with Per Claim Cost |
| 07 | Benefits-Coinsurance Percent with Per Claim Amount and Coinsurance Limit |
| 80 | Per Accident Coinsurance Percent with Per Claim Accident Amount and Coinsurance Limit |
| 09 | Per Policy & Accident Amount with Per Policy Aggregate Limit |
| 10 | Per Claim <u>Amount with and Per Policy Aggregate Limit</u> |
| 11 | Coinsurance Percent With Per Claim Amount Limit and Per Policy Aggregate Limits |
| 12 | Variable |

6. Policy Conditions

Report the 1-position indicator or code "Y" or "N" for each policy conditions.

Items a. through c. remain unchanged.

d. Estimated Exposure Indicator Audit Code

<u>"Y"_</u> = Exposures expressed on <u>the</u> unit report are estimated.

"N" = Exposures expressed on the unit report are the result of the an audit.

<u>U = Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.</u>

Items e. through g. remain unchanged.

B. Exposure Information Codes

Item Number 1 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

2. Exposure Coverage

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

Voluntary Coverage Not Mandatory by State Act

3. Premium Codes

- a. Premium Subject to Experience Modification (Reported Above Line "A")
 - (1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/8806/01/13

| Limits of Liability (000's omitted) | Percentage | Codes | |
|-------------------------------------|------------------|-----------------|--|
| | 700/ | 0000 | |
| 100/100/1,000 | 70% | 9803 | |
| 100/100/2,500 | 1.20% | 9804 | |
| 100/100/5,000 | 1.70% | 9805 | |
| 100/100/10,000 | 2.40% | 9806 | |
| 500/500/500 | 1.90% | 9807 | |
| 500/500/1,000 | 2.20% | 9808 | |
| 500/500/2,500 | 2.70% | 9809 | |
| 500/500/5,000 | 3.20% | 9810 | |
| 500/500/10,000 | 3.90% | 9811 | |
| 1,000/1,000/1,000 | 3.30% | 9812 | |
| 1,000/1,000/2,500 | 3.80% | 9813 | |
| 1,000/1,000/5,000 | 4.40% | 9814 | |
| 1,000/1,000/10,000 | 5.00% | 9815 | |
| Over 1,000/1,000/10,000 | a | 9816 | |
| All Other | | <u>9837</u> | |

Note: The <u>i</u>Increased limits factors applied to non-ratable classification exposures should be reported as not subject to the experience modification—on Line "D, "E" or "F".

Items Number (2) through (6) remain unchanged.

b. Premium Not Subject to Experience Modification (Reported on lines "D", "E" or "F")

| (1) Loss Constant | Code 0032 |
|-------------------------------------|-----------|
| (21) Seat Surcharge | Code 9108 |
| (32) Short Rate Penalty Premium | Code 0931 |
| (43) Risk Minimum Premium | Code 0990 |
| (54) Optional Supplemental Loadings | |
| For Class 447 | Code 0066 |
| For Class 445 | Code 0067 |
| For Class 512 | Code 0175 |
| For Class 513 | Code 0176 |
| For Black Lung Experience | Code 0164 |
| For Carcinogen Experience | Code 0133 |

Table for Increased Limits – Section IV, Item B.3.a.(1) Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

| For Radiation Experience | Code 9985 |
|--|---------------------|
| (65) Mandatory Supplemental Loadings | 0 - 1 - 0450 |
| For Class 615 | Code 0152 |
| For Class 615 | Code 0164 |
| For Class 810 | Code 0162 |
| For Class 4771 | <u>Class 0771</u> |
| For Class 4773 | Code 0773 |
| For Class 4774 | Code 0774 |
| For Class 4775 | Code 0775 |
| For Class 4776 | Code 0776 |
| For Class 4779 | Code 0779 |
| For Class 7323 | Code 0763 |
| For Class 7405 | Code 7445 |
| For Class 7413 | Code 7453 |
| (76) Delaware Construction Credit Prem | |
| Adjustment Program (DCCPAP) | |
| (87) Certified Safety Committee Credit | Code 9880 |
| Program Delaware Workplace Safet | <u>:y Credit</u> |
| (DWSP) | |
| (<u>98</u>) Assigned Risk Surcharge | Code 0277 |
| (109) Deductible Applied to Manual Prem | ium After Code 9663 |
| Experience Modification Deductible | |
| (4410) Merit Rating Plan Adjustment Neutr | |
| (4211) Merit Rating Plan Adjustment - 5% | Credit Code 9885 |
| Adjustment | Dabit Cada 0000 |
| (4312) Merit Rating Plan Adjustment - 5% | Debit Code 9886 |
| Adjustment (4413) Schedule Rating Plan Credit | Code 9887 |
| (<u></u> / | Code 9889 |
| (15 14) Schedule Rating Plan Debit | Code 9009 |

Item c. remains unchanged.

Loss Information Codes

Items Number 1 through 2 remain unchanged.

3. **Loss Conditions**

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

Type of Coverage Claim

| Code | Description |
|------|---------------------------------------|
| 01 | Workers' Compensation Only |
| 02 | Employers' Liability Only |
| 03 | Workers' Comp. & Employers' Liability |

Items Number 4 through 6 remain unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
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7. <u>Lump Sum Indicator</u>

Indicator Description

Y Claim has been settled by an agreement to a lump sum amount.

N Claim has not been settled with a lump sum agreement.

8.7 Fraudulent Claim Code

D. Individual Case Report Codes

Items Number 1 through 2 remain unchanged.

3. Report Type

Code Description

- Claim involving Life Pension Benefits
- 2 Claim not involving Life Pension Benefits

4. Managed Care Organization Type Code

Code Description

- 00 The claim is not administered by an approved managed care organization (MCO).
- <u>O1</u> The claim's medical losses are administered by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.
- <u>The claim's medical losses are administered by a health maintenance organization (HMO).</u>
- 03 The claim's medical losses are administered by a preferred provider organization (PPO).
- The claim's medical losses are administered by an exclusive provider organization (EPO).
- 05 The claim's medical losses are administered by an independent practice association (IPA).

Item Number 4 is to be renumbered 8.

Item Number 5 is to be renumbered 3.

Items Number 6 through 7 are to be renumbered 5 through 6.

7. Worker's Sex

Code Description

M Male F Female

9.8 Reserved Type

Items Number 9 through 11 are to be renumbered 10 through 12.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

13.12 Beneficiary Code

| Code | Description |
|----------|---------------------|
| 1 | Injured Worker |
| 2 | Widow |
| 3 | Widower |
| 4 | Sons or Daughters |
| 5 | Brothers or Sisters |
| 6 | Mothers or Fathers |
| 7 | Other |
| <u>9</u> | Handicapped Child |

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

| | Injury Description Coding | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Part of Body Code Narrative Description | | | | | | | | | | | |
| | | | | | | | | | | | |
| 99. Whole Body | A code referencing the anatomic classification of the injury. | | | | | | | | | | |

| | Injury Description Coding |
|---|---|
| | Cause of Injury |
| Code | Narrative Description |
| I. Burn or Scald - Heat or Cold Exposures - Contact With | <u>*</u> |
| 01. Chemicals | Includes hydrochloric acid, sulfuric acid, battery acid, methano antifreeze. |
| 02. Hot Objects or Substances | * |
| 03. Temperature Extremes | Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite. |
| 04. Fire or Flame | * |
| 05. Steam or Hot Fluids | * |
| 06. Dust, Gases, Fumes or Vapors | Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke. |
| 07. Welding Operation | Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.) |
| 08. Radiation | Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn. |
| 09. Contact With, NOC. | Not otherwise classified in any other code. Includes cleaning agents and fertilizers. |
| 11. Cold Objects or Substances | * |
| 14. Abnormal Air Pressure | * |
| 84. Electrical Current | Includes electric shock, electrocution and lightning. |
| II. Caught In, Under or Between | * |
| 10. Machine or Machinery | Running or meshing objects, a moving and a stationary object, two or more moving objects |

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

| 12. Object Handled | Includes medical hospital bed & parts, wheelchair, clothespin vise. |
|---|---|
| 13. Caught In, Under or Between, NOC. | Not otherwise classified in any other code. |
| 20. Collapsing Materials (Slides of Earth) | Either Man Made or Natural |
| III. Cut, Puncture, Scrape Injured By | * |
| 15. Broken Glass | * |
| 16. Hand Tool, Utensil; Not Powered | Includes needle, pencil, knife, hammer, saw, axe, screwdriver. |
| 17. Object Being Lifted or Handled | Includes being cut, punctured or scraped by a person or object being lifted or handled. |
| 18. Powered Hand Tool, Appliance | Includes drill, grinder, sander, iron, blender, welding tools, nail gun. |
| 19. Caught, Puncture, Scrape, NOC. | Not otherwise classified in any other code. Includes power actuated tools. |
| IV. Fall, Slip or Trip Injury | * |
| 25. From Different Level (Elevation) | Off Wall, Catwalk, Bridge, Etc. Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge. |
| 26. From Ladder or Scaffolding | * |
| 27. From Liquid or Grease Spills | * |
| 28. Into Openings | Shafts, Excavations, Floor Openings, Etc. Includes mining shafts, excavations, floor openings, elevator shafts. |
| 29. On Same Level | * _ |
| 30. Slipped, Do Not Fall | Slip or trip and did not come in contact with the floor or ground |
| 31. Fall, Slip or Trip, NOC. | Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified. |
| 32. On Ice or Snow | * |
| 33. On Stairs | * |
| V. Motor Vehicle | * |
| 40. Crash of Water Vehicle | * |
| 41. Crash of Rail Vehicle | * |
| 45. Collision or Sideswipe With Another Vehicle | Both Vehicles in Motion Vehicle collision, both vehicles in motion. |

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

<u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

| 46. Collision with a Fixed Object | Standing Vehicle or Stationary Object Collision occurring with standing vehicle or stationary object. |
|---|--|
| 47. Crash of Airplane | * _ |
| 48. Vehicle Upset | Includes overturned or jackknifed. Overturned or Jackknifed |
| 50. Motor Vehicle, NOC. | Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants. |
| VI. Strain or Injury By | * |
| 52. Continual Noise | Injury to ears or hearing due to the cumulative effects of constant or repetitive noise. |
| 53. Twisting | Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involunta motions induced by sudden noise, fright or loss of balance. |
| 54. Jumping | * |
| 55. Holding or Carrying | Applies to objects or people. Includes restraining a person. |
| 56. Lifting | Includes objects or people. |
| 57. Pushing or Pulling | Includes objects or people. |
| 58. Reaching | * |
| 59. Using Tool or Machinery | * |
| 60. Strain or Injury By, NOC. | Not otherwise classified in any other code. |
| 61. Wielding or Throwing | Physical effort or overexertion from attempts to resist a force applied by an object being handled. |
| 97. Repetitive Motion | Carpel Tunnel Syndrome Cumulative injury or condition cause by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome. |
| VII. Striking Against or Stepping On | NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source. |
| 65. Moving Part of Machine | * |
| 66. Object Being Lifted or Handled | * |
| 67. Sanding, Scraping, Cleaning Operation | Include scratches or abrasions caused by sanding, scraping, cleaning operations. |
| 68. Stationary Object | * |
| 69. Stepping on Sharp Object | * |
| 70. Striking Against or Stepping On, NOC. | Not otherwise classified in any other code. |

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

| VIII.Struck or Injured By | Includes Kicked, Stabbed, Bit, Etc. NOTE: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person. |
|--|--|
| 74. Fellow Worker; Patient | Not in Act of a Crime Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime. |
| 75. Falling or Flying Object | * _ |
| 76. Hand Tool or Machine in Use | * _ |
| 77. Motor Vehicle | Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes. |
| 78. Moving Parts of Machine | * |
| 79. Object Being Lifted or Handled | Includes dropping object on body part. |
| 80. Object Handled By Others | Includes another person dropping object on injured person's body part. |
| 81. Struck or Injured, NOC. | Includes Kicked, Stabbed, Bit, Etc. Not otherwise classified in any other code. Includes kicked, stabbed, bitten. |
| 85. Animal or Insect | Includes bite, sting or allergic reaction. |
| 86. Explosion or Flare Back | Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature. |
| 88. Natural Disaster | |
| 91. Mold | |
| 96. Terrorism | |
| IX. Rubbed or Abraded By | Not otherwise classified in any other code. Includes foreign body in ears. |
| 94. Repetitive Motion | Callous, Blister, Etc. Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister. |
| 95. Rubbed or Abraded, NOC. | Not otherwise classified in any other code. Includes foreign body in ears. |
| X. Miscellaneous Causes | * _ |
| 82. Absorption, Ingestion or Inhalation, NOC | Not otherwise classified in any other code. Applies only to non- impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances. |

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

| 87. Foreign Matter (Body) in Eye(s) | Injury to eyes resulting from foreign matter that is not otherwise classified in any other code. |
|---|---|
| 88. Natural Disaster | Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire. |
| 89. Person in Act of a Crime | Robbery or Criminal Assault Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault. |
| 90. Other Than Physical Cause of Injury | Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions. |
| 91. Mold | Includes mildew. |
| 93. Gunshot | Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot. |
| 96. Terrorism | An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion. |
| 98. Cumulative, NOC | All Other Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time. |
| 99. Other - Miscellaneous, NOC | Not otherwise classified in any other code. |
| | |

^{*} Intentionally left blank.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u>

Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION VI - EXAMPLES

Examples Number 1 through 21 have been updated to include the new data elements and to improve consistency in dates, presentation and wording only. No material changes have been made to the reporting requirements. See attached.

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. The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. 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 Workers Compensation Insurance Organizations (WCIO) Data ProcessingElectronic Data Interchange (EDI) SubeCommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems & ProgrammingSystems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. Carriers desiring a copy of The Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org.may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).

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Page 1 EXAMPLES

SECTION VI - EXAMPLES

Section VI contains examples of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should <u>not</u> 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 Bureau.

In several instances related reports have been brought together to form a single illustration in order to make the examples more meaningful. Appropriate discussion, comments and notes follow.

The Unit Statistical Report and the Individual Case Report must be submitted full size (8½" x 11").

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Page 2 EXAMPLES

Example 1 - First Report Requiring Two Unit Reports

In this example it is assumed that more than one experience modification applies during the policy period.

Note that it is necessary to use more than one unit card to report the experience. The Mod Effective Date references the effective date of each modification. The exposure and premium side of the card gives the information by classification and the experience modification for each period separately. The effective and expiration dates shown are for the entire policy period.

Note that the risk's totals for the entire policy period are shown on the second card.

| | POLICY INFORMATION out No. Corr. No. Corr. Type Replace Carrier Code Policy Number Policy Effective Date Policy Expiration Date Expos State State Effective Date Certificate Number Card Serial No. Risk ID Number Page Policy Effective Date Policy Expiration Date Expos State State Effective Date Certificate Number Card Serial No. Risk ID Number Page Policy Effective Date Policy Expiration Date Expos State State Effective Date Certificate Number Card Serial No. Risk ID Number Page Policy Expiration Date Policy Expiration Date Expos State State Effective Date Certificate Number Card Serial No. Risk ID Number Page Policy Effective Date Policy Expiration Date Poli | | | | | | | | | | | | | | | | | æ | | | | | | | | | | |
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| D | | K. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | · | | Tot. Claim | ant's Attrny. Fe | es Tot | . Employe | r's Attri | ny. Fee: | Reserv | ed For | Future Use | | | | | Т | otal ALA | AE Paid | | | Total ALA | AE Incuri | red | |
| | | L. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Effective Date: April 1, 2013 Section VI
Page 3 EXAMPLES

Example 2 - Exposure Correction Report

In this instance, missing statistical Code 9741 has been added to each split period and a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

Note that the first line of exposure information is the previously reported information indicated by a $\bf P$ in the Update Type field. The second line of exposure information is the revised information indicated by a $\bf R$ in the Update Type field.

Note: When reporting electronically and changing an experience modification it is required that all Previous and Revised exposure records that are subject to the experience modification be reported.

Only the second revised unit card carries the risk's totals.

| | UNIT STATISTICAL REPORT POLICY INFORMATION Report No. Corr. No Corr. Type Replace Carrier Code Policy Number Policy Effective Date Policy Expiration Date Expos State State Effective Date Certificate Number Card Serial No. Risk ID Number Page No Last Page No Last Page No Card Serial No. Corr. No Corr. Type Replace Card Serial No. Risk ID Number Page No Last Page No Card Serial No. Corr. Type Replace Card Serial No. Risk ID Number Page No Last Page No Card Serial No. Corr. Type Replace Card Serial No. Risk ID Number Page No Card Serial No. Risk ID Number Risk ID N | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Insu | red's | Name | : PDQ Ref | ining Con | npany | | | | | | | | | | | | | | F.E.I.I | N. →123 | 456789 | | F | Pending F | ile No. | |
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| C | | Cov. | Class Code | Exposure | AMOUNT | Manual Rate | Premium Amount | Upd | Claim N | lumbei | ACC. D | ate/No. Ciai | IIIS IIIC | инеа таеттту | Incurre | eu weucai | Class | oue III | ury S | lalus | Loss Cond | ZIIIOIIS | | State | Cat. NO. | Туре |
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| S | Р | 01 | 9664 | | | | 385 | | | | | | | | | | | | | | | | | | | |
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| E – | | | | | | | | | Case N | lumber | Part | Nature | Cause | Occupati | on Descr | ription | Voc. | Lump | Fraud | Deduct. | Paid | Indemnity | | Paid | Medical | |
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| | | | | | | | | Upd | Claim N | lumber | Acc. D | ate/No. Clai | ms Inc | urred Indemnity | Incurre | ed Medical | Class C | code In | ury S | tatus Ac | t Type | Recv Clm | Settl | Jurisdic | Cat. No. | MCO |
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Effective Date: April 1, 2013 Section VI
Page 4 EXAMPLES

Example 3 - Loss Correction Report

The correction was necessary because of the revised jurisdiction state. The jurisdiction state is the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

When revising loss information on a loss correction report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Note: Even if the totals were being changed due to a change in an amount on a claim, the correction type would still be a "L".

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| | L. | | | | | | | | | | 15 | 000 | | | | | | | 12 | 2500 | | | | |

Effective Date: April 1, 2013 Section VI
Page 5 EXAMPLES

Example 4 - Deductible; Rated Risk

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

Note: When reporting electronically both the modification effective date and the rate effective date must be reported for each exposure record. Within each split period, these dates should equal each other and should reflect the applicable anniversary rating date.

| | POLICY INFORMATION Leport No. Corr. No Corr. Type Replace Carrier Code Policy Number Policy Effective Date Policy Expiration Date Expos State State Effective Date Certificate Number Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | port 140. | | | o , po | Rpt. Ind | | 1 | · oney ···un | .20. | | 1 oney Encour | o Dato | . 003 | | on Bato | ZAPOS OLA | | Otato Enoutive | Date | 001111 | | .a.m.o. | 04.40 | 011411140 | | | | ago | Luot 1 | 490 110 |
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| | ured's | | | | | | | | | | | | | | | | | | | | | P.E / F.E | | | | | | | | |
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| ' | | | | | | | | | Claimant's A | ttorney Fees | Emplo | yer's Atto | rney Fe | ees | Deductible F | Reimb | ursement | W | eekly W | /age | 1 | | ALA | E Paid | | | ALAE | Incurred | d | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Upd Type | Claim N | umber | Acc. D | ate/No. C | laims | Incurre | d Indemnity | Incu | urred Medical | Class | Code | Injury | Status | Act | Туре | Recv | Clm : | Settl | Jurisdic State | Cat. No. | MCO Type |
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| | | | | Total S | Standard Expo | osure | Total Standar | rd Premium | Upd Type | Claim N | umber | Acc. D | ate/No. C | laims | Incurre | d Indemnity | Incu | urred Medical | Class | Code | Injury | Status | Act | Туре | Recv | Clm : | Settl | Jurisdic State | Cat .No. | . MCO Type |
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| F | | 11. 000_ Premium discount Amount | | | | | | | | Claimant's A | ttorney Fees | Employ | yer's Atto | rnev Fe | 200 | Deductible F | Doimhi | ursamant | \// | eekly W | lane | | | ۸۱۸ | E Paid | | | ۸۱۸۶ | Incurred | 1 |
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Effective Date: April 1, 2013 Section VI
Page 6 EXAMPLES

Example 5 - Deductible; Rated Risk with Construction Credit

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

The Delaware Construction Credit Adjustment Program (DCCPAP) is applied to the modified premium inclusive of the non-ratable elements and supplement surcharge premiums.

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| IXC | Rpt. Ind | | | | | i olicy ivali | ibei | | I oney Ellectiv | e Date | 1 oney E | piration | Date Expo. | State | State Ellective | Date | Certifica | ate ivallibei | Cara Se | mai ivo. | IXI3K ID | Number | rage No | Lasti | age No | | |
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| Ins | sured's | Nam | e: XYZ Ind | lustries | | | | | | | | | | | | | | | | F.E.I.N. → | 12345 | 6789 | | | Pending I | ile No. | |
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| | d. Effec | | | Effective Da | | | | y Condition | _ | | | | Policy Typ | | Deduct. | | | eductible | | Deductibl | | Busine | | For Carrie | r Use I | or Burea | au Use |
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| C | Upd | Exp. Cov. | Class Coo | le Exposu | ire Amount | Manual Rate | Premium Ar | nount | Upd | Claim N | lumber | Acc. D | ate/No. Cla | ims In | curred Inden | nnity I | ncurred Medical | Class | Code In | jury Statu | s Lo | oss Cond | itions | | Jurisdic State | Cat. No. | MCO Type |
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| S | R | 01 0953 835267 .49 | | | | .49 | 4093 | | | Claimant's A | Attorney Fees | Emplo | yer's Attorn | ey Fees | Deduct | ible Rei | mbursement | V | Veekly Wa | age | - | ALAE F | Paid | | ALAE | Incurred | _ |
| U B | | | 01 0953 835267 .49 | | | | | | Upd Type | Claim N | lumber | Acc. D | ate/No. Cla | ims In | curred Inden | nnity li | ncurred Medical | Class (| Code In | jury Statu | s Act | Type I | Recv Cli | m Settl | Jurisdic State | Cat. No. | MCO Type |
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| C | | | 01 9807 | | | | | | | Case N | lumber | Part | Nature | Cause | Оссі | upation I | Description | Voc. | Lump | Fraud D | educt. | Paid | Indemnit | У | Paid | Medica | I |
| | | 9807 | | | | | | | | Claimant's A | Attorney Fees | Emplo | yer's Attorn | ey Fees | Deducti | ible Reir | mbursement | W | eekly Wa | ge | | ALAE | Paid | | ALAE | Incurred | d |
| | | | | | | | | | Und | Claim N | lumbor | Acc D | ate/No. Cla | ime In | curred Inden | onity I | ncurred Medical | Class | Codo In | jury Statu | s Act | Type I | Recv Cli | m Settl | Jurisdic | Cat. No. | MCO |
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| | | Α. | Total Su | oject Pre | emium | | 107143 | | | Case N | lumber | Part | Nature | Cause | Occu | pation D | Description | Voc. | Lump | Fraud D | educt. | Paid | Indemnit | y I | Paid | Medica | |
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| | | C . | Total Mo | dified P | remium | | | | | Claimant's A | Attorney Fees | Emplo | yer's Attorn | ey Fees | Deducti | ible Reir | mbursement | W | eekly Wa | ge | | ALAE | Paid | | ALAE | Incurred | |
| N | | <u> </u> | Ctar ivic | | remun | | | | Upd Type | Claim N | lumber | Acc. D | ate/No. Cla | ims In | curred Inden | nnity li | ncurred Medical | Class | Code In | jury Statu | s Act | Type I | Recv Cli | m Settl | Jurisdic State | Cat. No. | MCO Type |
| 0 T | R | D. | 9046 | | | .23 | 24643 | | Турс | | | | | | | | | | | | | | | | State | | Турс |
| S | 7 | _ | 0//2 | | | | 2000 | | | Case N | lumber | Part | Nature | Cause | Оссі | upation I | Description | Voc. | Lump | Fraud D | educt. | Paid | Indemnit | У | Paid | Medica | |
| В | R | E. | 9663 | | | | 2888 | | | Claimant's A | Attorney Fees | Emplo | yer's Attorn | ey Fees | Deducti | ible Reir | mbursement | W | eekly Wa | ge | | ALAE | Paid | | ALAE | Incurred | I |
| J | | F. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total Standard Exposure | | | | sure | | rd Premium | Upd Type | Claim N | lumber | Acc. D | ate/No. Cla | ims In | curred Inden | nnity I | ncurred Medical | Class | Code In | jury Statu | s Act | Type I | Recv Cli | m Settl | Jurisdic State | Cat .No. | MCO Type |
| | G. | G. 2747196 | | | | | 79612 | | | Case N | lumbor | Part | Nature | Cause | Occi | ination I | Description | Voc | Lump | Fraud D | educt. | Paid | Indemnit | v | Daid | Medica | |
| A F | R H. 0063 Premium Discount Amount | | | | | 8678 | | | Cu3C N | umber | 1 dit | Nature | Cause | 0000 | apation | Description | VOC. | Lamp | Traud D | cuuci. | i did | macmin | , | i did | Miculca | • | |
| T | T | | | | | | | | | Claimant's A | Attorney Fees | Emplo | yer's Attorn | ey Fees | Deducti | ible Reir | mbursement | W | eekly Wa | ge | | ALAE | Paid | | ALAE | Incurred | l |
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| D | D R K. 9741 .01 | | | | | .01 | 275 | | | Tot. Claim | ant's Attrny. Fee | s To | t. Employer | 's Attrny. | Fees Re | eserved | For Future Use | | | | Tot | tal ALAE | Paid | | Total ALA | E Incurr | ed |
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Effective Date: April 1, 2013 Section VI
Page 7 EXAMPLES

Example 6 - Short Rate Cancellation; Rated Risk

When a policy is canceled short term, the actual payroll and manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums and applying the appropriate factor from the short rate cancellation table. Refer to the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium

\$3,7<mark>87</mark>

Premium developed from actual exposure \$15,312 + \$1,878 = \$17,190

Short Rate Penalty Premium Calculation

- 1) Actual Policy Period = 6 months
- 2) Payroll extended to an annual basis $180,559 \times \frac{365 \text{ days}}{181 \text{ days}} = 36\frac{4,111}{181 \text{ days}}$

$$3,894 \times \frac{365 \text{ days}}{181 \text{ days}} = 7,853$$

- 3) Annual Premiums
 - a) Rated b) Non-rated Class Payroll Rate Premium Class Payroll Rate 0<mark>5</mark>13 \$31,860 **364,111** 8.75 0176 36<mark>4</mark>,11<mark>1</mark> 1.04 0953 7,<mark>853</mark> 0.49 38 Total Subject Premium \$31,898 **Experience Modification** .968 Total Modified Premium \$30,877 Total Standard Premium \$30,877 + \$3,787 = \$34,664
- 4) Short Rate Percentage 6 months = .60
- 5) Short Rate premium for canceled policy = $$34,664 \times .60 = $20,798$
- 6) Short Rate penalty premium code $0931 = $20,\frac{798}{798} $17,190 = $3,608$

| | | | | | | DUI ICV I | NFORMA | TION | | | | | | | AL KLI O | | | | | | | | | | | | |
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| Re | port No. | Cor | r. No Cor | r. Type Re | eplace | Carrier Code | | Policy Nun | nber | | Policy Effective | e Date | Policy Exp | iration Date | e Expos Sta | ate S | State Effective | Date | Certificat | e Number | Card Se | rial No. | Risk ID | Number | Page No | Last P | age No |
| | | | | | ot. Ind | | | , | | | , | | | | | | | | | | | | | | | | |
| 01 | | | | | | 78972 | 60666 | | | | 01/01/09 | | 07/01/09 | 9 | 07 | | | | | | | | | | | | |
| Ins | sured's | Name | : AZA Co | mpany | | | | | | | | | | | | | | | | F.E.I.N. → | 12345 | 6789 | | | Pending F | ile No. | |
| Ins | sured's | Addre | ess: | | | | | | | | | | | | | | | | | T.P.E / F.E | E.I.N. → | | | | | | |
| Mo | od. Effec | tive Da | te Rate | Effective Dat | | = | 1 | cy Condition | _ | | | | Policy Type | | Deduct. | Dedu | | eductible | acidont A | Deductible mount Aggre | | Busine egment Id | | For Carrie | er Use F | or Burea | u Use |
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| | | | | | N | N | | N | N | Υ | N | 01 | 01 | 01 | | | | | | | | | | | | | |
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| | | | | | | | | | Upd | Claim N | lumher | Acc Da | ate/No. Clair | ns Incur | red Indemnity | Incu | urred Medical | Class C | Code Inju | ry Status | s Act | Type F | Recv Cln | n Settl | Jurisdic | Cat. No. | MCO |
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Page 8 EXAMPLES

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 Bureau and shown on the Bureau 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.

Page 8.1

| | | | | | | POLICY I | NFORMA | TION | | | | | | | | | | | | | | | | | | | | | | |
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Example 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the Bureau and shown on the Bureau Data Card when the non-ratable element is authorized by the Bureau'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 Bureau established, optional non-ratable codes such as those associated with classification Code 0513, Code 7421 and classifications with radiation or carcinogen exposure.

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 optional non-ratable element is reported below line "C" on the hard copy unit.

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| | R | 01 | 0953 | 1328 | | .49 | 7 | | | | | | | | | | | | | | | | | | | | | | | |
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Page 10 EXAMPLES

Example 9 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit.

Also note this risk has qualified for the Delaware Workplace Safety Program (Code 9880). The Delaware Workplace Safety Program Credit is to be applied to the manual premium after the application of the experience modification. When applicable the employers liability should be calculated and the Increased Limits premium is subject to the Delaware Workplace Safety Program Credit.

Page 10.1

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Page 11 EXAMPLES

Example 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma Average Weekly Wage - \$459 Effective Date - 07/01/09 Date of Valuation - 01/01/11 1st Level Report - Open

Present Value of Future Payments Weekly Benefit = $.6667 \times (\$459) = \306 Present Value of \$1 @ Age $\frac{53}{3} = \frac{15.948}{15.948}$ {Table III-M-A} $\$306 \times 52 \times \frac{15.948}{15.948} = \$253,765$

Date of Accident - 10/01/09
Date of Birth - 04/01/57
Employee's age @ Valuation - 53 (sex - M)
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.286 wks

Indemnity Paid to Valuation Date - $65.286 \times 306 = 19,978$

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| POLICY NUMBER | l | CERT. N | NO. POLI | CY EFFE | CTIVE | | CLAI | M NO. | | STAT | D. | ATE AT | TNY E | DISC | | LO | SS CONI | OITIC | NS | | Jl | JRIS | MCO |
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| WC54321 | | | 07 | 01 | 09 | | 46 | 122 | | 0 | | | | | 01 | 01 | 01 | | 01 | 00 | | 07 | 00 |
| | | INSURED | NAME | | | | | | 1 | ACC. DATE | : | DAT | E OF I | DEATH | DATE | REPO | | | TE OF B | IRTH | SU | RG | ATTNY |
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| KIND OF | BENEFIT | | % DISAB | | / MEM. DDE* | | O. EKS | | INC | JRRED | | | BEN | | RY DAT | | | D | ATA PR | OVIDE | R CO | MMENTS | |
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| 3. NON-SCHEDULED INDEM | INITY | | | X | хх | ХХ | XX | | | | | | | | | | | | Fut | ure P | avme | ents | |
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Example 10 - Individual Risk Experience with USL & HW Coverage

Note that the Federal Class 6843F has exposure coverage and loss coverage act Code 02.

An Individual Case Report must be filed concurrently with the submission of individual risk experience when the claim is filed as a death or permanent total claim.

Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to Example 10a and 10b for the Individual Case Reports.

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| | | | | | | | | | Claimant's A | ttorney Fees | Employ | er's Attorn | | Deduc | tible Rei | imbursement | W | eekly Wa | age | | ALAE F | Paid | | E Incurred | t e |
| S | | | | | | | | | | | , , | | | | | 100 00 1 | 01 | | | | 1 - 1 - | David Of Late | | 1 0 | Luce |
| В | | | | | | | | Upd Type | Claim N | umber | Acc. Da | ite/No. Cla | aims Inc | curred Inder | mnity I | ncurred Medical | Class (| Code In | jury Sta | itus Act | Type I | Recv Clm Set | I Jurisdio State | Cat. No | . MCO Type |
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| E | | | | | | | | | Case N | lumber | Part | Nature | Cause | | | Description | Voc. | Lump | Fraud | Deduct. | | Indemnity | Pa | iid Medica | al |
| T | _ | | | | | | | - | Claimant's A | ttornov Foos | 90 Employ | 13 | 75 | Ship Bu | | mbursement | N N | ookhy Ma | 00 | | 13346 ALAE | Doid | Λ1 / | AE Incurre | d |
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| | ١, | Tatal | Cubica | t Dromi | | (2421 | | Туре | | | | | | | | | | | | | - | | State | | Туре |
| | P | . Total | Subjec | t Premi | um | 63421 | | | Case N | lumher | Part | Nature | Cause | Occi | ınation [| Description | Voc. | Lump | Fraud | Deduct. | Paid | Indemnity | Pa | id Medica | ıl |
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| | | . Expe | Hence i | Mod (XX | ^^^) | 0.975 | | - | Claimant's A | ttorney Fees | Employ | er's Attorn | nev Fees | Deduc | tible Rei | mbursement | We | eekly Wa | ne. | | ALAE | Paid | AI A | E Incurred | d |
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| T | | '. | | | | | | | Case N | lumber | Part | Nature | Cause | Occ | upation | Description | Voc. | Lump | Fraud | Deduct. | Paid | Indemnity | Pa | id Medica | ıl |
| S | E | | | | | | | | | | | | | | | | | | | | | , | | | |
| В | +- | | | | | | | | Claimant's A | ttorney Fees | Employ | er's Attorn | ney Fees | Deduc | tible Rei | mbursement | We | eekly Wa | ge | | ALAE | Paid | ALA | E Incurred | d |
| J | l F | | | | | | | | | | | | | | | | | - | | | | | | | |
| | | | Tot | al Standard | Exposure | Total Standa | ard Premium | Upd | Claim N | umber | Acc. Da | ite/No. Cla | aims Inc | curred Inde | nnity I | ncurred Medical | Class (| Code In | jury Sta | tus Act | Type I | Recv Clm Set | | Cat .No | |
| | à. | | 1 | 07028 | | 61835 | | Туре | | | | | | | | | | | | - | + | | State | | Туре |
| | J. | | 4 | 07020 | | 01033 | | | Case N | lumber | Part | Nature | Cause | Orr | upation | Description | Voc | Lumn | Fraud | Deduct | Paid | Indemnity | Pa | id Medica | l I |
| A | , , | 007 | , | na malurina Di | A | E / 27 | | | Ouse N | | i uit | recuire | Gause | 000 | apation | Sosiipilon | ¥ 00. | Lamp | Trauu | Double. | i ulu | y | ı a | moulo | •• |
| A F | <u> </u> | l. 006 | <u>s</u> P | remium Di | scount Amoun | 5627 | | | Claimant's A | ttorney Fees | Fmnlov | er's Attorn | nev Fees | Deduc | tible Rei | mbursement | \//، | eekly Wa | ne. | | ALAE | Paid | ΑΙΔ | E Incurred | h |
| T _ | , , | 090 | <u>ر</u> ا ـ | vnonco Co | nctant Ama | 270 | | | Julinant 3 A | | Lilipioy | o. o mioiii | .03 1 003 | Dedde | IVIII | | *** | comy wa | 3~ | | TILTL | . aid | , , L | mount | |
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| | , , | 974 | 0 | | .01 | 41 | | | | | | | | | LUS | 3 TOTALS | | | | | | | | | |
| 3 | . J | 914 | U | | .01 | 41 | | | Reserved | For Future Use | Tota | al No. Clair | ms Tota | l Incurred I | ndemnity | v Total Incur | rred Medi | ical | Reserve | d For Fut | ture Use | Total Paid Indem | nity To | tal Paid M | ledical |
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| | | | | | | | | | Tot. Claima | ant's Attrny. Fee | | Employer | | | eserved | For Future Use | | | | | Total ALAE | | | LAE Incurr | red |
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Effective Date: April 1, 2013 Section VI
Page 13 EXAMPLES

Example 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability

Use Table III-M-C- (USLH-III- Male)

Type - USL & HW-Trauma Average Weekly Wage - \$459 Effective Date - 07/01/09 Date of Valuation - 01/01/11 1st Level Report - Open Date of Accident - 10/01/09
Date of Birth - 03/15/45
Employee's age @ Valuation Date -66 (sex - M)
Loss Conditions - 02/01/01/01

Present Value of Future Payments Weekly Benefit = $.6667 \times (\$459) = \306 Present Value of \$1 = $\frac{16.150}{4000} = \frac{16.150}{4000} = \frac{$

Indemnity Paid to Valuation Date Benefits Paid from $10/01/\overline{09}$ to $01/01/\overline{11}$ [457 days / 7 = 65.286 (Wks)] 65.286 x \$306 = \$19,978

Total Indemnity Incurred = $\frac{$256,979 + $19,978 = $276,957}{}$

Class code, occupation, cause of accident and injury description code must relate to each other. An adjustment to allow for survivorship benefits would be needed if the beneficiary has a spouse.

| | | CAL | . PLA | - ۸۸ | INDI | VIDUA | L C | ASI | E RI | EPOF | RT | | | | | | | | | | | | |
|------------------------|---------------------|----------------|--------------------|----------------|-----------------|----------|-------|--------|-------|-----------|----------|--------|---------|---------------|-------------|---------|------------------|---------|----------|-----------|----------|----------|--------|
| CLASS CODE | REPORT NO. CODE* | TRAN. TY | YPE TYF | PE OF CODE* | | RIER NUI | | | | | | IER NA | | | | | PAYRO STATE C | | | A | ADM. FIL | E NUMBER | |
| 6843 | 01 | 1 | (|)2 | | 16928 | 3 | | | | | | | | | | 07 | • | | | | | |
| POLICY NUMBER | | CERT. NO |). POLIC | Y EFFECTI | VE DATE | | CLA | IM NO. | | STAT | | DATE A | ATTNY D | OISC | | l | OSS CON | IDITION | NS | | Jl | JRIS | MCO |
| | | | MO. | DAY | YR | | | | | CODE* | MO |). | DAY | YR | ACT | TYPE | RCOV | / | CLM | SETTL | Sī | TATE | TYPE |
| 99887 | | | 07 | 01 | 09 | | 789 | 9803 | | 0 | | | | | 02 | 01 | 01 | | 01 | 00 | (| 07 | 00 |
| | | INSURED N | AME | | | | | | | ACC. DATE | | | | DEATH | | E REPO | | | ATE OF B | | | IRG | ATTNY |
| | | | | | | | | | MO | DAY | YR | MO | DAY | Y YR | MO | DAY | YR | MO | DAY | YR | CC | DE | CODE* |
| | | Steve Ho Cor | poration | | | | | • | 10 | 01 | 09 | | | | 10 | 01 | 09 | 03 | 15 | 45 | | | |
| WORKER LAST NAME | | WORKERS SEX | AVG. WEEKL WAGE | Υ | | PART | NATU | JRE | CAUSE | | | OCC | UPATIC | N | | DA | TE CLOSE | D | RESERV | E L | UMP | FRAUD | S/S |
| | | JEA | WAGE | IN | IJURY | | | | | | | | | | | MO |) Y | R | CODE* | | SUM | CODE | OFF- |
| | | | | | DESC. DE* → | | | | | | | | | | | | | | | | | | SET |
| Vee | | M | 459 | | | 42 | 49 | | 56 | | | | Work | | | | | | | | | 00 | |
| SOCIAL SECURITY N | NUMBER | | DATE SINGLE | MO | DAY | YI | R | EMPLO) | | | | | AR LAST | | | | | | TE OF | | MO | DAY | YR |
| | | | SUM PAID → | | | | | STATI | US → | | <u> </u> | EXP | OSED | \rightarrow | | | | HI | RE → | | | | |
| | | BENEFITS | OTHER THAN | PENSION | | ı | | _ | | | | | | | | F | ENSION | BENE | FITS | | | | |
| KIND OF E | BENEFIT | | % DISAB | | OY MEM. ODE* | NO. W | VEEKS | | INC | URRED | | | BE | NEFICIA | RY DATA | * | | | DATA P | ROVIDE | R COM | MENTS | |
| 1. TEMPORAR | | | XXX | Х | XXX | | | | | | | CC | ODE | MO D | ATE OF BIRT | H YR | | | | | | | |
| 2. SCHEDULEI | DINDEMNITY | | | | | | | | | | | | 1 | 03 | 15 | 45 | | | Paic | l to valu | uation | date | |
| | | | | | | | | | | | | | | | | | | | 65.2 | 86 x 30 | 06 = 19 | 9978 | |
| 3. NON-SCHEDUL | LED INDEMNITY | , | | Х | XXX | ХХ | (XX | | | | | | | | | | | | F | uture pa | aymen | its | |
| 4. EMPLOYERS LIA | ABILITY OR OTH | IER INDEMNIT | Y | · | | ı | | | | | | | | | | | | 3 | 06.00 x | 52 x 10 | 5.150 : | = 256979 |) |
| 5. VOCATIONAL REF | | | ED | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LE | EGAL EXPENSE | | | | | | | | | | | | 7. F | PENSION | INDEM. I | PAID TO | VAL. DA | TE | | | | | 19978 |
| PHYSICIAN PAID | | | | | P. DISABIL | | | | | | | | | | | | ., NOT P | | | | | | |
| HOSPITAL PAID | | | | | RM. PARTI | |) | | | | | | 9. F | | | | em. PMN | NT. | | | | | 256979 |
| APP. MED. EVAL. PAID | | | | | RM. TOTA | | | | | | | | | | JNERAL / | | | | | | | | |
| DEFENSE MED. EVAL PAID | | | | | DEATH P | | | | | | | | | | MP SUM | | | | | | | | |
| INDEP. MED. EVAL. PAID | | | | SIN | NGLE LUM | | | | | | | | 12. | | | | .,(SUM 1- | 11) | | | | | 276957 |
| LEGAL EXP DEFENSE | | | | V.R. PA | | | | | | | | | | AL INCUF | | | | | | | | 25000 | |
| ANNUITY PURCHASE AMT. | | | | | INDEM. IN | | | | | | | | | | | | VAL. DAT | | | | | | 8008 |
| TOTAL GROSS INCURRED | | | | | RAINING I | | | | | | | | | | | | AL. DATE | | | | | | 15000 |
| | | | | V.R. | EVAL. IN | CURRED |) | | | | | | 16. | SOC. SE | C. OR OT | HER OF | FSET AN | /IT. | | | | | |

Effective Date: April 1, 2013 Section VI
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Example 10b - Individual Case Report; Death, Widow Only

Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$475 Effective Date - 07/01/09 Date at Valuation - 01/01/11 Date of Accident - 08/01/09 Widow's Date of Birth - 05/01/44 Age at Widowhood - 65 Age at Valuation - 66 1st Level Report - Open Date of Death - 08/01/09

Present Value of Future Payments Weekly Benefit = $.6667 \times (\$475) = \316.68 Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value $\$316.68 \times 52 \times 12.611 = \$207,670$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$316.68
Present Value of Remarriage Dowry = .0244
\$316.68 x 104 x .0244 = \$804

Indemnity Paid to Valuation Date Benefits Paid from $08/01/\frac{09}{09}$ to $01/01/\frac{11}{11}$ - 518 days / 7 = 74 Wks (74 Wks) x \$316.68 = \$23.434

| | | | UNI | Γ STA | TISTI | ICAL | . PLA | N - I | INDI' | VIDUA | LC | ASE | R | EPOF | RT | | | | | | | | |
|------------------------|---------------------|------------------|--------------|---------------|-----------------|----------|-------|--------|-----------|-------|-------|----------|----------|---------------|------------|----------|------------------|-----------|---------|-----------|---------|----------|--------|
| CLASS CODE | REPORT NO. CODE* | TRAN. TY CODE | | E OF CODE* | CAR | RIER NU | IMBER | | | | CARR | RIER NAM | ИE | | | | PAYRO STATE C | | | P | DM. FIL | E NUMBER | |
| 0718 | 01 | 1 | (|)1 | | 16928 | 8 | | | | | | | | | | 07 | , | | | | | |
| POLICY NUMBER | | CERT. NO |). POLIC | Y EFFECTI | VE DATE | | CLAI | M NO. | | STAT | | DATE AT | TNY D | ISC | | L | OSS CON | IDITIO | NS | | JU | JRIS | MCO |
| | | | MO. | DAY | YR | | | | | CODE* | MC |). D |)AY | YR | ACT | TYPE | RCO\ | / | CLM | SETTL | ST | ATE | TYPE |
| 99887 | | 07 | 01 | 09 | | 789 | 9749 | _ | 0 | | | | | 01 | 01 | 01 | | 01 | 00 | | 07 | 00 | |
| | | AME | | | | | | | ACC. DATE | | DAT | TE OF I | DEATH | DA | TE REPOI | RTED | 0 | ATE OF BI | RTH | SU | RG | ATTNY | |
| | | | | | | | | | MO | DAY | YR | MO | DAY | YR | MO | DAY | YR | MO | DAY | YR | CC | DE | CODE* |
| | : | Steve Ho Corp | poration | | | | | | 08 | 01 | 09 | 08 | 01 | 09 | 08 | 01 | 09 | 07 | 25 | 44 | | | |
| WORKER LAST NAME | | WORKERS | AVG. WEEKL | Y | | PART | NATU | IRE | CAUSE | | | occu | JPATIO | N | | DA | TE CLOSE | D | RESERV | E L | UMP | FRAUD | S/S |
| | | SEX | WAGE | INI | JURY | | | | | | | | | | | MC |) Y | D | CODE* | | SUM | CODE | OFF- |
| | | | | D | ESC. | | | | | | | | | | | IVIC | , , | | CODE | | | CODE | SET |
| Stevens | | М | 475 | CO | DE* → | 90 | 13 | 3 | 75 | | | Ship | Build | er | | | | | | | | 00 | |
| SOCIAL SECURITY N | IUMBER | | DATE SINGLE | MO | DAY | ′ Y | | EMPLOY | MENT | | | | R LAST | | | | | DA | TE OF | | MO | DAY | YR |
| | | | $SUMPAID\to$ | | | | | STATU | JS → | | | EXPO | SED - | \rightarrow | | | | Н | IRE → | | 01 | 01 | 80 |
| | | BENEFITS | OTHER THAN I | PENSION | | <u> </u> | | | | | 1 | | | ļ | | P | PENSION | BENE | EFITS | - | | | , |
| KIND OF E | BENEFIT | | % DISAB. | | OY MEM. ODE* | NO. V | WEEKS | | INC | URRED | | | BE | NEFICIAI | RY DATA | * | | | DATA P | ROVIDE | R COM | MENTS | |
| 1. TEMPORAR | Y INDEMNITY | | XXX | Х | ХХ | | | | | | | CO | DE | MO DA | ATE OF BIR | TH YR | | | | | | | |
| 2. SCHEDULEI | INDEMNITY | | | | | | | | | | | 2 | 2 | 05 | 01 | 44 | | | Paid | l to valu | ation | date | |
| | | | | | | | | | | | | | | | <u> </u> | | | | 74 x | 316.68 | 3 = 23 | 4.34 | |
| 3. NON-SCHEDUL | ED INDEMNITY | | | Х | ХХ | XX | ΚXX | | | | | | | | | | | | Fı | uture pa | aymen | ts | |
| 4. EMPLOYERS LIA | ABILITY OR OTH | ER INDEMNITY | Y | | | ı | | | | | | | | | | | | 3 | 16.68 x | 52 x 12 | 2.611 = | = 207670 |) |
| 5. VOCATIONAL REF | HABILITATION TO | OTAL INCURRE | ED | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LE | GAL EXPENSE | | | | | | | | | | | | 7. P | ENSION | INDEM. | PAID TO | VAL. DA | TE | | | | | 23434 |
| PHYSICIAN PAID | | | | TEMF | P. DISABIL | _ITY PA | ID | | | | | | | | | | ., NOT P | | | | | | |
| HOSPITAL PAID | | | | PER | RM. PARTI | AL PAIC |) | | | | | | 9. P | RES. VAI | UE FUT | URE INC | em. PMN | NT. | | | | | 207670 |
| APP. MED. EVAL. PAID | | | PE | RM. TOTA | AL PAID | | | | | | | | | INERAL | | | | | | | | 3500 | |
| DEFENSE MED. EVAL PAID | | | | DEATH F | | | | | | | | | | /IP SUM | | | | | | | | 804 | |
| INDEP. MED. EVAL. PAID | | SIN | IGLE LUN | | | | | | | | 12. T | OTAL IN | CURRE | INDEM | .,(SUM 1- | 11) | | | | | 235408 | | |
| LEGAL EXP DEFENSE | | | | V.R. PA | | | _ | | | | | | 13. TOT/ | | | | | | | • | | 0 | |
| ANNUITY PURCHASE AMT. | | | | INDEM. IN | | | | - | | | | | | | | VAL. DAT | | | | | | 13346 | |
| TOTAL GROSS INCURRED | | | | RAINING I | | | | | · | | | | | | | AL. DATE | | | | | | 0 | |
| | | | | V.R. | EVAL. IN | CURREI | D | | | | | | 16. | SOC. SE | C. OR O | HER OF | FSET AN | /IT. | | | | | |

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Example 11 - Second Reporting of Losses for Unit for Example 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/12).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.



When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Refer to Examples 11a and 11b for Individual Case Reports.

| | POLICY INFORMATION Report No. Corr. No Corr. Type Replace Carrier Code Policy Numl | | | | | | | | | | | | UNITS | ואו | 13110 | AL REPU | IX I | | | | | | | | | | | | |
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| Re | port No | . Cor | r. No Co | orr. Type | Replace | | Policy Effective | e Date | Policy Ex | piratio | on Date | Expos Sta | ite Sta | ate Effective | Date | Certific | ate Nu | ımber | Card Ser | ial No. | Risk I | D Numbe | Page N | Last F | Page No | | | | |
| | | | | • | Rpt. Ind | | | , | | | , | | | | | · | | | | | | | | | | | | | |
| 02 |) | | | | | 16928 | 99887 | | | | 07/01/09 | | 07/01/ | 10 | | 07 | | | | | | | | | | | | | |
| | | Nama | : Steve I | Jo Corn | oration | 10920 | 99007 | | | | 07/01/09 | | 07/01/ | 10 | | 07 | | | | | ГГ | IN . | 123456 | 720 | | | Pending | File No. | |
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| | sured's | | | e Effective | Date | | Polic | cy Condition | าร | | | | Policy Typ | ne ID | | Deduct. | Deduct. | De | ductible | | | ductible | | Busine | 22 | For Car | rier Use | For Burea | au I Isa |
| IVIC | u. Liice | Silve Da | ic ita | LIICCIIVC | | R F/R Multistate | | Estimated | Retro | Cancelled | MCO C.H.C. | Type Co | , , , | _ | | Туре | Percent | | | cident | | t Aggreç | | gment Ide | | i oi cai | ici Osc | i oi buice | 10 030 |
| | | | | | | olicy Policy | Rating | Exposures | Policy | _ | Indicator Network | - | | | | | | 4 | | | | | | | | | | | |
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| Ļ | | | | | JRE INFO | | | | | | | | | | | | | | SS INF | | _ | | | | | | | | |
| 0 | | Exp. Cov. | Class Co | de Expo | osure Amount | Manual Rate | Premium Ar | nount | Upd | Claim Nu | umber | Acc. Da | ate/No. Cla | ims | Incurre | d Indemnity | Incurre | ed Medical | Class C | ode li | njury | Status | Los | ss Condi | tions | | Jurisdic State | Cat. No. | MCO Type |
| D | Туре | 0011 | | | | | | | Туре | | | | | | | | | | | | | | | | | Clm Set | | | |
| Ē | | | | | | | | | Р | 789803 | | 10/01 | | | 2769 | | 2500 | | 6843 | | | 0 | | | | 01 00 | | 00 | 00 |
| S | | | | | | | | | | Case Nu | umber | Part | Nature | Cau | | Occupation | | ription | Voc. | Lump | | ıd De | duct. | | Indemi | nity | | d Medical | |
| | | | | | | | | | - | Olahara Ira Al | | 42 | 49 | 56 | | n Worker | | | N | | 00 | | 8 | 800 | N-11 | | 15000 | | |
| S | | | | | | | | Claimant's Attorney Fees Employer's At | | | | | | | | Deductible | keimburs | sement | VV | eekly W | age | ŀ | | ALAE P | dlu | | ALAL | Incurred | |
| Ū | | | | | | | | | Upd | Claim Nu | ımber | Acc Da | ate/No. Cla | ims | Incurre | d Indemnity | Incurre | ed Medical | Class C | ode li | njury | Status | Act | Type F | Recv | Clm Set | tl Jurisdic | Cat. No. | MCO |
| В | | | | | | | | | | | 3111001 | | | | | , | | | | | | | | | | 04 00 | State | 00 | Туре |
| J E | | | | | | | | | R | | umbor | | | Cau | 2814 | ob Occupation | 2750 | | 6843 Voc. | Lump | | 0 | 02 duct. | |)1 Indemi | 01 00 | | 00 d Medica | 00 |
| C | | | | | | | | | | Case No | umbei | | | Cau 56 | | n Worker | | прион | N | Lump | 00 | id De | | 8715 | muemi | illy | 20000 | u ivieuica | I |
| Т | | | | | | | | | | Claimant's At | tornev Fees | | | | | Deductible F | | sement | | ekly Wa | | | , | ALAE I | Paid | | | E Incurred | d |
| | | | | | | | Claimant's Attorney Fees Employer's Attorney Upd Claim Number Acc. Date/No. Clai R 789803 10/01/09 Case Number Part Nature 42 49 Claimant's Attorney Fees Employer's Attorney Upd Claim Number Acc. Date/No. Clai Type P 789749 08/01/09 | | | | | | | | | | | | | | 3 | | | | | | | | |
| | | | | | | | | | Upd | Claim Nu | umber | Acc. Da | ate/No. Cla | ims | Incurre | d Indemnity | Incurre | ed Medical | Class C | ode li | njury | Status | Act | Type F | Recv | Clm Set | | Cat. No. | |
| | | ΑТ | otal Su | biect F | Premium | | | | 789749 | /09 | | 2354 | 18 | 0 | | 0718 | |)1 | 0 | 01 | 01 (|)1 | 01 00 | State | 00 | Type 00 | | | |
| | | 7 | otal ot | bjoot i | Tommuni | | | | | Case Nu | umber | Part | Nature | Cau | _ | Occupation | n Descri | iption | Voc. | Lump | | | duct. | | Indemi | | | d Medical | |
| | | B. F | xperie | nce Mo | od (XX.XX | (X) | | | | | | 90 | 13 | 75 | Sh | ip Builder | | | N | | 00 | | 1 | 3346 | | | | | |
| | | | | | , | , | | | | Claimant's At | torney Fees | | er's Attorn | | | Deductible F | | sement | | ekly Wa | | | | ALAE I | Paid | | ALAI | E Incurred | |
| | | C. T | otal Mo | dified | Premium | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | Upd Type | Claim Nu | umber | Acc. Da | ate/No. Cla | nims | Incurre | d Indemnity | Incurre | ed Medical | Class C | ode li | njury | Status | Act | Type F | Recv | Clm Set | I Jurisdic State | Cat. No. | MCO Type |
| 0 T | | D. | | | | | | | R | 789749 | | 08/01 | /09 | | 2464 | 73 | 0 | | 0718 | 0 |)1 | 0 | 01 | 01 (|)1 (| 01 00 | | 00 | 00 |
| ' | | | | | | | | | | Case Nu | umber | Part | Nature | Cau | se | Occupation | on Descr | ription | Voc. | Lump | Frau | ıd De | duct. | Paid | Indemi | | | Medical | İ |
| S | | E. | | | | | | | | | | 90 | 13 | 75 | Sh | ip Builder | | | N | | 00 | | 2 | 2786 | | | | | |
| В | | | | | | | | | | Claimant's At | torney Fees | Employ | er's Attorn | ey Fe | es | Deductible F | Reimburs | sement | We | ekly Wa | age | • | | ALAE I | Paid | | ALAI | E Incurred | l |
| J | | F. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Total S | Standard Expo | osure | Total Standa | rd Premium | | Claim Nu | umber | Acc. Da | ate/No. Cla | nims | Incurre | d Indemnity | Incurre | ed Medical | Class C | ode li | njury | Status | Act | Type F | Recv | Clm Set | l Jurisdic State | Cat .No. | MCO Type |
| | G. | | | | | | | | Туре | | | | | | | | | | | | | | | | | Sidle | | туре | |
| | O. | | | | | | | | Case Number Part Nature Ca | | | | | | se | Occupation | on Descr | ription | Voc. | Lump | Frau | ıd De | duct. | Paid | Indemi | nity | Pai | d Medical | |
| Α | | н | 006_ | Dror | mium Discou | int Amount | | | | | | | | | | · | | | | • | | | | | | , | | | |
| F | | Н. | 000_ | FIEI | IIIuIII DISCOU | Claimant's Attorney Fees Employer's A | | | | | | | | ev Fe | es | Deductible F | Reimburs | sement | We | ekly Wa | age | | | ALAE I | Paid | | ALAI | E Incurred | |
| T E | | | 0900 | Evn | ansa Caneta | Constant Amount | | | | | | | | , | | | | | | , | 5 | | | | | | | | |
| R | | ١. | 3700 | LXPI | CHIST COHSIA | Starit Amount | | | | | | | | | | | OSS TO | OTALS | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | 3.00 F | 5-17-1L-O | | | | | | | | | | | |
| S | | ٥. | | | | | or Future Use | Tota | al No. Clair | ms 1 | Total Inc | urred Indem | inity | Total Incurr | ed Medio | cal | Res | erved F | or Future | Use 1 | Total P | aid Indem | nity Tot | al Paid Me | edical | | | | |
| D | | K. | | | | | | | | | | 2 | | | 52792 | | , | 27500 | | | | | | | 1150 | | - | 000 | |
| | | 13. | | | | | | | | Tot. Claima | int's Attrny. Fees | | . Employer | | | | | Future Use | | | | | Tota | al ALAE | | | | AE Incurre | ed |
| | | L. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Example 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level

Use Table III-M-C- (USLH-III-Male)

Type - USL & HW-Trauma Average Weekly Wage - \$459 Effective Date - 07/01/09 Date of Valuation - 01/01/12 Date of Accident - 10/01/09
Date of Birth - 03/15/45
Employee's Age at Valuation Date - 67 (sex - M)
Maximum Weekly Benefit - \$1,224.66

Present Value of Future Payments $306 \times 52 \times \frac{15.430}{9} = 245,522$

Indemnity Paid to Valuation Date Benefits Paid from 10/01/09 to 01/01/12 [822 days / 7 = 117.429 (Wks)] (117.429 Wks) x \$306 = \$35,933

Total Indemnity Incurred - \$245,522 + \$35,933 = \$281,455

| | | | UNIT | STAT | IST | ICAL | PLA | ۸N - | INDI' | VIDUA | L C | ASE | RE | POF | RT | | | | | | | | |
|--------------------------|---------------------|----------------|-------------|------------------|-------|---------|-----------|--------|-------|-----------|----------|--------|---------------|---------------|------------------|----------|------------------|----------|---------|--------|---------|----------|--------|
| CLASS CODE | REPORT NO. CODE* | TRAN. T | YPE TYPE | OF | | RIER NU | | | | | | IER NA | | | | 3 | PAYRO STATE C | | | Α | DM. FIL | E NUMBER | ₹ |
| 6843 | 02 | 1 | 02 | 2 | | 16928 | 3 | | | | | | | | | | 07 | | | | | | |
| POLICY NUMBER | ? | CERT. N | NO. POLIC | Y EFFECT DATE | IVE | | CLA | IM NO. | | STAT | D. | ATE AT | TNY D | ISC | | LO | SS CON | IDITIC | NS | | JI | URIS | МСО |
| | | | MO. | DATE | YR | | | | | CODE* | M | Э. D | AY | YR | ACT | TYPE | RCO\ | / | CLM | SETTL | . s | TATE | TYPE |
| 99887 | | | 07 | 01 | 09 | | 789 | 9803 | | 0 | | | | | 02 | 01 | 01 | | 01 | 00 | | 07 | 00 |
| | | INSURED | NAME | L | | ı | | | | ACC. DATE | <u> </u> | DAT | E OF D | EATH | DATE | REPO | RTED | DA | TE OF B | IRTH | SI | JRG | ATTNY |
| | | | | | | | | | МО | DAY | YR | МО | DAY | YR | МО | DAY | YR | МО | DAY | YR | CC | DDE | CODE* |
| | | Steve Ho | Corp | | | | | | 10 | 01 | 09 | | | | 10 | 01 | 09 | 03 | 15 | 45 | | | |
| WORKER LAST NAM | 1E | WORKERS SEX | | Y | | PART | NATU | JRE | CAUSE | | | OCCU | PATIO | N | | | DATE | | RESER | /E I | LUMP | FRAUD | S/S |
| | | SEX | WAGE | INJUI | RY | | | | | | | | | | | МС | | R | CODE | | SUM | CODE | OFF- |
| | | | | DES | C. | | | | | _ | | | | | | | 1 | | | | | | SET |
| Vee | | М | 459 | → - | | 42 | 49 | 9 | 56 | | | Iron \ | Nork e | er | | | | | | | | 00 | |
| SOCIAL SECURITY | NUMBER | | DATE SINGLE | МО | DA' | Y Y | R E | | YMENT | | | | R LAST | | | | | | E OF | | МО | DAY | YR |
| | | | SUM PAID → | | | | | STAT | US → | | | EXPC | SED - | \rightarrow | | | | HI | RE → | | 01 | 01 | 80 |
| | | BENEFITS | OTHER THAN | PENSION | ı | 1 | | 1 | | | | | | | | PE | NSION | BEN | EFITS | | | | |
| KIND OF | BENEFIT | | % DISAB. | BODY I | | | O. EKS | | INC | URRED | | | BENE | FICIA | RY DAT | Α* | | D | ATA PR | OVIDI | ER CO | MMENTS | |
| 1. TEMPORARY INDEMNITY | | | XXX | XX | X | | | | | | | СО | DE | MO MO | TE OF BIR DAY | TH YR | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | | | | 1 | | 03 | 15 | 45 | | | Paid | to val | uatio | n date | |
| | | | | | | | | | | | | | | | | | | 1 | 17.429 | x 30 | 6.00 | = 35933 | } |
| 3. NON-SCHEDULED INDEM | INITY | | | ХХ | Χ | ХХ | XX | | | | | | | | | | | | Fut | ure p | ayme | ents | |
| 4. EMPLOYERS LIABILITY O | R OTHER INC | DEMNITY | | 1 | | | | | | | | | | | | | | 306 | | • | • |) = 2455 | 22 |
| 5. VOCATIONAL REHABILITA | ATION TOTAL | INCURRE |) | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LEGAL EXPEN | ISE | | | | | | | | | | | 7. F | PENSI | ON INI | DEM. P | OT DIA | VAL. D | ATE | | | | | 35933 |
| PHYSICIAN PAID | | | Т | EMP. DIS | ABILI | ITY PAI | D | | | | | 8. F | PENS. | INDE | ∕I. PRE\ | /. RSVI | D., NOT | PAII | D | | | | |
| HOSPITAL PAID | | | | ERM. PAI | | | | | | | | _ | | | E FUTU | | DEM. PI | MNT. | | | | 2 | 245522 |
| APP. MED. EVAL. PAID | | | ERM. TO | | PAID | | | | | | _ | | | LLOWA | | | | | | | | | |
| DEFENSE MED. EVAL PAID | | _ | EATH PA | | | | | | | | | | | REMAR | | _ | | | | | | | |
| INDEP. MED. EVAL. PAID | | INGLE LL | JMP S | SUM | | | | | | | | | JRRED | | | 1-11 |) | | | 2 | 281455 | | |
| LEGAL EXP DEFENSE | | .R. PAID | | | | | | | | | | | JRRED | | | | | | | | 27500 | | |
| ANNUITY PURCHASE AMT. | | | R. INDEN | | | | | | | | | _ | | EM. PAI | _ | | | | | | | 18715 | |
| TOTAL GROSS INCURRED | | | | R. TRAIN | | | | | | | | | | |). PAID | | | | | | | | 20000 |
| | | | I V | .R. EVAL. | INCL | NKKED | | 1 | | | | 16. | SUC. | SEU. | OR OTH | IEK OF | -L9F1/ | √IVI I . | | | | | |

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Example 11b - Individual Case Report; Death, Widow Only; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$475 Effective Date - 07/01/09 Date at Valuation - 01/01/12 Date of Accident - 08/01/09 Widow's Date of Birth - 05/01/44 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open Date of Death - 08/01/09

Present Value of Future Payments Weekly Benefit = $.6667 \times (\$475) = \316.68 Present Value of \$1 = 12.290 - Widowhood at age 65, a [x] + 2 Value $\$316.68 \times 52 \times 12.290 = \$202,384$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$316.68
Present Value of Remarriage Dowry = .0195
\$316.68 x 104 x .0195 = \$642

Indemnity Paid to Valuation Date Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks (126.143) Wks x (126.143) Wks

| | | | | UNIT | S | TATI | STI | CAL | . PL | AN - | IND | VIC | IDUAI | L C | ASE | R | EPOF | RT | | | | | | | | |
|----------------------------|---------------------|----------------|--------|-----------------|------------------|-----------------|-------|---------|------------|---------|-------|------|----------|---------|---------|--------|----------|-----------|-----------|-------------------|-------|-----------|--------|---------|---------|-------------|
| CLASS CODE | REPORT NO. CODE* | TRAN. TY | YPE | TYPE INJ. C | E OF | - (| | RIER NU | | | | | | | ER NAI | | | | | PAYRO STATE CO | | * | AD | M. FILI | E NUMBE | R |
| 0718 | 02 | 1 | | 0 | 1 | | | 1692 | 8 | | | | | | | | | | | 07 | | | | | | |
| POLICY NUMBER | | CERT. N | 10. | POLIC | | FFECTI | /E | | CL | AIM NO. | | | STAT | DA | TE AT | TNY I | DISC | | LC | SS CON | DITIO | ONS | | JL | IRIS | мсо |
| | | | | MO. | | ATE AY | YR | | | | | | CODE* | МО |). D/ | AY | YR | ACT | TYPE | RCOV | , | CLM | SETTL | ST | ATE | TYPE |
| 99887 | | | | 07 | C | 01 | 09 | | 78 | 39749 | | | 0 | | | | | 01 | 01 | 01 | | 01 | 00 | | | 00 |
| | | INSURED I | NAME | '. | | | | | | | | AC | CC. DATE | | DATE | OF | DEATH | DAT | E REPO | RTED | DA | ATE OF BI | RTH | SU | RG | ATTNY |
| | | | | | | | | | | | M | 10 | DAY | YR | МО | DAY | YR YR | МО | DAY | YR | MC | DAY | YR | CC | DE | CODE* |
| | | Steve Ho | Corp | | | | | | | | 0 | 8 | 01 | 09 | 08 | 01 | 09 | 08 | 01 | 09 | 07 | 25 | 44 | | | |
| WORKER LAST NAM | E | WORKERS SEX | | . WEEKL NAGE | .Y | | | PART | NAT | URE | CAUS | SE | | | OCCUI | PATIO | NC | | | DATE | | RESERV | E LI | JMP | FRAUD | S/S |
| | | OLA | l v | WAGE | | INJUR' | | | | | | | | | | | | | М | | ₹ | CODE* | S | UM | CODE | OFF- SET |
| Stovens | | М | | 475 | | DESC CODE | | 90 | | 3 | 75 | | | 0 | ا میناد | D:I | dor | | | | | | | | 00 | 02. |
| Stevens SOCIAL SECURITY | NIIMRED | | DATE S | | | MO | DAY | | | EMPLC | | _ | | <u></u> | hup l | | | | | - | DΔ | TE OF | | 10 | DAY | YR |
| COOME GEOCHT 1 | NOMBER | | SUM P. | | | WO | DAT | ' | | | rus – | | | | EXPO | | - | | | | | IRE → | |)1 | 01 | 80 |
| | | BENEFITS | OTHER | THAN | PFI | NSION | | | | | | | | | | | | | PF | NSION E | RFN | JEFITS | | /1 | 01 | 1 00 |
| KIND OF E | | | | 6 DISAB. | \neg | BODY MI CODE | | | IO. EKS | | IN | ICUF | RRED | | П | BEN | EFICIA | RY DAT | | | | DATA PR | OVIDE | R COI | MMENTS | ; |
| 1. TEMPORARY INDEMNITY | | | | XXX | | XXX | | *** | LITO | | | | | | COL | DE | DA MO | TE OF BIF | RTH YR | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | | | | | | | 2 | | 05 | 01 | 44 | | | Paid t | o valu | ation | date | |
| | | | | | | | | | | | | | | | | | | <u> </u> | | | 1 | 26.143 | x 316 | 6.68 = | = 39947 | 7 |
| 3. NON-SCHEDULED INDEM | NITY | | | | | XXX | (| ХХ | XXX | | | | | | | | | | | | | Fut | ure pa | ayme | nts | |
| 4. EMPLOYERS LIABILITY O | R OTHER IN | DEMNITY | | | | | | l | | | | | | | | | | | | 3 | 316 | 6.68 x 5 | • | • | | 384 |
| 5. VOCATIONAL REHABILITA | ATION TOTAL | INCURRED |) | | | | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LEGAL EXPEN | SE | | | | | | | | | | | | | | 7. P | PENS | ION IN | DEM. P | AID TO | VAL. DA | ATE | | | | | 39947 |
| PHYSICIAN PAID | | | | Т | ЕМ | P. DISA | BILIT | ΓΥ PAI | D | | | | | | 8. P | PENS | . INDE | M. PRE | V. RSV | D., NOT | PA | ID | | | | |
| HOSPITAL PAID | | | | Р | PERI | M. PAR | ΓIAL | PAID | | | | | | | 9. P | RES | . VALU | E FUTL | JRE IN | DEM. PM | 1NT | | | | | 202384 |
| APP. MED. EVAL. PAID | | | | Р | PERI | M. TOTA | AL PA | AID | | | | | | | 10. | FUN | ERAL A | ALLOW | ANCE | | | | | | | 3500 |
| DEFENSE MED. EVAL PAID | | | | | DEA ⁻ | TH PAI |) | | | | | | | | 11. | LUM | IP SUM | REMAI | RRIAGE | | | | | | | 642 |
| INDEP. MED. EVAL. PAID | | | | S | SING | GLE LUN | 1P SI | UM | | | | | | | 12. | TOT | AL INC | URRED | INDEN | Л.,(SUM | 1-1 | 1) | | | | 246473 |
| LEGAL EXP DEFENSE | | | | V | /.R. | PAID | | | | | | | | | 13. | TOT | AL INC | URRED | MEDIC | CAL | | | | | | 0 |
| ANNUITY PURCHASE AMT. | | | V | /.R. | INDEM. | INC | URRE | D | | | | | | 14. | TOT | AL IND | EM. PA | ID TO \ | /AL. DA | ΤE | | | | | 22786 | |
| TOTAL GROSS INCURRED | | | | V | /.R. | TRAINII | NG IN | NCURI | RED | | | | | | 15. | TOT | AL ME | D. PAID | TO VA | L. DATE | | | | | | 0 |
| | | | | V | /.R. | EVAL. I | NCU | RRED | 1 | | | | | | 16. | SOC | SEC. | OR OT | HER OI | FSET A | MT | | | | | |

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Example 12 - Unit Reporting; Individual Risk Experience Including Premiums for Operation Subject to the USL & HW Act for a "Non-F" Classification

When reporting a classification, which includes coverage for the USL & HW Act, increase the rating value by the applicable USL & HW percentage and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Note: Class 665's rating value as of $\frac{7/1}{09}$ is $\frac{8.36}{50}$, the rating value including coverage for the USL & HW Act is $\frac{8.36 \times 1.508 \times 1.580 = \$19.92}{50}$. Refer to Section I, Rule XII of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL & HW Act.

Refer to Example 12a for Individual Case Report.

Page 18.1

| | | | | | DOHOV | NICODMATION | | | | | UNII 31 | AHSH | CAL REPO | K I | | | | | | | | | | | |
|----------|------------|------------------|----------------|---------------------|------------------|--------------------------------------|------------------|---------------|-------------------|----------------|----------------------|--------------|-------------------|--------------------|----------------|-------------------------|------------|----------------------|----------------|-------------|--------------------|--|-------------------|---------------|-------------|
| Repo | ort No. | Cor | r. No Corr | . Type Replace | Carrier Code | NFORMATION Policy Nur | nber | | Policy Effectiv | e Date | Policy Expi | ration Dat | e Expos Sta | te Sta | ate Effective | e Date | Certifica | te Numbe | r Card | Serial No. | Risk ID I | Number I | Page No | Last P | age No |
| | | | | Rpt. Ind | | | | | | | | | | _ | | | | | | | | | | | |
| 01 | | | | | 99622 | 198265 | | | 07/01/09 | | 07/01/10 |) | 07 | | | | | ı | | | | | | | |
| | | | e: Iron Erec | tors Inc. | | | | | | | | | | | | | | | | 456789 | | F | Pending I | -ile No. | |
| | | Addre tive Da | | Effective Date | | Dollov Conditio | nc | | | | Dollay Typo | ID I | Doduct | Doduct | D ₀ | ductible | | | E.I.N. – | → Busin | 200 | or Carrier | Heo I | or Duron | u Heo |
| IVIOU. | Ellec | live Da | ile Raie i | Effective Date 3 YI | R F/R Multistate | Policy Conditio Interstate Estimated | Ret | ro Cancelled | MCO C.H.C. | Type C | ov. Plan Ind | | Deduct. Type | Deduct. Percent | Amount Pe | eductible er Claim/A | ccident A | Deducti mount Agg | | Segment le | | or Carrier | use i | For Burea | u ose |
| | | | | | olicy Policy | Rating Exposures Y | Poli | | Indicator Network | + | 01 | 01 | 1 | | | | | | | | | | | | |
| | | | ΕX | N Posure info | | Y | N | N | N | 01 | 01 | 01 | | | 10 | SS INF | ORMA | TION | | | | | | | |
| С | Hod | Exp. Cov. | Class Code | | | Premium Amount | Hod | Claim N | lumber | Acc. D | ate/No. Clain | ns Incur | red Indemnity | Incurre | ed Medical | | Code Inj | | tus | Loss Cond | ditions | | Jurisdic State | Cat. No. | MCO Type |
| | Upd Typ | | | | | | Upd Type | | | | | | | | | | | | Act | | Recv Clm | | Oldio | | .) 0 |
| E S | R | 02 | 0655 | 120000 | 19.92 | 23904 | R | 845 | lumber | 02/01 Part | | 696 Cause | 968 Occupation | 2500 | | 0655 Voc. | 02 Lump | | 02 Deduct. | | 01 01 Indemnity | | 07 Paid | 00 Medical | 00 |
| | R | 01 | 0655 | 1000000 | 12.61 | 126100 | | Case | vuilibei | 40 | | | on Worker | on Desch | ιριιστ | N | Lump | 00 | Deduct. | 17201 | rindenning | | 12000 | Medical | |
| S | | | | | | | | Claimant's A | Attorney Fees | Emplo | yer's Attorney | | Deductible | Reimburs | sement | | eekly Wa | | 250 | ALAE | Paid | | | Incurred | |
| U _ B | R | 01 | 0951 | 95000 | .96 | 912 | Upd | Claim N | lumber | 5000 Acc. D | U ate/No. Clain | ns Incur | red Indemnity | Incurre | ed Medical | Class (| Code Inj | ury Stat | 250 tus Act | | Recv Clm | n Settl | Jurisdic | Cat. No. | MCO |
| | R | 01 | 0953 | 105000 | .49 | 515 | Type R | 896 | | 03/01 | /10 | 600 | , | 350 | | 0655 | 05 | | 01 | | 01 01 | 00 | State | 00 | Type 00 |
| E – | | 01 | 0700 | 100000 | . 17 | 010 | 1 | | lumber | Part | Nature | Cause | Occupation | | iption | Voc. | Lump | Fraud | Deduct. | Paid | I Indemnity | , <u> </u> | | I Medical | 00 |
| Ť – | | | | | | | _ | Claimant's I | Attorney Fees | 38 Employ | 37 yer's Attorney | 59 (Fees | Deductible F | ?eimhurs | sement | N | eekly Wag | 00 | | 600 ALAE | Paid | ; | 350 AL AF | Incurred | |
| | | | | | | | | Ciaimant 3 P | allorney rees | LIIIpio | yer 3 Allome | 1 663 | Deductible | Centiburs | Sement | VV | certy way | C | | ALAL | i aiu | | ALAL | Incurred | |
| | | | | | • | | Upd Type | Claim N | lumber | Acc. D | ate/No. Clain | ns Incur | red Indemnity | Incurre | ed Medical | Class (| Code Inj | ury Stat | tus Act | Туре | Recv Clm | Settl | Jurisdic State | Cat. No. | MCO Type |
| | | A . 1 | Total Sub | ject Premium | | 151431 | R | 897 | ll. a.a. | 03/15 | | 750 | | 800 | | 0655 | 05 | | 01 | | 01 01 | | Dele | 00 | 00 |
| | R | D E | - -vnoriona | ce Mod (XX.XX | (V) | 0.900 | | Case | lumber | Part 31 | | Cause 26 | Occupatio | n Descri | puon | Voc. | Lump | 00 | Deduct. | 750 | I Indemnity | | Paid 300 | Medical | |
| - | IX. | | | | | 0.700 | 1 | Claimant's A | Attorney Fees | | yer's Attorney | | Deductible F | Reimburs | sement | | eekly Wag | | | ALAE | Paid | | | Incurred | |
| | | C. 1 | Total Mod | lified Premiun | 1 | 136288 | led | Claire A | lh | A D | ata/NIa Clair | | 1 1 1 | l 1 | ! N A!!! I | Class (| Sadal Jak | С1-1 | hus Ast | Tuno | Dogu Clm | Cottl | Luriadia | Cat. No. | MCO |
| N O | | _ | | | | | Upd Type R | Claim N | lumber | | ate/No. Clain | is incur | red Indemnity | | ed Medical | Class (| | | | , , , | Recv Clm | | Jurisdic State | | Туре |
| Τ_ | | D. | | | | | R | 898 Case N | lumber | 04/11 Part | | Cause | Occupation | 250 on Descri | ription | 0953 Voc. | Lump | | Deduct. | | 01 01 Indemnity | | Paid | 00 Medical | 00 |
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| | | | | Total Standard Expo | usule | Total Standard Premium | Upd Type | Ciaim N | vuribei | ACC. D | ate/No. Clain | is Incur | rea maemnity | incurre | ed Medical | Ciass (| Code Inj | ury Stat | lu5 ACI | Туре | VECA CILL | ı selli | State | Cat .IVO. | Туре |
| | G. | | | 1320000 | | 136288 | | Case N | lumber | Part | Nature | Cause | Occupation | on Descri | ription | Voc. | Lump | Fraud | Deduct. | Paid | I Indemnity | <u> </u> | Paid | Medical | |
| A F | R | Н. | 006 <u>3</u> | Premium Discou | unt Amount | 12065 | | | | | | | | | | | | | | . 310 | | | | | |
| Τ | | | _ | | | | | Claimant's A | Attorney Fees | Emplo | yer's Attorney | Fees | Deductible F | Reimburs | sement | We | eekly Wag | е | | ALAE | Paid | | ALAE | Incurred | |
| | R | I. | 0900 | Expense Consta | ant Amount | 270 | | | | | | | | CC TO | | | | | | | | | | | |
| | R | J. | 9740 | | .01 | 132 | | | | | | | L(| J33 I(| OTALS | | | | | | | | | | |
| S T | | J. | ,, 10 | | .01 | 102 | | Reserved | For Future Use | Tot | al No. Claims | Total Ir | ncurred Indem | nity | Total Incur | red Medi | cal | Reserved | For Fut | ure Use | Total Paid | Indemnity | Tota | l Paid Me | edical |
| | R | K. | 9741 | | .01 | 132 | | | | 4 | | | 698318 | | | 400 | | | | | 18551 | | | 400 | |
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| | | L. | | <u> </u> | | | | | | Ü | 1000 | | | | | | | | 23 | 000 | | | | | |

Effective Date: April 1, 2013 Section VI
Page 19 EXAMPLES

Example 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits

Use Tables III-M-C (USLH-III-MALE) and IV-B (USLH-IV-B)

Type - USL & HW-Trauma
Average Weekly Wage - \$500
Date of Accident - 02/01/10
Effective Date - 07/01/09

Maximum Benefit - 200% NAWW = \$1,224.66

Claimant's Birth Date - 05/01/62 Spouse's Birth Date - 07/01/64 Date of Valuation - 01/01/11 Claimants Age at Valuation - 48 (sex - M)

Spouse's Age at Valuation - 46

Present Value of Future Payments

Claimants - $.6667 \times (\$500) = \333.35 wk

Present Value of \$1 = 31.954

Future Payments - $$333.35 \times 31.954 \times 52 = $553,897$

Survivorship - $.5 \times (\$500) = \250

Benefits Present Value of Benefits = 9.782

Future Payout = $250 \times 9.782 \times 52 = $127,166$

Indemnity to Valuation Date Benefits Paid from $02/01/\frac{10}{10}$ to $01/01/\frac{11}{11}$ - 334 days / 7 = 47.714 Wks \$333.35 x 47.714 = \$15,905

| | | | UN | NIT S | STATI | ST | ICAL | . PL | AN - | · IND | IVIDU | JAL | _ C | ASE | RE | EPOF | RT | | | | | | | | |
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| CLASS CODE | REPORT NO. CODE* | TRAN. TY | | TYPE C IJ. COE | | CAR | RIER NU | JMBER | 1 | | | C | ARRI | ER NA | ME | | | | PAYROLI STATE COL | | | ADM | . FILE NU | MBER | |
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| 1. TEMPORARY INDEMNITY | | | хх | X | CODE X X | | VVE | EKS | | | | | | COI | DE | DA MO | TE OF BIF | RTH YR | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | | | | | | 1 | | 05 | 01 | 62 | | F | Paid to | valua | tion da | te | |
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| 3. NON-SCHEDULED INDEM | NITY | | | | хх | v | VV | XX | | | | | | 1 | | | 01 | | | | | | ments | | |
| 4. EMPLOYERS LIABILITY O | | DEMNITY | | | | ^ | | \ | | | | | | 1 | | | | | | (3: | | | 31.954 | .) + | |
| 5. VOCATIONAL REHABILITA | ATION TOTAL | INCURRED |) | | | | | | | | | | | 1 | | | | | (2 | , | | | '82) = 6 | , | 63 |
| 6. CLAIMANT LEGAL EXPEN | SE | | | | | | | | | | | | | 7. F | PENS | ION IN | DEM. P | AID TO | VAL. DAT | | | | | | 15905 |
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| APP. MED. EVAL. PAID | | | | | RM. TOT | | PAID | | | | | | | | | | ALLOW | | | | | | | | |
| DEFENSE MED. EVAL PAID | | | | DE/ | ATH PA | ID | | | | | | | | | | | REMAI | | | | | | | | |
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Effective Date: April 1, 2013 Section VI
Page 20 EXAMPLES

Example 13 - Correction of Header Information Only

In the following example the only information that needs correcting is the policy number. Since the policy number field has two lines, the previous reported policy number (incorrect number) goes on the first line and the revised policy number (correct number) goes on the second line.

If a header field needs to be corrected and the field only has one line, report the revised information only.

When reporting a header correction only the Report Number, Correction Number, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

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| Re | port No. | Cor | r. No | Corr. Type | Replace | Carrier Code | | Policy Num | ber | | Policy Effectiv | e Date | Policy F | xpiration | Date 1 | Expos State | e S | State Effective | Date | Certific | cate Nu | ımber | Card Se | erial No | . Risk | ID Num | ber F | Page No | Last P | age No |
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| | d. Effec | | | Rate Effectiv | e Date | | Polic | y Condition | 1S | | | | Policy Ty | pe ID | De | duct. | Deduc | | eductible | | De | ductible | | Busii | | | Carrier | Use F | or Burea | u Use |
| | | | | | | R F/R Multistate | | Estimated | Retro | Cancelled | MCO C.H.C. | | Cov. Plan Ir | Non S | Std Ty | pe | Percei | ent Amount Pe | er Claim/A | ccident | Amoun | nt Aggreg | ate S | Segment | Identifier | r | | | | |
| | | | | | Po | olicy Policy | Rating | Exposures | Policy | Mid-term I | ndicator Networ | (| | | | | | | | | | | | | | | | | | |
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| | | Exp. | Class | | SURE INFO | Manual Rate | Premium An | nount | | Claim Nu | ımhor | Acc D | ate/No. Cl | aime I | ncurrod l | ndomnity | Incur | rred Medical | SS IN | Code I | | N Status | 1.0 | nce Cor | nditions | | | Jurisdic | Cat. No. | MCO |
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| S | | | | | | | | | | Case Nu | ımber | Part | Nature | Cause | 9 | Occupatio | on Des | scription | Voc. | Lump | Frau | ud De | duct. | Pai | id Inden | nnity | | Paid | Medical | |
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| U | | | | | | | | | Upd | Claim Nu | ımher | Acc D | ate/No. Cl | aims I | ncurred I | ndemnity | Incur | rred Medical | Class | Onde I | Injury | Status | Act | Туре | Recv | Clm : | Settl | Jurisdic | Cat. No. | MCO |
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| Τ | | | | | | | | | _ | Claimant's At | tornou Food | Emplo | yer's Attor | nov Food |) D | eductible R | oimbu | ircomont | 14/ | eekly W | 'ngo | | | ۸۱۸ | E Paid | | | ΛΙΛΕ | Incurred | |
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| | | Α. Ι | otal : | subject | Premium | | | | | Coop No | mbor | Dort | Matura | Cause | | Occupation | n Door | orintion | Voc | Luman | From | ıd Do | duat | Do | id Indon | onit. | | Doid | Madiaal | |
| | | ь г | | : N | I (V/V V/V | · \ | | | | Case Nu | ımbei | Part | Nature | Cause | 3 | Occupation | ii Desc | сприоп | Voc. | Lump | Frau | ua De | duct. | Ра | id Inden | illity | | Palu | Medical | |
| | | B. E | xper | ience ivi | od (XX.XX | .X) | | | _ | Claimant's At | tornou Food | Emplo | yer's Attor | nov Food |) D | eductible R | oimbu | ircomont | 14/ | eekly W | 'ngo | | | ۸۱۸ | E Paid | | | ΛΙΛΕ | Incurred | |
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| Τ | | D. | | | | | | | | Case Nu | ımbor | Part | Noturo | Cause | | Occupatio | n Doc | crintion | Voc | Lumn | Frau | ıd Do | duct | Do | id Indon | onity. | \perp | Doid | Medical | |
| S | | _ | | | | | | | | Case IVI | illibei | Pall | Nature | Cause | | Occupatio | iii Desi | всприон | Voc. | Lump | FIAL | u De | duct. | Ра | id Inden | illity | | Palu | ivieuicai | |
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| J | | _ | | | | | | | | Gairnant S At | torriey i ees | Embio | yor 3 Autor | ney rees | , D | Judenbie K | CIIIIDU | ai 30111011L | VV | CERTY W | aye | | | ALA | Lialu | | | ALAE | medired | |
| | | F. | | Total | Standard Expo | OCUTO. | Total Standar | rd Dromium | Ind | Claim Nu | ımhor | Acc D | ate/No. Cl | aime I | ncurrod l | ndemnity | Incur | rred Medical | Class | ^odo I | Injury | Status | Act | Туре | Recv | Clm ! | Settl | Jurisdic | Cat .No. | MCO |
| | | | | Tota | i Statiuatu Expt | JSuie | Tulai Siariuai | u Fieilliuili | Upd Type | Ciaiiii Nu | IIIIDEI | ACC. D | ate/No. Ci | alliis | ilcuiteu i | nueminty | IIICUI | ireu ivieuicai | Class | coue i | ii ijui y | Status | 7101 | Турс | NCCV | OIIII . | Jetti | State | out .ivo. | Туре |
| | G. | | | | | | | | | | | | | | | | | | | | | | ابلا | | | | | | | |
| ^ | | | | | | | | | | Case Nu | ımber | Part | Nature | Cause | Э | Occupatio | on Des | scription | Voc. | Lump | Frau | ud De | duct. | Pai | id Inden | nnity | | Paid | Medical | |
| A F | | Н. | 006_ | _ Pre | emium Discou | nt Amount | | | | | | | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | Claimant's At | torney Fees | Emplo | yer's Attor | ney Fees | S De | eductible R | Reimbu | ursement | W | eekly W | age | | | ALA | E Paid | | | ALAE | Incurred | |
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| S | | J. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | · | | Reserved F | or Future Use | Tot | tal No. Cla | ims To | tal Incuri | ed Indemn | nity | Total Incur | red Med | ical | Res | erved F | or Futur | e Use | Total I | Paid Inde | emnity | Tota | l Paid Me | edical |
| D | | K. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | η [| | | | | | | | Tot. Claima | nt's Attrny. Fee | s To | t. Employe | r's Attrny | /. Fees | Reserve | ed For | r Future Use | · <u> </u> | · <u> </u> | | | To | tal ALA | E Paid | | T | otal ALA | E Incurre | ed |
| | | L. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Example 14 - Correction of Loss Totals Only

In the following example the only information that needs correcting is the loss totals. Because there is only one line per field for the loss totals, only the revised totals are shown. The key policy information must also be shown (Report Number, Correction Number, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

Note: The exposure, premium and loss totals must all be provided when submitting 1st level total corrections.

| | | | | | | POLICY I | VIEUDWV. | TION | | | | | 0 | ,,,,,, | | KLI OI | | | | | | | | | | | | |
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| Re | port No. | Cor | r. No Co | rr. Type | Replace | Carrier Code | | Policy Nun | nher | | Policy Effective | e Date | Policy F | xpiration [| Date F | xpos State | State Effect | tive Date | Certific | cate Nu | mber (| Card Ser | ial No | Risk I | D Numbe | r Page I | lo Last | Page No |
| | po | | | , po | Rpt. Ind | ourner cour | | . oney run | | | . oney Encour | Duto | . 00, 2 | ripii attori t | 54.0 | npos otato | Oldio Ello | ALTO BULO | Corum | 3010 1101 | | 04.4 00. | | · tioit i | <i>D</i> (14111) <i>D</i> (| . I ago . | 2001 | . ago 110 |
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| | d. Effec | | | Effective | e Date | | Polic | cy Condition | ns | | | | Policy Ty | oe ID | Dec | duct. [| Deduct. | Deductible | Э | | ductible | | Busine | SS | For Car | rier Use | For Bure | au Use |
| | | | | | 3 YR | | Interstate | Estimated | | Cancelled | MCO C.H.C. | | Cov. Plan In | d Non Sto | d Typ | e F | Percent Amou | nt Per Claim/ | Accident | Amount | Aggreg | ate Se | gment Id | entifier | | | | |
| | | | | | Pol | licy Policy | Rating | Exposures | Policy | Mid-term | Indicator Network | : | | | | | | | | | | | | | | | | |
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| | | | E | XPOSI | URE INFOR | RMATION | | | | | | | | | | | | LOSS IN | IFORM | 10ITA | V | | | | | | | |
| С | | Ехр. | Class Coo | le Exp | osure Amount | Manual Rate | Premium Ar | nount | | Claim N | lumber | Acc. D | ate/No. Cl | aims In | curred In | ndemnity | Incurred Medi | cal Class | Code I | njury | Status | Los | s Condi | tions | | Jurisdi State | Cat. No | |
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Example 15 - Correction of Old Form Information on New Form

The following example shows the information reported on the old form prior to the adoption of the ASWG form.

Refer to Example 15a showing the correction on the ASWG form.

| REPOR | RT P | OLICY NUMBER | STATE | STATE NO. | | CARRIER | | CARRI NO. | | CEIVED | ADM FILE | NO. | |
|------------|---------------|----------------------|----------------|--------------|-----------------|---------------------|---------------|--------------|-----------|---------|------------|--------------|-------------|
| 1 | | NC12345 | DE | 07 | | | | 9999 | 99 | | | | |
| | ECTIVE ATE | TERM EXPIRATION DATE | INSUF | ABC | CORP. | | | | | | | | |
| | 20/95 | 10/26/96 | 3 | | | | | | | | | | |
| CON | D. 91 | 92 93 94 95 | 96 97 | 98 | | | | | | | | | |
| EXP COV | CLASS CODE | EXPOSURE | MANUAL RATE | PREMIUM | CLAIM NUMBER | ACCIDENT DATE OR | CLASS CODE | INJ | INCURRED | LOSSES | OPEN OR | LOSS COV. | CAT. NO. |
| | CODE | | RAIL | | NOWIBER | NO. OF CLAIMS | CODE | | INDEMNITY | MEDICAL | CLOSED | COV. | NO. |
| 11 | 0953 | 175485 | 0.49 | 860 | | 3 | 0953 | 06 | | 875 | 1 | 11 | 00 |
| 11 | 0951 | 83368 | 0.96 | 800 | 23456 | 02/05/96 | 0951 | 06 | | 1000 | 1 | 11 | 00 |
| - | | | | | 34567 | 07/03/96 | 0953 | 09 | 4750 | 1225 | 0 | 11 | 00 |
| - | | | | | 45678 | 10/25/96 | 0951 | 05 | 2950 | 595 | 0 | 21 | 00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| A - TOT | TAL SUBJEC | T PREMIUM | | 1660 | | | | | | | | | |
| B - EXF | PERIENCE N | MODIFICATION | | .850 | | | | | | | | | |
| C - TO1 | TAL MODIFI | ED PREMIUM (A) X (B) | | 1411 | | | | | | | | | |
| D | | | | | | | | | | | | | |
| Е | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| | STD | 258853 | XXX | 1411 | | | | | | | | | |
| RISK | OTHER | | XXX | XXX | | | | | | | | | |
| TOTALS | 0064 | PREMIUM DISCOUNT | XXX | (140) | TOTALS | 6 | XXXX | Χ | 7700 | 3695 | X | Х | X |
| | 0900 | EXPENSE CONSTANT | | | | | | | | | | | |

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Example 15a - Correction of Old Form Information on New Form

The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do not need to be filled in).

Also note the claim 56789 is being added as a new claim, therefore there is an Update Type "P" with all fields left blank because there was no previously reported information. Update Type "R" has all the new claim information.

Page 23.1

| | | | | | | DOLLOVI | NICODNAA | TION | | | | | UNIT 3 | IAIIJI | CAL KEI | OKI | | | | | | | | | | | |
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| Do | port No | Cor | r No. Cor | Tuno | Donloos | POLICY I | | | hor | | Daliau Effactive | Data | Policy Ex | niration Da | ite Expos | Ctata | Ctata Effective | Data | Cortifio | ata Numba | Cor | d Coriol No | Diele | ID Numba | r Dogo M | lo Loot | L Dogo No |
| Re | port No. | COI | r. No Con | | Replace Rpt. Ind | Carrier Code | 3 | Policy Nun | ibei | | Policy Effective | Date | Policy Ex | piration Da | ile Expos | State | State Effective | Date | Certific | ate Numbe | el Cali | u Senai No |). KISK | ID Numbe | r Page r | 10 Lasi | t Page No |
| | | | | | rtpt. ma | | | | | | | | | | | | | | | | | | | | | | |
| 01 | | 01 | М | | | 99999 | WC123 | 45 | | | 12/20/95 | | 12/20/9 | 6 | 07 | | | | | | | | | | | | |
| Ins | sured's | Name | : ABC Co | p. | | | | | | · · | | | | | | | | | | F.E.I.N. | \rightarrow | | | | Pendino | File No. | |
| | sured's | | | | | | | | | | | | | | | | | | | T.P.E / I | F.E.I.N. | \rightarrow | | | | | |
| | d. Effec | | | Effective D | ate | | Polic | cy Condition | ns | | | | Policy Type | e ID | Deduct. | De | educt. De | eductible | : | Deduct | | | iness | For Car | rier Use | For Bur | eau Use |
| | | | | | 3 YR | | | Estimated | Retro | Cancelled | MCO C.H.C. | Туре Со | v. Plan Ind | Non Std | Туре | Pe | ercent Amount Pe | er Claim/A | ccident | Amount Ag | gregate | Segmen | t Identifier | | | | |
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| | | | | | RE INFOR | | | | | | | | | | | | | | FORM/ | | | | | | | 0 | |
| C | Upd | Exp. Cov. | Class Code | Expos | ure Amount | Manual Rate | Premium A | nount | Und | Claim N | umber | Acc. Da | te/No. Clai | ims Incu | ırred Indemi | nity Ir | ncurred Medical | Class | Code Ir | njury Sta | tus | Loss Co | nditions | | Jurisdi State | Cat. N | o. MCO Type |
| O D | Тур | | | | | | | | Upd Type | | | | | | | | | | | | Ac | ct Type | Recv | Clm Se | tl | | 31 |
| F | Р | 11 | 0953 | 17548 | 35 | .49 | 860 | | | 23456 | | 02/05/ | 96 | | | 1 | 1000 | 0951 | 0 | 6 1 | 1 | | | | | | |
| S | - | | 0700 | 17510 | 30 | . 17 | 000 | | | Case N | lumber | Part | Nature | Cause | Occur | | Description | Voc. | | | Deduct | - | id Inden | nnity | Pa | id Medic | cal |
| | R | 11 | 0953 | 23394 | 15 | .49 | 1146 | | | | | | | | | 1 | • | | | | | | | , | | | |
| | - 1 | - ' ' | 0733 | 2337 | 10 | . 47 | 1140 | | | Claimant's A | attorney Fees | Employ | er's Attorne | ev Fees | Deductil | ble Rei | mbursement | | Veekly W | age | | ALAI | E Paid | | ALA | E Incurre | ed |
| S | | | | | | | | | | | , | 1 - 3 | | ., | | | | | , | 3. | | | | | | | |
| U B | | | | | | | | | Upd Type | Claim N | umber | Acc. Da | te/No. Clai | ims Incu | ırred Indemi | nity Ir | ncurred Medical | Class | Code Ir | njury Sta | tus Ad | ct Type | Recv | Clm Se | | Cat. N | |
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| ı | | | | | | | | | | Claimant's A | attorney Fees | Employ | er's Attorne | ov Foos | Doductih | olo Doir | mbursement | 1// | eekly Wa | ngo. | | ۸۱۸ | E Paid | | ٨١٨ | AE Incurr | od |
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| | | l. | | | | | | | Upd | Claim N | umber | Acc. Da | te/No. Clai | ims Inci | ırred Indemi | nity Ir | ncurred Medical | Class | Code Ir | njury Sta | tus Ad | ct Type | Recv | Clm Se | tl Jurisdi | Cat. N | lo. MCO |
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| | R | B. E | xperien | ce Mod | I (XX.XX) | () | 0.850 | | | | | | | | _ | | | | | | | | | | | | |
| | | ^ - | | | | | | | (| Claimant's A | attorney Fees | Employ | er's Attorne | ey Fees | Deductib | ole Reir | mbursement | W | eekly Wa | ige | | ALA | E Paid | | ALA | E Incurre | ed |
| | | C. I | otal ivio | ilitiea F | Premium | | 1654 | | Ind | Claire N | | A D- | 4-/NI- CI-: | | | | | Class | C 1- | dum. Cta | Δ Λ. | et Tuno | Dogu | Clm Se | tl luriodi | Cat. N | lo. MCO |
| N O | | | | | | | | | Upd Type | Claim N | umber | ACC. Da | te/No. Clai | ims incl | ırred Indemi | nity ir | ncurred Medical | Class | Code ir | njury Sta | itus Ad | ct Type | Recv | Clm Se | tl Jurisdi State | Cat. N | Type |
| T | | D. | | | | | | | Type R | 56789 | | 09/30/ | 96 | 793 | 35 | 4 | 1000 | 0953 | 0 | 5 0 | 1 | 1 | | | | | |
| | | | | | | | | | | Case N | lumber | Part | Nature | Cause | Occup | pation [| Description | Voc. | Lump | Fraud | Deduct | t. Pa | id Inden | nnity | Pa | id Medic | cal |
| S | | E. | | | | | | | | | | | | | | | | | | | | | | | | | |
| В | | | | | | | | | | Claimant's A | Attorney Fees | Employ | er's Attorne | ey Fees | Deductib | ole Reir | mbursement | W | eekly Wa | ige | | ALA | E Paid | | ALA | E Incurre | ed |
| J | | F. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Total Sta | andard Expos | sure | Total Standa | rd Premium | Upd | Claim N | umber | Acc. Da | te/No. Clai | ims Incu | ırred Indemi | nity Ir | ncurred Medical | Class | Code Ir | njury Sta | itus Ad | ct Type | Recv | Clm Se | | Cat .N | |
| | <u></u> | | | 2172 | 10 | | 1/5/ | | Туре | | | | | | | | | | | | - | | | | State | | Type |
| | G. | | | 3173 | 13 | | 1654 | | | Case N | lumbor | Part | Nature | Cause | Occur | nation I | Description | Voc | Lump | Fraud | Doduct | t Do | id Inden | onity | l Da | id Medic | and and |
| А | | | 007 | | | | | | | Case IV | lullibei | Pall | ivalure | Cause | Occup | μαιιστι | Description | VUC. | Lump | riauu | Deduct | i. Pa | nu muen | шшу | Fa | iu ivieuic | .dl |
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| E R | | I. | 0900 | Expen | ise Constar | nt Amount | | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | LOS | S TOTALS | | | | | | | | | | |
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| | | | | | | | _ | • | | Tot. Claim | ant's Attrny. Fee: | S Tot. | Employer's | s Attrny. F | ees Res | served | For Future Use | | | | | Total ALA | AE Paid | | Total A | _AE Incu | rred |
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Example 16 - Combination Example

This example shows a first reporting requiring two unit cards with a Deductible, schedule rating credit, Delaware Construction Credit, Delaware Workplace Safety Program Credit, USL & H coverage, ratable class with a mandatory non-ratable element and a claim requiring an Individual Case Report.

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Note: Both the Delaware Workplace Safety Program Credit and the Delaware Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-ratable or occupational disease class premiums and the schedule rating credit, this is to say that the Delaware Workplace Safety Program is not used to calculate the construction credit and the construction credit is not used to calculate the Delaware Workplace Safety Program.

Also, Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to Example 16a for the Individual Case Report.

| | | | | | | POLICY I | NFORMA | TION | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--------------|--------------|---------------|---------------|----------------------------------|----------------------|------------------------|----------------|--------------------|------------------------------|----------|--------------|----------|----------------------|----------------|----------------|----------------------|-----------------------------------|------------|-----------|-------------|---------------|-------------|-----------|-----------|------------------|-----------|-------------|
| Rep | Report No. Corr. No Corr. Type Replace Carrier Code Rpt. Ind | | | | | | Policy Num | nber | | Policy Effection | ve Date | Policy E | xpiration | Date 1 | Expos State | State | e Effective | Date | Certifica | ate Numb | er Caro | d Serial No | o. Risk | : ID Numb | er Pag | je No | Last Pag | ge No | |
| 01 | 01 12345 | | | | 123456 | 7 | | | 12/01/08 | | 12/01/ | 09 | (| 07 | | | | | | | | | | | | | | | |
| Ins | sured's Name: 123, Inc. | | | | | | | | | | | | | | | | | | | | F.E.I.N | . → 123 | 3456789 |) | | Pen | ding File | No. | |
| Ins | sured's Address: | | | | | | | | | | | | | | | | | | | | T.P.E / | F.E.I.N. | \rightarrow | | | | | | |
| | od. Effective Date Rate Effective Date | | | | | | _ | cy Condition | ns | | | | Policy Ty | | | | Deduct. | | ductible | | Deduc | | | iness | | arrier Us | e For | Bureau | Use |
| | | | | | | R F/R Multistate blicy Policy | Interstate Rating | Estimated Exposures | Retro Polic | | MCO C.H.C Indicator Netwo | | Cov. Plan In | d Non S | Std Ty | pe F | Percent | Amount Per | r Claim/Ad | ccident | Amount Aç | ggregate | Segmen | t Identifie | r | | | | |
| | 10/0 | 1/08 | | 1/08 | N | Υ | | Υ | N | N | N | 01 | 01 | 01 | 03 | 3 01 | | 1000 | | | | | | | | | | | |
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Page 24.1

Effective Date: April 1, 2013 Section VI
Page 25 EXAMPLES

Example 16a - Individual Case Report; Death, Widow Only

Type - State Act-Trauma
Average Weekly Wage - \$378
Effective Date - 12/01/08
Date at Valuation - 06/01/10
Date of Accident - 04/20/09

Widow's Date of Birth - 05/09/43
Age at Widowhood - 65
Age at Valuation - 67
1st Level Report - Open
Date of Death - 04/20/09

Present Value of Future Payments

Weekly Benefit = $\frac{.6667}{x} \times (\$378) = \$252.01$

Present Value of $$1 = \frac{12.290}{}$ - Widowhood at age 65, a[x] + 2 Value

 $252.01 \times 52 \times 12.290 = 161,055$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0195

 $$252.01 \times 104 \times .0195 = 511

Indemnity Paid to Valuation Date Benefits Paid from 04/20/09 to 06/01/10 - 407 days / 7 = 58.143 Wks

(58.143 Wks) x \$252.01= \$14,653

| | | | UNIT | STA | ATIST | ICAL | PLA | \N - | INDI | VIDUA | L C | ASE | RE | POR | RT | | | | | | | | |
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| | | | MO. | DATE DAY | : YR | | | | | CODE* | МС | D. D/ | ΑY | YR | ACT | TYPE | RCOV | С | LM SE | ≣TTL | STA | ATE | TYPE |
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| KIND OF I | BENEFIT | | % DISAB | | OY MEM. CODE* | | O. EKS | | INC | URRED | | | BENE | | RY DAT | | | DA | TA PRO | VIDER | COM | IMENTS | |
| 1. TEMPORARY INDEMNITY | | | XXX | Х | XX | | | | | | | COL | DE | DA1 MO | E OF BIR | TH YR | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | | | | 2 | | 05 | 09 | 43 | | l | Paid to | valua | ation | date | |
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| 3. NON-SCHEDULED INDEM | NITY | | | Х | XXX | ХХ | XX | | | | | | | | | | | | Futur | re pay | /mer | nts | |
| 4. EMPLOYERS LIABILITY O | R OTHER IND | DEMNITY | | I . | | I. | | | | | | | | | | | 25 | 52.0 | 01 x 52 | x 12. | 290 | = 1610 | 55 |
| 5. VOCATIONAL REHABILITA | ATION TOTAL | INCURRE | D | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LEGAL EXPEN | ISE | | | | | | | | | | | 7. P | ENSI | INI NC | DEM. PA | OT DIA | VAL. DA | TE | | | | | 14653 |
| PHYSICIAN PAID | | | - | EMP. I | DISABIL | ITY PAI | D | | | | | 8. P | ENS. | INDEN | /I. PRE\ | /. RSVI | D., NOT P | AID |) | | | | |
| HOSPITAL PAID | | | ſ | PERM. | PARTIA | L PAID | | | | | | 9. P | RES. | VALUI | FUTU | RE INC | DEM. PMN | ۱T. | | | | 1 | 61055 |
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| INDEP. MED. EVAL. PAID | | | , | SINGLE | LUMP (| SUM | | | | | | 12. | TOTA | L INCL | JRRED | INDEM | 1.,(SUM 1- | -11) | | | | 1 | 79719 |
| LEGAL EXP DEFENSE | | | \ | /.R. PA | ID | | | | | | | | _ | | JRRED | | | | | | | | 5000 |
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| | | | ١ | /.R. EV | AL. INC | URRED | | | | | | 16. | SOC. | SEC. (| OR OTH | IER OF | FSET AN | /IΤ. | | | | | |

*SEE MANUAL FOR CODING

Effective Date: April 1, 2013 Section VI
Page 26 EXAMPLES

Example 17 - Second Reporting of Losses for Unit for Example 16

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 06/03).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

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When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Also note that claim 1234 is a subrogated claim.

Refer to Example 17a for Individual Case Report.

| POLICY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Re | port No. | Corr | . No | Corr. Type | | Carrier Code | е | Policy Nun | nber | | Policy Effective | Date | Policy Ex | piration [| Date E | xpos State | e Sta | ate Effective | Date | Certific | ate Nu | mber (| Card Se | erial No | . Risk | ID Num | nber P | Page No | Last F | Page No |
| | | | | | Rpt. Ind | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | sured's | Name: | · 123 I | nc | 1 | 12010 | 123 100 | , | | | 12/01/00 | l. | 12/01/0 | ,, | | ,, | | | | | FF | I.N. → 1 | 12345 | 6789 | l | | Р | ending F | ile No. | |
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| | | | | | Po | olicy Policy | Rating | Exposures | Policy | Mid-term | Indicator Network | ** | | | | | | | | | | | | | | | | | | |
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| O D | Upd Type | Cov. | | | | | | | Upd Type | | | | | | | | | | | | | - | Act | Type | Recv | Clm | Settl | State | | Туре |
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Page 27 EXAMPLES

Example 17a - Individual Case Report; Death, Widow Only; 2nd Report Level

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/08 Date at Valuation - 06/01/11 Date of Accident - 04/20/09 Widow's Date of Birth - 05/09/43
Age at Widowhood - 65
Age at Valuation - 68
2nd Level Report - Open
Date of Death - 04/20/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$378) = \252.01

Present Value of $$1 = \frac{11.958}{}$ - Widowhood at age 65, $a[x] + \frac{3}{}$ Value

 $252.01 \times 52 \times 11.958 = 156,704$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0151

 $$252.01 \times 104 \times .0151 = 396

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/11 - 772 days /7 = 110.286 Wks

 $(110.286 \text{ Wks}) \times \$252.01 = \$27,793$

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*SEE MANUAL FOR CODING

Effective Date: April 1, 2013 Section VI
Page 28 EXAMPLES

Example 18 - First Report Requiring an ICR, Widow with 2 Children

Claim 68235 is a death claim.

Refer to Example 18a for the Individual Case Report with a Widow and 2 Children.

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Effective Date: April 1, 2013 Section VI
Page 29 EXAMPLES

Example 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma Average Weekly Wage - \$295 Effective Date - 07/01/09 Date at Valuation - 01/01/11 Date of Accident - 11/01/09 Widow's Date of Birth - 09/01/70 Age at Widowhood - 39 Age at Valuation - 40 1st Level Report - Open Date of Death - 11/01/09

Present Value of Future Payments 1) Widow's Benefit plus child #1 Benefits Weekly Benefit = $.6667 \times (\$295) = \196.68 Present Value of \$1 = 17.046 - Widowhood at age 39, $^a[x] + 1$ Value $\$196.68 \times 52 \times 17.046 = \$174,336$

2) Child #2 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.0333 \times (\$295) = \9.82 No. of Weeks Payable = 01/01/11 to $\frac{12/01/11}{12} + \frac{334}{12}

3) Remarriage Dowry

Weekly Benefit - \$196.68

Present Value of Remarriage Dowry = .2114

No. of Weeks Payable = 104 weeks

Value of Payments = \$196.68 x 104 x .2114 = \$4,324

4) Indemnity Paid to Valuation Date

Weekly Benefit = $.70 \times (\$295) = \206.50 No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks $\$206.50 \times 60.857 = \$12,567$

5) Funeral Allowance = \$3,500

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| 1. TEMPORARY INDEMNITY | | | XX | ΧХ | ХХ | Χ | | | | | | | CO | DE | DA MO | TE OF BIR DAY | TH YR | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | | | | | 2 | 2 | 09 | 01 | 70 | | Pa | aid to | valuat | ion date | |
| | | | | | | | | | | | | | 4 | | 12 | 01 | 93 | | 60.8 | 857 x | 206.5 | 0 = 1256 | 7 |
| 3. NON-SCHEDULED INDEM | NITY | | | | ХХ | Χ | ХХ | XXX | | | | | 4 | | 05 | 01 | 95 | | | Futur | e pay | ments | |
| 4. EMPLOYERS LIABILITY O | R OTHER INC | DEMNITY | I | I | | | 1 | | | | | | | | | | | (196 | 6.68 | x 52 x | 17.04 | 16 = 1743 | 36) + |
| 5. VOCATIONAL REHABILITA | ATION TOTAL | INCURRE | D | | | | | | | | | | | | | | | | (9.8 | 32 x 4 | 7.714) | = 17480 | 5 |
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| HOSPITAL PAID | | | | PE | RM. PAF | RTIAL | . PAID | | | | | | 9. F | PRES. | VALU | E FUTU | RE IN | DEM. PMN | IT. | | | | 174805 |
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| DEFENSE MED. EVAL PAID | | | | DE | ATH PA | ND | | | | | | | 11. | LUMP | SUM | REMAR | RIAGE | = | | | | | 4324 |
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| TOTAL GROSS INCURRED | | | | | R. TRAIN | | | | | | | | _ | | | | | L. DATE | | | | | 500 |
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*SEE MANUAL FOR CODING

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Page 30 EXAMPLES

Example 19 - Merit Rating

Merit rating adjustments are applicable below line C and are calculated as a percentage of the earned premium. Each insured who does not qualify for an experience mod is reviewed to determine if a merit rating adjustment applies.

There are three types of merit rating adjustments based upon an insured's occurrence of lost time (indemnity) losses: Code 9884 (no credit/no debit), Code 9885 (5% credit), Code 9886 (5% debit).

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| | | | | | | | | | | Tot. Claim | ant's Attrny. Fee | s To | t. Employe | r's Attrn | y. Fees | Reserve | ed For Futur | re Use | | | | | Total ALA | AE Paid | | I | otal ALA | E Incurre | ed |
| | <u> </u> | L. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Example 20 – Assigned Risk Surcharge

Assigned risk surcharges are applicable below Line C and are calculated as a percentage after the application of any schedule rating debit/credit. See Algorithm Section X for specific premium calculation sequence.

Page 31.1

| Re | oort No. | Corr | Corr. No Corr. Type Replace Rpt. Ind Carrier Code Policy N | | | | | | | | Policy Effective | e Date | Policy Ex | kpiratio | on Date | Expos Sta | ate S | State Effective | Date | Certifi | cate N | lumber | Card S | Serial No |). Risk | k ID Nun | nber | Page No | Last f | Page No |
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| Ins | ured's | Name | : A. B. | C. Inc. | | | | | | | | | | | | | | | | | _ | E.I.N. → | | |) | | F | Pending F | ile No. | |
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| U B | | | | | | | | | Upd Type | Claim N | umber | Acc. D | ate/No. Cla | aims | Incurre | d Indemnity | Incu | ırred Medical | Class (| Code | Injury | Status | Act | Туре | Recv | Clm | Settl | Jurisdic | Cat. No | |
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| | | | | | | | | | - | Claimant's A | attorney Fees | Emplo | yer's Attorr | ey Fee | es | Deductible F | Reimbu | ursement | We | eekly W | 'age | | | ALA | E Paid | | | ALAE | Incurred | d |
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| _ | | | | | Premium | | 487 | | | Claimant's A | attorney Fees | Emplo | yer's Attorr | ey Fee | es | Deductible F | Reimbu | ursement | We | eekly W | 'age | <u> </u> | | ALA | E Paid | | | ALAE | Incurred | d |
| N O | | | | | . romium | | | | Upd Type | Claim N | umber | Acc. D | ate/No. Cla | aims | Incurre | d Indemnity | Incu | ırred Medical | Class (| Code | Injury | Status | Act | Туре | Recv | Clm | Settl | Jurisdic State | Cat. No. | o. MCO Type |
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| F T | | I. 0900 Expense Constant Amount | | | | | | | | Claimant's A | attorney Fees | Emplo | yer's Attorr | ey Fee | es | Deductible F | Reimbu | ursement | We | eekly W | 'age | <u> </u> | | ALA | E Paid | | | ALAE | Incurred | d |
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| S T | R | J. | 9740 | | | .02 | 11 | | | Reserved | For Future Use | To | tal No. Clai | ms T | Fotal Inc | urred Indem | nity | Total Incur | ed Medi | cal | Re | served F | or Futu | ıre Use | Total | Paid Inc | lemnity | / Tota | al Paid M | ledical |
| Ď | R | K. | 9741 | | | .01 | 5 | | | Tot, Claims | ant's Attrny. Fee | s To | t. Employer | 's Attrn | nv. Fees | Resen | ved Fn | r Future Use | | | | | Т | otal ALA | \E Paid | | | Total ALA | AE Incurr | red |
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Example 21 – Anniversary Rated Policy with the Premium Charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism)

In this example it is assumed that more than one experience modification applies during the policy period and the premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) is applicable.

Note: In the following example all premiums are calculated in the same sequence outlined in **Example** 16 (combination example).

The premium charge for Terrorism, **Code 9740**, and Catastrophe (other than Certified Acts of Terrorism), **Code 9741**, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for each code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and 9741.

As with most pricing programs in the state of Delaware, e.g., Construction Credit – Code 9046, Merit Rating Credit – Code 9885 and the premium charges for Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, are applicable, as of each risk's Anniversary Rating Date.

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| POLICY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Insured's Name: A. B. C. Inc. | | | | | | | | | | | | | | | | | | | F | .E.I.N. → | . → 123456789 | | | | Pend | ling Fil | e No. | | |
| Insured's Address: | | | | | | | | | | | | | | | | | | Т | .P.E / F.E | E.I.N. → | | | | | | | | | |
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| | | A. Total Subject Premium | | | | | 17197 | | Case | | lumber | Part | Noturo | Cause | se Occupation | | Doscription | | oc. Lump Fraud | | oud D | educt. Pa | | d Inden | anitu | | Doid I | Medical | |
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| N | | C. Total I | | Modified Premiun | | 10309 | | | Und | Claim N | umbor | Acc D | ate/No. C | laime I | ncurred Ir | domnity | Incurred Med | ical Class | Class Code Inju | | Status | Act Type | | Recv | Clm Se | ttl lur | sdic | Cat. No. | MCO |
| 0 | | | | | | | | | Upd Type | Ciaiiii iv | ullibei | ACC. D | ate/No. C | iaiiiis i | ncuneu n | idennity | incurred Med | cuicai Ciass | s Coue | Injury | Status | , | Турс | rccv | OIIII OI | | State | 041.110. | Туре |
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| T | | | | | | | | | | Claimant's A | attorney Fees | Emplo | yer's Attor | ney Fees | 5 De | ductible Re | imbursement | ' | Weekly ' | Wage | | | ALAE | Paid | | F | ALAE II | ncurred | |
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| | POLICY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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