PENNSYLVANIA STATISTICAL PLAN MANUAL

WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

Effective October 1, 2005

ISSUED BY

PENNSYLVANIA COMPENSATION RATING BUREAU

PENNSYLVANIA STATISTICAL PLAN MANUAL



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INTRODUCTION

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INTRODUCTION

- 1. This Plan contains the necessary instructions for the reporting of experience on the direct business written by the carrier for workers compensation, voluntary compensation and employers liability insurance in Pennsylvania. These instructions apply to all policies with the exception of coal mining policies. Acting under the direction of the Insurance Commissioner, we are hereby instructing you to file your experience in accordance with the requirements outlined herein.
- 2. The instructions set forth in this Plan are applicable to all reports for policies effective on or after January 1, 1996 for experience on

1st reports due on and after July 1, 1997. 2nd reports due on and after July 1, 1998. 3rd reports due on and after July 1, 1999. 4th reports due on and after July 1, 2000. 5th reports due on and after July 1, 2001. 6th reports due on and after July 1, 2002.* 7th reports due on and after July 1, 2003.* 8th reports due on and after July 1, 2004.* 9th reports due on and after July 1, 2005.* 10th reports due on and after July 1, 2006.*

* Requirements for submission of these extended report levels will be the same as those reported on levels 2 through 5.

This extension of reporting is to occur successively over a five-year period beginning in the Calendar Year 1996. The transition to the increased number of reports will occur as follows. During 1996, carriers will be required to file sixth reports for all policies for which fifth reports would have been due during Calendar Year 1995. During 1997, seventh reports will be required for all policies for which sixth reports would have been due during Calendar Year 1996. During 1998, eighth reports will be required for all policies for which seventh reports would have been due during Calendar Year 1999, ninth reports will be required for all policies for which have been due during Calendar Year 1998. During 2000, tenth reports will be required for all policies for which ninth reports would have been due during Calendar Year 1999.

These additional reports will be required in the new Unit Statistical Report format, but new data elements will **NOT** be required for these reports on any policy, which was not subject to the mandatory reporting of new data elements at first report.

- 3. Whenever a change is made in these instructions, the appropriate information will be highlighted on the page. The effective date of the manual will be shown at the top of the page.
- 4. The Pennsylvania Compensation Rating Bureau will hereinafter be referred to as "the Bureau."

SECTION I

GENERAL RULES/DEFINITIONS

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SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Pennsylvania Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Pennsylvania. All reports must be filed with the Pennsylvania Compensation Rating Bureau, The Widener Building, 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577.

B. Recording of Statistics

Carriers may use any method for the recording of statistics, including any type of record format convenient to their statistical and account procedures, and codes other than those set forth in this Plan, only if those statistics can be reported by the carrier within the required time frames using the codes and record format provided in this Plan.

C. Fine System for Statistical Reporting

SCHEDULE OF STATISTICAL PLAN FINES

Notice	Non-Rated Units	Rated Units
1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th or more	\$ 0 \$ 5 \$ 5 \$ 15 \$ 25 \$ 40 \$ 50	\$ 0 \$ 5 \$ 100 \$ 100 \$ 250 \$ 500 \$ 750 \$1,000

1. Timeliness

Initial unit statistical data must be valued as of the 18th month after the policy effective date and reported by the end of the 20th month after the policy effective date. Subsequent reports, if applicable, must be valued and reported at successive 12-month intervals up to and including a 10th report, which would be valued as of the 126th month after the policy effective date and reported by the end of the 128th month after the policy effective date.

2. Completeness

Submissions are expected to contain all required information as detailed in this Plan. Submissions, whether made in hardcopy or electronically, that, upon a cursory review by the Bureau, do not satisfy basic reporting requirements will not be accepted, will be promptly returned to the carrier and will be considered as missing until a complete submission is provided. An example of an incomplete submission would be the submission of a unit statistical report(s) without exposure data in order to meet the unit statistical reporting due date.

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3. Quality

Carriers are notified in writing when a unit statistical report contains errors. Carriers are subsequently notified via e-mail on an as needed basis, as well as in writing on a quarterly basis, of any error(s) remaining outstanding and requiring a correction report(s).

The timely issuance of experience ratings is an important element of the workers compensation pricing process. The Bureau strives to promulgate experience ratings for member carriers and employers 60 days in advance of policy effective dates. Experience ratings can only be calculated in compliance with this objective when unit statistical reports are received in a timely, complete and accurate manner. Unit statistical reports with critical errors that remain uncorrected for extended periods of time will be treated like missing data. "Critical" errors are defined as those errors and/or discrepancies that impact or impede experience rating calculations and/or that may significantly affect loss cost relativities between classifications.

By action of the Governing Board, effective October 1, 2003 the Bureau began to subject unit statistical report(s) with critical errors remaining uncorrected for an extended period of time and causing a delinquent experience rating(s) to the Schedule of Statistical Plan Fines, as outlined below in Section 4. Assessment Schedule, in accordance with the following procedures.

Bureau staff will identify unit statistical reports with critical errors that have overdue experience ratings and notify the carrier via certified mail that, despite numerous previous attempts to secure corrections, errors on the unit remain unresolved.

Carriers will be warned that failure to respond in 30 days may result in fine amounts up to a maximum of \$1,000 per unit per month unless a satisfactory response is received. If the error remains uncorrected after the initial 30-day period, the carrier will receive a final warning, which is coincident to Notice 1 on the Assessment Schedule, advising that at the end of the next 30 days the unit statistical report will become subject to the Schedule of Statistical Plan Fines and will appear on statistical reporting listings or invoices unless all critical errors have been resolved. Errors remaining uncorrected after the final warning period will become subject to the Schedule of Statistical Plan Fines and will appear on statistical reporting listings or invoices consistent with that Schedule.

4. Assessment Schedule

Assessments for missing unit statistical reports, incomplete unit statistical reports and/or critical errors will be charged according to the schedule shown below. This schedule was approved for application to missing unit statistical reports by the Pennsylvania Insurance Department on October 19, 1990 and was approved for application to missing unit statistical reports, incomplete unit statistical reports and/or critical errors on March 9, 2005.

SCHEDULE OF STATISTICAL PLAN FINES

Notice	Non-Rated Units	Rated Units
1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th - 24 th	\$ 0 \$ 5 \$ 5 \$ 5 \$ 15 \$ 25 \$ 40 \$ 50	\$ 0 \$ 5 \$ 100 \$ 100 \$ 250 \$ 500 \$ 750 \$1,000

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The assessment schedule will apply for a maximum 24-month period per unit. Thus, a single non-rated unit statistical report that remains outstanding for 24 months will accrue fines totaling \$945, and a single rated unit statistical report that remains outstanding for 24 months will accrue fines totaling \$18,705.

5. Notification of Missing Units and Assessments

Companies will receive notices of overdue unit statistical reports to be mailed to the companies by the Bureau at the end of each month when unit statistical reports are due.

Notices 1 through 24 will be issued in the form of a listing or invoice. A 25th notice will be issued in the form of a Bureau letter detailing the missing unit statistical reports and reminding the carrier of their obligation to provide this data so that it may be included in the summarized data used to establish loss costs for each employer classification in the state, as well as in the individual employer loss experience which is the basis for experience rating and merit rating.

During the period that assessments are accruing, the Bureau will not initiate additional interim contacts apart from the monthly listings or invoices. It is the carriers' responsibility to be aware that fines are accruing and a submission is required.

The Bureau produces listings and provides online access to listings alerting carriers to the unit statistical reports expected to be filed. These listings contain state, policy number, named insured, effective date, and expiration date. Carriers can use these listings to identify which unit statistical reports that are due to be reported prior to submission.

6. Appeal of Assessments

Carriers will have up to 90 days after their receipt of a Bureau invoice to appeal any assessment. Any appeal of fines must be made in writing, must include the invoice number in question and must set forth all factors which the carrier wishes to be considered in the review of the appeal. Appeal must be sent to:

PCRB Statistical Reporting – Appeals The Widener Building, 6th Floor One South Penn Square Philadelphia, PA 19107

Appeals of assessments for missing unit statistical reports should be supported by documentation showing the date(s) the unit statistical reports were submitted to the Bureau. Documentation for the timing of electronic submission may include copies of IBBSnet receipt confirmations, CDX ETR logs or a Bureau-generated e-mail indicating that the submission file in question was received.

For diskette or hardcopy reporting, submission documentation may include courier mail receipts or facsimile transmission receipts.

D. Multiple Year Policies

Multiple year policies, other than three-year fixed rate policies, shall be considered as made up of separate annual policies for reporting purposes, and reports for each unit of 12 months or less shall be filed at the time all other reports on policies with the same effective date are being filed. Losses shall be valued as of the 18th month after the month in which each unit of experience became effective and at annual periods thereafter.

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Examples:

1. The reports on a three-year policy effective January 1, 1996 shall be filed with regular reports on policies effective January 1, 1996, January 1, 1997 and January 1, 1998. First report valuations shall be as of July 1997, July 1998, and July 1999, respectively.

- 2. The reports on a policy covering the period January 1, 1996 to July 1, 1997, with the first six months considered as a unit, shall be filed with the regular reports on policies effective January 1, 1996 and July 1, 1996. Losses shall be valued as of July 1997 and January 1998, respectively.
- 3. The reports on a policy covering the period January 1, 1996 to July 1, 1998, with the last six months considered as a unit, shall be filed with the regular reports on policies effective January 1, 1996, January 1, 1997 and January 1, 1998. Losses shall be valued as of July 1997, July 1998 and July 1999, respectively.

E. Uncollectible Premiums and Corresponding Losses

All earned premiums, whether collectible or not, shall be reported. Likewise, the corresponding exposure and losses shall be reported.

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

Experience in connection with Atomic Energy Projects performed for or under the direction of any government agency shall be excluded from the experience reported under this Plan.

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

G. Reinsurance

No deductions shall be made from earned premiums and incurred losses for, or on account of, reinsurance ceded. Premiums earned and losses incurred on account of reinsurance received by the reporting carrier shall be excluded from the experience.

H. Excess Insurance

Experience on excess insurance policies must be excluded from the experience reported under this Plan.

I. Experience Under the National Defense Projects Rating Plan

The experience of policies written under the National Defense Projects Rating Plan shall not be reported on Statistical Plan forms. In lieu thereof there shall be filed with the **National Council on Compensation Insurance, Inc., 901 Peninsula Corporate Circle, Boca Raton, FL 33487**, a copy of Exhibit I-Computation of Earned Premiums on Form NDPRD-I at the same time this form is submitted to the insured, in accordance with the rules of the National Defense Projects Rating Plan.

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J. Coal Mine Risks

All coal mining reports should be filed with the **Coal Mine Compensation Rating Bureau**, **Commerce Building**, **Suite 403**, **300 North Second Street**, **Harrisburg**, **PA 17101**. On policies involving both coal mining and commercial classifications, report the experience under the coal mining classifications to the Coal Mine Compensation Rating Bureau and the experience under commercial classifications to the Bureau.

K. Admiralty and Federal Employers Liability

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

L. Loss Rules

1. Occupational Disease Incurred Losses

- a. Disease losses shall be identified in the "Loss Conditions" field by the appropriate code for disease loss according to Section IV, Item C.3.
 - The total losses reported shall be the total of traumatic losses and disease losses incurred and shall exclude any allocated claim expense but shall include allocated claim expense for Part II employers liability losses.
- b. Dust disease losses incurred in connection with payrolls reported under Codes 0066, 0067 or 0176 shall likewise be assigned to the same code and shall be further identified by the appropriate code for disease loss in the "Loss Conditions" field. These losses shall also be included in the total losses reported.

2. Interest on Awards

Interest on awards for delayed payments of compensation due, for which the carrier is liable and which accrue as benefits to the injured worker or his dependents, shall be chargeable to losses and so reported. No penalties or fines are to be charged to losses.

3. Medical on Compensable Cases

Medical losses shall include all payments to doctors and hospitals, as well as physical rehabilitation costs and reserves for future payments, but shall not include any claim expense. In this connection see the instructions contained in L.7. of this section.

4. Subrogation Claims

- a. For subrogation cases the net liability shall be determined by deducting from the incurred cost prior to recovery the amount recovered through subrogation less any expenses incurred in connection with such recovery. However, in cases where the expenses incurred in connection with such recovery exceed the amount recovered, the net amount of losses reported shall not exceed the gross amount of loss prior to recovery. Furthermore, the net liability incurred shall be apportioned to indemnity and medical in the same proportion as existed in the gross incurred loss.
- b. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed with the Bureau reducing the incurred loss on the claim by the amount of the subrogation recovery received. If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed. The totals on the Individual Case Report and the unit report must match.

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A suggested method for these calculations is given in the following example:

			% of		% of
	Total	Ind.	Total	Med.	Total
Gross Incurred Loss	\$20,000	\$17,000	85	\$3,000	15
Subrogation Received	7,000				
Claim Expense	500				
Net Recovery	6,500				
Net Loss	\$13,500	\$11,475	85	\$2,025	15

For additional examples, see Section VI.

5. Commuted Cases

When a case involves complete or partial commutation of future payments, report the actual loss payment. On cases, which require Individual Case Reports in Section III, enter in the applicable data field the date of the Single Lump Sum Paid and the amount of the Single Lump Sum Paid.

6. Aircraft Operation Losses

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

7. Employers Liability Claims

The rules of this Section apply to Part II employers liability claims except as follows:

Part II employers liability losses include allocated loss adjustment expenses as defined herein. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses in the Unit Statistical Report. Part II allocated loss adjustment expenses represent in connection with claim settlements the following expenses of a carrier, which can be directly allocated to a particular claim:

- 1. Attorney's fees for claim in suit
- 2. Court and other specific items of expense such as:

Medical examination to determine the extent of company's liability

Expert medical or other testimony

Laboratory and x-ray

Autopsy

Stenographic

Witnesses and summonses

Copies of documents

The following shall not be included as allocated loss adjustment expenses:

- 1. Salaries and traveling expenses of company employees (other than amounts allocated as attorney's fees for claims in suit)
- Overhead
- 3. Adjusters fees (fees paid to independent adjuster or attorneys for adjusting claims)

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8. Correction and Subsequent Reports

- a. Any second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth or correction report involving:
 - (1) claim reported "open" on the previous report,
 - (2) any re-opened claim reported "closed" on the previous report,
 - (3) any claim previously unreported, or
 - (4) any other change in the valuation of losses shall show for each claim the amounts previously reported and the revised values. The corresponding total number of claims, total paid and incurred indemnity and total paid and incurred medical as revised shall also be shown.

Revised or corrected Individual Case Reports are required if the paid or incurred amounts, the classification code or the type of injury changes from the previous reporting. An Individual Case Report shall be filed for each claim required by Section III even though not required on the previous report.

b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:
 - (a) Loss values are found to have been included or excluded through mistake other than error of judgment.
 - (b) The claim, or any part thereof, is declared non-compensable (as defined in an experience rating plan.
 - (c) The carrier or claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from a Second Injury or similar type fund.
 - (d) The claim should have been reported with a catastrophe code.

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, Item C, Loss Information Codes, Number 3, Loss Conditions, Type of Recovery for a complete list of codes.

- (2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.
- (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.
- c. Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Reports.
 - (1) A revised loss card, Form NC2913, shall be filed on each risk 12, 24, 36, 48, 60, 72, 84, 96 or 108 months, respectively, after the first reporting date when:
 - (a) there was an open claim on the previous report
 - (b) there are reopened claims, claims previously unreported or any other change in the valuation of losses.

For example, if the valuation date for the first reporting of the risk was July 1, then the valuation date of the second reporting, if required, is July 1 of the next year; and the filing is due no later than September 1 of that year.

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9. Medical or Legal Expense

Medical or legal expenses incurred for the benefit of the carrier to secure evidence for presentation before an official body shall be treated as adjusting expenses and not reported except as respects Part II allocated loss adjustment expense as explained in Item L.7. of this Section.

The following are a few examples that should be charged to expense rather than to losses:

- 1. Medical examination of a claimant on behalf of the carrier to determine compensability
- 2. Cost of securing birth and death certificates
- 3. Cost of performing autopsies
- 4. Impartial examinations by industrial board for the purpose of hearing and determining questions of compensability
- 5. Expert testimony of physicians on behalf of the carriers or fees paid to the claimant's physician called in by the carrier

NOTE: When the claimant calls in the attending physician to give medical testimony in his behalf, or where the carrier is required to produce the claimant's physician at the hearing and the employer or the insurance carrier is required to pay such a physician's fee, the payment of the fee shall be reported as a medical loss.

When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of the benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.

10. Incurred Losses

Enter the total of all paid and outstanding compensation in the field captioned Indemnity and the total of all paid and outstanding medical in the field captioned Medical. The outstanding costs shall be the company's individual case estimates of future payments as of the date of valuation.

All paid compensation and paid medical shall be reported on a gross (first-dollar) basis and shall not be reduced by any amount(s) reimbursed or reimbursable under any applicable deductible program(s).

All case estimates of future payments reported as outstanding compensation and medical shall be reported on a gross (first-dollar) basis and shall not be reduced by any amount(s) reimbursed or reimbursable under any applicable deductible program(s).

For special instructions regarding the reporting of Employers' Liability claims, refer to Item L.7. of this Section.

- a. When a final award has been made, the total incurred compensation must be in agreement with such award, except under the following circumstances:
 - (1) When a claimant has appealed for a higher award for a compensable claim, the carrier shall report at least the amount of the award but may report a higher amount if, in its judgment, the facts in the case indicate an additional reserve is advisable.
 - (2) In cases where a claim has been officially declared non-compensable, if the appeal has been taken and is undetermined on the valuation date, the carrier shall report the incurred cost that would have been reported had the claim not been declared non-compensable.

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(3) In cases where a claim has been officially declared non-compensable, if the period during which an appeal may be taken has not expired by the valuation date, the carrier may report the incurred cost that would have been reported had there been no declaration of non-compensability. It shall be permissible to eliminate from the report the reserve for the non-compensable claim in any case where the period for taking an appeal has expired subsequent to the date of valuation but prior to the date of filing of the report without an appeal having been taken.

- b. The closing of a claim shall be regarded for the purpose of this rule as the equivalent of a specific official declaration of non-compensability under the following circumstances.
 - (1) No claim was filed during the period provided by law, and the carrier therefore closes the case.
 - (2) The carrier has raised the issues of accident, notice or causal relation prior to the valuation date and continues to contest the claim on any such issues; and the claim is officially closed because of the claimant's non-appearance or failure to prosecute his claim without a ruling on the question of accident, notice or causal relation.
- c. Where the carrier has appealed against an award, it shall report the full amount of such award. Cases on which the carrier has filed a petition to terminate must not be reported as "closed" until the petition has been granted by a referee or the Bureau of Workers' Compensation of the Department of Labor and Industry.
- d. If the final award has not been made but compensation for the injury is subject to a definite schedule of benefits, the provisions of the Law shall be reflected in the amount of compensation reported. In all other cases the amount reported should reflect the carrier's estimate of incurred cost in the light of all information available on the date of valuation.
- e. Expenses, any general allowances for contingencies, and any supplemental non-statutory benefits not otherwise provided for in this Plan must be excluded. Precautionary reserves in excess of the amount shown on the final settlement receipt as filed at completion of all compensation payments with the Industrial Commission or other body having jurisdiction over workers compensation claims shall not be included in the amount of losses reported under the Statistical Plan. Vocational rehabilitation costs and reserves for future payments shall be included as part of the amount entered as incurred indemnity.
- f. In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.) the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such fund and the net incurred cost of the claim shall be reported. Anticipated recovery is defined for this purpose as the amount of recovery expected to be recovered from such funds based on the rules governing such funds or a binding agreement between such funds and the carrier on an amount or percentage of the incurred cost to be reimbursed to the carrier on a particular claim.

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

M. Special Reportings

1. Three-Year Fixed Rate Policies

The rules in this Section relate to the reporting of experience incurred under three-year fixed rate policies written in accordance with Section I, Rule XI of the Basic Manual.

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a. Second through tenth reports on three-year fixed rate policies or per capita policies reported in accordance with this Section are not required.

- b. Individual Case Reports are not required.
- c. Optional methods of reporting this experience are provided as set forth in Options A, B and C.
- d. The rules of the Pennsylvania Workers Compensation Statistical Plan apply to the reporting of the experience, except:
 - (1) where the Statistical Plan rules are obviously inappropriate because of the form of reporting for these risks to be described below. (For example, a reporting of Policy Number, Insured, etc., required by Section II may not be applicable.)
 - (2) as supplemented by the following rules in this Section.

2. Option A. Schedule Z Basis

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

Each submission shall be accompanied by a summary Form NC-302 showing the grand total for all Manual classifications combined.

- b. Date of Valuation and Filing. For reporting purposes the experience on three-year fixed rate policies shall be assigned to the year in which the policy became effective regardless of expiration date. Losses shall be valued not earlier than March 31, and the reports shall be filed not later than September 1 of the fourth year after the year in which the policy became effective. For example, the experience on three-year fixed rate policies becoming effective in 1996 shall be filed not later than September 1, 2000 with losses valued not earlier than March 31, 2000.
- c. Data to be Reported. The experience to be reported for each classification consists of the following:
 - (1) Number of Risks. The number of risks shown for each classification shall be the number of policies for which the classification in question is the governing classification.
 - (2) Total exposure (payroll, per capita or other basis). Per capita exposure shall be reported on a man-year basis to the nearest 0.1. See Section VII for a definition of man-year.
 - (3) Total earned premium.
 - (4) Number of claims, total indemnity incurred and total medical incurred for
 - (1) Death
 - (2) Permanent Total
 - (5) Temporary Total
 - (6) Non-Compensable Medical
 - (9) Permanent Partial

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

- (5) Loss and expense constant premium shall be assigned to the applicable Statistical Code 0900.
- (6) A canceled policy shall be counted as one risk, and penalty premium shall be assigned to Code 0931.

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

3. Option B. Unit Report Basis

- a. *Form of Report.* The complete three-year experience incurred under each policy shall be reported on the current appropriate Unit Report Form.
- b. Date of Valuation and Filing. Losses included in the reporting of a given policy shall be valued as of the 42nd month after the month in which the policy became effective, and the reports shall be filed not later than 44 months after the month in which the policy became effective. These reportings shall be specifically identified as three-year fixed rate policy experience (this must be done by entering a code "Y" in the 3 YR. F/R Policy portion of the Policy Conditions field) and shall be segregated and reported independently of the reportings of one-year policies.
- c. Data to be Reported. The data required shall be the data specified under the Statistical Plan. Reporting of the following items shall be optional:
 - (1) Insured
 - (2) Address
 - (3) Location of Risk
 - (4) Rating Value

Loss constant premium shall be assigned to Code 0032. Expense constant premium shall be assigned to Code 0900. If the Deposit Premium has been paid in advance, report only the net amount, i.e., the amount of one expense constant; if the premium has been paid in annual installments, report the amount of two expense constants. Cancellation penalty premium shall be assigned to Code 0931.

4. Option C. Magnetic Tape Reporting

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

N. General Rules and Definitions

1. Standard Type of Coverage

Coverage contemplated by the carrier rating value and classification to which the exposure has been assigned under the provision of Workers Compensation and Employers Liability policy.

2. Voluntary Plan

A policy written voluntarily by a carrier.

3. Assigned Risk Voluntary Direct Plan

The insured was unable to secure a workers compensation insurance policy in the voluntary market and obtains coverage under the Pennsylvania Workers Compensation Voluntary Pool.

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4. Vocational Rehabilitation

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and retraining, including on the job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses.

5. Lump Sum

A claim settled by the agreement of the insurer and claimant to redeem the liability for compensation by payment from insurer to the claimant of a specified amount representing a discounted or commuted value of a specific award or benefit.

6. Fraudulent Claim

A claim that has been ruled (or officially declared) fraudulent through a court decision, e.g., criminal conviction or ruling of workers compensation judge/appeals board. Could be declared partially or fully fraudulent.

7. Exposure Coverage / Loss Conditions

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

8. Loss Conditions

- a. Trauma. An injury caused by a work-related accident.
- b. Occupational Disease. Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment.
- c. Cumulative Injury Other than Disease. An injury occurring from repetitive mental or physical traumatic activities extending over a period of time, the combined effect of which caused disability or need for medical treatment (other than disease).

9. Recovery

a. Second Injury Fund Only. The carrier has received reimbursements from the Second Injury Fund. The Second Injury Fund is a trust established to reimburse carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment or previous accident, disease or congenital condition.

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b. Subrogation Only. The carrier has received reimbursements from an entity other than the employer with legal liability due to circumstances for the injury.

- c. Subrogation with Second Injury Fund. The carrier has received reimbursement from both the Second Injury Fund and a third party.
- d. *Joint Coverage*. Coverage furnished by other than the one policy for which experience is being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes:
 - (1) The injured party has co-employers.
 - (2) Overlapping coverage on the same employer.
 - (3) Injury developed over an extended period. When a carrier has determined that the loss is chargeable to two or more policies written by such carrier or when two or more carriers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage furnished by other than the one policy for which experience is being reported is pertinent to the division of the total incurred loss.

10. Type of Coverage

- a. Workers Compensation Only. The entire loss is incurred under provisions of Part I of the Workers Compensation and Employers Liability Insurance Policy.
- b. *Employers Liability Only.* The entire loss is incurred under provisions of Part II of the Workers Compensation and Employers Liability Insurance Policy.
- c. Workers Compensation and Employers Liability. The loss is incurred under provisions of both Part I and Part II of the Workers Compensation and Employers Liability Insurance Policy.
- 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.

11. Type of Settlement

- a. Non-compensable Previously Alleged. When the employer provided notification to the insurer that in the employer's opinion no compensation is payable and the claim was later found to be noncompensable, the insurer is required to reimburse the employer for any additional premium resulting from the use of the claim in the employer's experience modification. Further, any modification, which reflects a claim, which the employer alleged to be a non-compensable, and which is found to be noncompensable, will be revised.
- b. Stipulated Award (carrier/claimant settlement). An award, which has been drawn up between the carrier and claimant and submitted to the workers compensation, appeals board for review.
- c. Findings and Award (judicial award). An award, which has been issued by a judge based on evidence, presented in the process of litigation.
- d. *Dismissal or Take Nothing Non-compensable.* The claim will generate no payments or reserves due to one of the following:
 - (1) Official ruling denying benefits.
 - (2) Claimant's failure to file for benefits.
 - (3) Claimant's failure to prosecute claim following carrier's denial of the claim.
- e. Compromise and Release. A settlement over the issues of applicability, extent of injury, or future benefits.

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12. Managed Care Organization

a. HMO. The claim will be administered by HMO (Health Maintenance Organization). Generally restricts employee's choice of health care providers in exchange for reduced out-of-pocket costs and more extensive preventive care. Generally requires only minimal co-payments and no deductibles. Directs patients to a network of providers and requires authorization for many specialist and hospital services.

- b. *PPO*. The claim will be administered by PPO (Preferred Provider Organization). Retains many elements of indemnity plans but provides employees with a choice of whether or not to use managed care network providers. Financial incentives are offered for those who receive care from providers selected by employers or insurers.
- c. *EPO*. The claim will be administered by EPO (Exclusive Provider Organization). A network where coverage is confined to the provider network. If enrollees go outside of the network for care, they get no reimbursement.
- d. *IPA*. The claim will be administered by IPA (Individual Practice Association). A network of individual physicians who also serve non-network patients covered by other insurance. IPAs contract with a large number of physicians and enrollees represent only a small portion of the physicians' practices.
- e. CCO. The claim will be administered by CCO (Coordinated Care Organization). An organization licensed in Pennsylvania and certified by the Secretary of Health on the basis of established criteria possessing the capacity to provide medical services to an injured worker on a timely and effective manner.

13. Expenses -- Excluded from Losses

Expenses must be excluded from losses except as noted in 14 below. Medical or legal expenses incurred for the benefit of the carrier shall be treated as loss adjustment expense. For expenses developed for the benefit of the claimant, refer to 14.a.

- a. Allocated Loss Adjustment Expenses. Allocated Loss Adjustment Expenses encompass the following costs of a carrier, which can be directly allocated to a particular claim:
 - (1) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representative.
 - (2) Court, Alternate Dispute Resolution and other specific items of expense such as:

Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency or length of disability;

Expert medical or other testimony;

Autopsy

Witnesses and summonses;

Copies of documents such as birth and death certificates, medical treatment records;

Arbitration fees;

Surveillance;

Appeal bond costs and appeal filing fees.

(3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:

Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.

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Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.

Preferred provider network/organization expenses.

Medical fee review panel expenses.

- (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.
- b. *Unallocated Loss Adjustment Expenses*. Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:
 - (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated expenses.
 - (2) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

14. Expenses -- Included in Losses

- a. Medical or Legal Expenses Incurred for the Benefit of the Claimant. Medical or legal court expenses incurred for the benefit of the claimant or that the carrier is required to produce for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.
- b. *Employers Liability Loss Adjustment Expenses*. Employers liability losses include allocated loss adjustment expenses as defined above. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses on the unit report.
- c. Impartial Examinations by Industrial Board. Expenses for impartial examinations ordered by an industrial board to determine necessary treatment or to determine the extent or continuation of disability are to be considered as incurred losses and reported on the unit report.
- d. Awards. When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third-party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.
- e. Vocational Rehabilitation Evaluation/Testing Expense. Evaluation expenses (which are defined as costs incurred in testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement) shall be reported as incurred indemnity loss if such evaluation services are purchased from outside vendors.

Evaluation expenses incurred by carrier personnel may be reported as incurred loss if such expenses are related to the activities of individuals (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) that, at a minimum, satisfy the qualifications established by the state having jurisdiction over a particular claim.

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f. Physical Rehabilitation Expenses. Expenses incurred by the carrier due to the purchase of physical rehabilitation services from outside vendors shall be reported as incurred medical loss.

Expenses incurred by the carrier for physical rehabilitation activities listed below may be included in incurred losses if performed by carrier personnel (other than claims supervisors and claims adjusters engaged in efforts to return an injured worker to gainful employment) who are medically trained:

- (1) Various necessary evaluations and therapies including physical, occupational, speech and hearing.
- (2) Coordination of services such as necessary medical equipment or special nursing care in a facility or the home.
- (3) Necessary consultation(s) with physician(s).
- (4) Monitoring the treatment and progress of claimant's medical condition.
- (5) Coordination of family, agency and community services to provide optimal recovery.

For such expenses associated with the above, the carrier personnel performing the activities must be trained in one of the following disciplines:

- (1) physicians
- (2) licensed registered nurses
- (3) licensed speech therapists
- (4) registered physical therapists
- (5) dentists and dental technicians
- (6) occupational therapists
- (7) chiropractors
- (8) podiatrists
- (9) licensed physician assistants
- (10) licensed cardio-pulmonary technicians

SECTION II

REPORTING REQUIREMENTS

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

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SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

Reports consist of experience cards comprising an exhibit of exposures, premium and losses, together with Individual Case Reports as required in Section III of this Plan. The required forms for reporting the data may be ordered from the National Council on Compensation Insurance. All submissions MUST be typed or clearly printed. A sample of each form is in Section VIII. A list and description of the various forms follows.

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

Form Number	Description
NC2957	First Reporting
NC2913	Supplemental Loss Reporting
NC2957	Revised Exposures and Premiums
NC2913	Revised Loss Reporting
NC1047	Individual Case Report
NC2400	Letter of Transmittal Hard Copy
NC302	Summary Report – Three-Year Fixed Rate Policies

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 Condition Field "Estimated Exposures" shall be marked with the symbol "Y".

3. Fraction of Dollars

Fraction of Dollars. Report all monetary amounts in whole dollars only.

4. Method of Transmittal

- a. Experience reports shall be submitted on a monthly basis, except that the carrier may submit reports more frequently if the carrier so desires.
- b. Experience reports shall be transmitted to the Bureau with a standard letter of transmittal, Form NC2400, signed by a responsible official of the carrier. The transmittal form may show the summary totals. The use of a stamped signature is permissible.

5. Dates

All dates shall be reported using a numeric designation, e.g. April 1, 1996 should appear as **04-01-96**.

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6. Policy Information

a. *Report Number*. In the space provided in the upper left-hand corner of Form NC2957 or NC2913 report the 2-digit numeric code that corresponds to the loss valuation date.

- First Reports are valued as of the 18th month after the month in which the policy became effective, and the report shall be filed not later than 20 months after the effective date of the policy.
- Subsequent Reports

Second reports are valued exactly 30 months from the policy effective date.

Third reports are valued exactly 42 months from the policy effective date.

Fourth reports are valued exactly 54 months from the policy effective date.

Fifth reports are valued exactly 66 months from the policy effective date.

Sixth reports are valued exactly 78 months from the policy effective date.

Seventh reports are valued exactly 90 months from the policy effective date.

Eighth reports are valued exactly 102 months from the policy effective date.

Ninth reports are valued exactly 114 months from the policy effective date.

Tenth reports are valued exactly 126 months from the policy effective date.

b. *Correction Report Number*. Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.

Refer to Section 1, Item L.8. for conditions requiring a correction report.

Example: 3rd correction to a first report = Report Number "01", Correction Number "03" Report blanks for original report level submissions on hard copy.

- c. *Correction Type*. Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.
 - H Header Record Correction
 - E Exposure Record Correction (First Reports Only)
 - L Loss Record Corrections
 - T Total Record Correction
 - M Correction to Multiple Record Types
- d. *Carrier Code*. The carrier code shall be inserted in the space provided. Refer to the National Council on Compensation Insurance, Inc. for the appropriate 5-digit code number.
- e. *Policy Number*. The complete policy number must be shown on the unit report AND MUST AGREE WITH THE POLICY NUMBER SHOWN ON THE POLICY INFORMATION PAGE. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. Policy Effective Date. The effective date should correspond exactly with that shown on the policy information page or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Pennsylvania, the effective date shown on the risk report for Pennsylvania shall be the effective date of the interstate policy. The effective date of the coverage for Pennsylvania shall be indicated in the space captioned State Effective Date.
- g. *Policy Expiration Date.* The expiration date shall be the expiration date shown on the policy information page unless the policy is canceled. In that event, the cancellation date shall be recorded as the expiration date.

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h. Exposure State. Report the 2-digit numeric code that represents the state in which coverage has been provided.

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- i. State Effective Date. The date coverage begins in Pennsylvania on a multi-state policy where Pennsylvania is added mid-term. Otherwise leave blank.
- j. Risk ID Number. The Risk ID Number is not required by the Bureau.
- k. Page Number. The Page Number is not required by the Bureau.
- I. *Insured Name*. Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy information page or as endorsed.
- m. *Insured Address*. The Insured Address is not required by the Bureau.
- n. Federal Employer ID Number. Report the Federal Employer Identification Number as shown on the policy information page.
- o. Modification Effective Date. Report the Modification Effective Date only when different from the policy effective date. If the modification changes in accordance with Experience Rating Plan rules, report the effective date of the modification which applies to the reported exposure(s). If the anniversary rating date is different from the policy effective date, then the modification effective date equals the anniversary rating date.
- p. Rate Effective Date. Report the Rate Effective Date only when the Modification Effective Date is different from the policy effective date. If the rating value changes in accordance with manual rules, or due to the application of an anniversary rating date, report the effective date which applies to the reported class code(s) and Exposure(s). The rate effective date should reflect the effective date of the rating value being applied.

7. Policy Conditions

Report the 1-position 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 indicator, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

8. Policy Type ID Code

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

Type of Coverage

Code Description

- 01 Standard Workers Compensation Policy
- 09 Non-Standard Policy

Plan Type

Code Description

- 01 Voluntary Policy
- 02 Normal Assigned Risk Policy

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Non-Standard Type

Code Description

- 01 Non-Standard Code Does Not Apply
- 80 Exclusion of Executive Officers
- Voluntary Coverage Not Mandatory by State Act

Deductible Type

Report the 4-digit code that identifies the type of deductible being reported.

First Two Positions

Code Description

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

Second Two Positions

Code Description

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

10. Deductible Percent

Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program. Applicable only with deductible types 0104, 0105, 0204, 0205, 0304 and 0305.

11. Deductible Amount Per Claim/Accident

Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the deductible program.

12. Deductible Amount Aggregate

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.

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B. Exposure Information

1. Update Type

Report the 1-position alphabetic code that identifies the activity of an exposure record.

Code Description

P Previously Reported

R Revised

2. Exposure Coverage

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

Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 10 Voluntary Coverage Not Mandatory by State Act.

3. Class Code

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

4. Exposure Amount

The lines referenced in the following paragraphs, Items 4 through 10, pertain to the hard copy Unit Statistical Report.

- a. No Exposure in the State When a policy is issued, either on an "if any" basis or as a multi-state policy, and upon audit it is determined that exposure did not develop, a first level unit report must be submitted containing either 1) no exposure records at all or 2) a single exposure record containing Class Code 1111, No Exposure. If the Class Code 1111 option is chosen, the class must be reported above Line "A" with no corresponding exposure, rate or premium amounts. All no exposure unit totals (exposure, premium, loss, etc.) must be equal to zero, and there should be no corresponding exposure or loss records reported. The use of either Option 1) or 2) above will alert the Bureau that no exposure developed in the state.
- b. 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 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.
- c. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
- d. The total payroll for all classifications is to be shown in the appropriate space provided on the line captioned Total Standard Exposures. In cases where more than one unit card is required for filing the experience under a given policy, it is important that the risk totals be shown on the last unit card.

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e. The payroll exposures for non-rateable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.

- I. 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, 0176, 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."
- g. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the 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
0615	Tunneling and Shaft Sinking	0152
0810	Truck deliveries of coal from a mine or tipple/hauling of coal	0162
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

To provide coverage for Federal Black Lung on class **Code 615**, Tunneling and Shaft Sinking, the additional non-rateable disease loading **Code 0164** and rating value must be applied to the payroll.

5. Exposure-Other Than Payroll

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

- a. Per Capita Classifications. Experience on per capita classifications shall be reported on the regular experience card, showing in the Exposure Amount column the number of persons exposed. An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 1.0. Similarly, if coverage is terminated before the expiration of a year, the exposure reported per person shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage was in effect. For example, an employee covered for four months should be reported as an exposure of 0.3. Exposure shall be governed by the duration of the coverage and not by the number of days worked.
- b. Aircraft Operation-Passenger Seat Surcharge. Passenger seat surcharge premiums shall be reported separately on the basis of each aircraft owned or operated by the risk during the policy period and shall be assigned to **Code 9108**. The number of seats shall be reported as 1.0 per seat. The exposure and premium shall be entered on lines "D," "E" or "F."

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c. *Volunteer Firemen* - **Class 0994**. Where the policy provides coverage for Volunteer Firemen, enter the total population serviced.

- d. *Volunteer Ambulance Companies* **Class 0993**. Where the policy provides coverage for Volunteer ambulance companies, enter the number of such companies in the space provided for exposure amount, carried to the nearest tenth.
- e. Per Person Week Workfare Program Employees Class 0982. Where the policy provides coverage for Community Work Experience Program employees or Workfare, enter the number of employees on a per person week basis in the space provided for exposure amount. The premium derived is not subject to experience or retrospective rating. The exposure and premium shall be entered on lines "D," "E" or "F."
- f. Per Company Volunteer Hazardous Materials Response Team Class 0996. Where the policy provides coverage for Volunteer Hazardous Materials Response Team, enter the number of such company/teams in the space provided for the exposure amount, carried to the nearest tenth.

Note: Premium for the Terrorism Risk Insurance Act of 2002 – Certified Losses does not apply to these classifications.

6. Carrier Rating Values

The carrier's rating values as shown in the compensation policy shall be shown against the classifications and payrolls to which they are applicable.

7. Premium

a. Premium by Classification. The premium reported by Manual classification shall be that obtained by extension of the payroll or other exposure at the carrier's rating values, and shall be posted in the column captioned Premium Amount. Where a classification includes a non-rateable element or supplemental loading, the rateable portion of the premium should be shown above line "C" and the non-rateable portion should be shown below line "C."

Note: The non-rateable element or supplemental loading is subject to deviation, if applicable.

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

For all risks, whether subject to experience rating or not, the following rules apply.

- (1) Miscellaneous premium shall be reported on one of the lines designated "D," "E" or "F" if it is required by the Manual rules to be determined after application of the experience modification.
- (2) All items of miscellaneous premium which do not fall under Item 1 above shall be reported on any of the blank lines above the line designated A-Total Subject Premium. For further details on the reporting of Miscellaneous Premium, refer to Item B.9. of this Section.
- c. Premium Totals on Risks not Subject to Experience Modification. For a risk which is not subject to experience modification, DISREGARD line A-Total Subject Premium, line B-Experience Modification and line C-Total Modified Premium. The sum of the premiums by classification shown above line A-Total Subject Premium and/or on lines "D," "E" and "F" shall be shown on the line captioned Total Standard Exposure.

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8. Exposure Total Record

a. Premium Totals on Risks Subject to Experience Modification.

- (1) Line A-Total Subject Premium. The total of the premium above this line, as per subsection a. and b. above, shall be entered in the premium column on the line captioned A-Total Subject Premium.
- (2) Line B-Experience Modification. The experience modification used to develop charged premium, expressed as a decimal (e.g., .950 for 5% credit, 1.000 for a "neutral" modification, or 1.050 for a 5% debit), shall be entered in the premium column on the line captioned B-Experience Modification. If a change in the experience modification occurs subsequent to inception date of the policy, the payrolls, carrier's rating values and corresponding premium shall be split and reported on separate reports. The period covered by each report shall be shown by appropriate notation in the Mod Effective Date and/or Rate Effective Date fields.
 - Note: A "neutral" modification (1.000) may not be used for a non-rated risk.
- (3) Line C-Total Modified Premium. The product of the premium as shown on the line A-Total Subject Premium and the experience modification as shown on line B-Experience Modification shall be entered on line C-Total Modified Premium.
- (4) Line G-Total Standard Exposure. Report the sum of all dollar value exposures to be included in standard exposure.
- (5) Line G-Total Standard Premium. Report the sum of all premium dollars, both subject and not subject to modification, which are to be included in standard premium.

In those cases where the experience is reported on a split basis due to a change in experience modification and in other cases where more than one unit report card is required for filing the experience under a given policy, the Total Standard Premium shall be shown on the last card of the series.

9. Miscellaneous Statistical Codes

- a. Premium Subject to Experience Modification to be reported on any of the blank lines above the line designated A-Total Subject Premium on the Hard Copy Unit Statistical Report.
 - (1) Premium for increased Limits under Part II Codes 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816 to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits and percentages.

Note: Increased limit factors applied to non-ratable classification exposures should be reported as not subject to the experience modification.

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

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

In those cases where the additional premium resulting from the application of the appropriate limit factor to total premium is less than the corresponding minimum premium established by the carrier for such increased limits, the corresponding minimum premium shall be shown opposite the appropriate **Code 9848**.

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(2) Additional Premium Resulting From Flat Increase on Outstanding Policies - Code 0998. For policies where the effect of a law amendment has been applied during the term of the policy as a flat increase on total premium for the unexpired portion, the additional aggregate premium resulting from the flat increase shall be reported on a carrier's Manual rate basis and shall be assigned to Code 0998 and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.

- (3) Premium Credit Resulting From Flat Decrease on Outstanding Policies Code 0994. For policies where the effect of a law amendment has been applied during the term of the policy as a flat decrease on total premium for the unexpired portion, the premium credit resulting from the flat decrease shall be reported on a carrier's Manual rate basis and shall be assigned to Code 0994 and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
- (4) Waiver of Subrogation Code 0930. For policies where the carrier waives subrogation rights, the premium charge associated with such waiver of subrogation shall be assigned to Code 0930. The Exposure Amount and the Manual Rate columns shall be left blank.
- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.
 - (1) Loss Constant **Code 0032**. On each policy where a loss constant has been charged, the amount so charged shall be assigned code 0032 for all industry groups.
 - (2) Aircraft Operation Passenger Seat Surcharge Code 9108 Refer to Item B.5.b. of this Section.
 - (3) Short Rate Penalty Premium **Code 0931**Where policies are canceled prior to normal expiration, the cancellation date shall be entered in the block captioned Policy Expiration Date and the symbol "Y" entered in the Policy Condition Field Canceled Mid-Term. When a policy is canceled short rate, the payroll and manual premium by classification shall be reported on the basis of the actual exposure. Any deviation applied to manual premium and the experience modification, if any, shall then be applied to the manual premium to determine the total modified premium. The additional premium resulting from application of the short rate cancellation table to such modified premium extended to full annual basis shall be assigned to **Code 0931** and reported in the premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank. (For an example, see Section VI.)
 - (4) Pennsylvania Construction Classification Premium Adjustment Program (PCCPAP) Credit Code 9046
 - For carriers using an approved PCCPAP credit, the premium adjustment resulting from the application of the credit factor to the manual premium (after the application of the experience modification) shall be reported under **Code 9046**.
 - (5) Certified Safety Committee Credit Program (CSCCP) **Code 9890**Workplace Safety Committee established in its workplace, for the purpose of hazard detection and accident prevention. Employers who gain certification shall receive a 5% discount --. The 5% rate credit shall continue if the employer annually submits certification renewal affidavits acceptable to the Department of Labor and Industry. For carriers using an approved CSCCP credit, the premium adjustment resulting from the application of the credit factor to the manual premium (after application of the experience modification) shall be reported under **Code 9890**.
 - (6) Merit Rating Plan Adjustments Applicable on lines "D," "E" or "F" (on the paper copy of the unit statistical report) in lieu of experience modification.

Code 9884 - Neutral Adjustment - no credit or debit

Code 9885 - 5% Credit Adjustment - to be subtracted when calculating standard premium

Code 9886 - 5% Debit Adjustment - to be added when calculating standard premium

Merit Rating Adjustments are applicable to manual premium before application of any schedule rating, Pennsylvania Safety Committee Credit or Pennsylvania Construction Classification Premium Adjustment Program.

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(7) Schedule Rating Plan Adjustments

Schedule Rating Plan Adjustments must be applied as a percentage factor applicable to manual premium after application of experience/merit rating but prior to any other credit (i.e., Pennsylvania Safety Committee credit, Pennsylvania Construction Classification Premium Adjustment Program)

Code 9887 Schedule Rating Credit - to be subtracted when calculating standard premium **Code 9889** Schedule Rating Debit - to be added when calculating standard premium

NOTE: USE ONLY POSITIVE VALUES.

- c. Premium Not Subject to Experience Rating, to be Reported on line "H", "I" or "J" on the Hard Copy Unit Statistical Report.
 - (1) Premium Discount Code 006_. If premium discount is applied, the total amount of the discount for the state should be shown in the premium column on line "H" and shall be assigned to Statistical Code 0063 for Schedule "Y" carriers or Code 0064 for Schedule "X" carriers. THIS AMOUNT MUST NOT BE INCLUDED IN THE TOTAL STANDARD PREMIUM AMOUNT ENTERED. Be sure to complete the Code number "006_" to indicate which discount has been applied.
 - (2) Expense Constant **Code 0900**. On each policy where an expense constant has been charged, the amount so charged shall be assigned to **Code 0900** for all industry groups. Do not include the expense constant in the Total Standard Premium.
 - (3) Flat Charge Waiver of Subrogation **Code 9115**. For policies where a flat charge has been levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Do not include the flat charge waiver of subrogation premium in the Total Standard Premium. (See Item B. 9. a. (4) of this section.)
 - (4) Terrorism Risk Insurance Act of 2002 Certified Losses Code 9740. Premium debit earned under the Terrorism Risk Insurance Act of 2002 Certified Losses is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable but prior to employer assessment. The premium charge for Code 9740 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9740. Premium developed under the Terrorism Risk Insurance Act of 2002 Certified Losses is not included in Total Standard Premium. Non-payroll exposures are not subject to premium under the Terrorism Risk Insurance Act of 2002 Certified Losses.

d. Employer Assessment

Not Subject to Experience Rating, to be reported on line "K" on the hard copy Unit Statistical Report.

Employer Assessment Factor - **Code 0938** Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any deductible credits.

10. Correction Reports-Method of Reporting

- a. Conditions Requiring a Correction Report
 - (1) A correction report shall be filed whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the Bureau.
 - (2) If the error involves a change on a case which in the previous reporting required an Individual Case Report, a revised or corrected Individual Case Report shall be submitted with the revised risk exposure.
 - (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.

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b. Method of Reporting

- (1) Correction for any month of issue shall be filed on NC2957 or NC2913 during the period when original reportings for the same year are being filed. All corrections must be clearly marked as corrections by inserting the 2-digit correction code that corresponds to the number of corrections submitted within a particular report level. Also the 1-position alphabetic correction type that indicates the type of correction being submitted should be entered in the Correction Type field.
- (2) Where the classification code or type of injury requires correction, the corrected report shall show all of the data previously reported for the classification in question, as well as all of the data (including those items which do not change) on a corrected basis. (For examples, refer to Section VI.)
- c. If revision of payrolls and premiums are required, Form NC2957 shall be used.
- d. Correction reports should be forwarded to the Bureau as soon as possible after the changes are known.
- e. All correction reports should, in the Correction Type field indicate the type of correction being submitted. For example, due to an audit where the previous report was an estimate, the correction type would be "E" exposure. (For a list of Correction Type see Section II Item A.6.c.)
- f. Where the exposure previously reported has been changed by reason of an audit, or by a re-audit or any other adjustment affecting classifications, exposure or premiums, a revised report, Form NC2957 shall be filed showing the amounts reported previously, as well as revised amounts for those classifications where there have been changes.
- g. The lines captioned A-Total Subject Premium, B-Experience Modification and C-Total Modified Premium, (if these lines have been used on the prior report), together with the Total Standard Exposure and Total Standard Premium, shall be shown as revised only.
- h. If the exposure does not change but the risk total standard premium previously reported is revised due solely to a change in the experience modification, it shall be necessary to submit a revised report showing only each item affected by the modification change on a previously reported and revised basis.
- i. Previous premium discounts and revised discounts also shall be reported in the space provided.

C. Loss Information

1. Update Type

Report the 1-position alphabetic code that identifies the activity of a loss record.

Code Description

P Previously Reported

R Revised

2. Claim Number

- a. Report the alphanumeric code that uniquely identifies the claim excluding blanks, punctuation marks and special characters. The complete claim number, including suffixes and prefixes, if used, must remain the same throughout the life of the claim.
- 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.

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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. 48, these claims must be grouped separately with "48" reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No. 48.

3. Accident Date/Number of Claims

For claims which are listed individually, entering 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.

In cases involving disease, the claim shall be assigned to the policy in force at the time the carrier became aware of the claim. In the event the carrier no longer insures the risk, the claim shall be assigned to the last policy issued by the carrier. The selected and indicated date of accident shall fall within the policy period.

4. Incurred Indemnity

Report the whole dollar amount of incurred indemnity expenses as of the loss valuation. These losses consist of all paid and outstanding reserve benefits due to an employee's lost wages or inability to work, including compensation paid to the deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.

Note: Allocated Loss Adjustment Expenses for other than Employers Liability coverage must be excluded from indemnity losses.

5. Incurred Medical

Report the whole dollar amount of incurred medical expenses, as of the loss valuation date. These losses consist of all paid and outstanding reserve benefits.

6. Class Code

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

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7. Injury Type

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

a. Death Cases Code - 01

- (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state.
 - If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the loss is to be reported on the basis of the injury for which payments have been previously made. In valuing a surviving spouse's benefits in death cases the Surviving Spouse's Pension Table, Table I, shall be used. (For example, see Section VI.) In valuing the portion of reserves in death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table II shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table III shall be used. (Refer to Section V for the Tables.)
- (2) U.S.L. & H.W. Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under U.S.L. & H.W. Coverage, Table U.S.L.-I shall be used. In valuing, the portion of reserves for in death claims under U.S.L. & H.W. Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table U.S.L.-II shall be used. In valuing the portion of reserves for certain death cases under U.S.L. & H.W. Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL-III shall be used.

b. Permanent Total Disability Code - 02

- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial. In establishing reserves on permanent total cases Table III, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V. (For examples, see Section VI.)
- (2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV shall be used. (For an example, see Section VI.)
- c. Temporary Total or Temporary Partial Disability Code 05 Enter as Temporary every case which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.
- d. *Medical Only Claims Code 06*When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.

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e. Contract Medical Code - 07

Contract medical costs which cannot be allocated to individual claims shall be reported in the aggregate in the column captioned Medical Incurred. Such medical shall be assigned to the governing classification of the risk. Contract medical costs allocated to individual claims shall be reported in connection with these claims and shall not be included in the amount reported as contract medical. The amount reported as contract medical shall be the actual incurred cost to the company for such medical contracts, including payments to physicians and hospitals under contract.

f. Permanent Partial Disability Code - 09

- (1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b) or 306(c) 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.
- (2) Cases involving total disability, other than permanent total disability, if either of the following holds true:
 - (a) The duration of the disability benefits exceeds, or is expected to exceed, one year.
 - (b) In the judgment of the carrier, the extent of liability for future payments is indeterminate. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. (For examples, see Section VI.)

8. Claim Status

Report the 1-digit numeric code that indicates the status of the claim.

Code Description

- Open (final payment not made)
- 1 Closed

9. Loss Conditions

Report the 2-digit code for each loss condition.

Act Code 01 02	Description State or Federal Act, excl. USL&HW USL&HW "F" or non "F" Coverage
Type of Code 01 02 03	Loss Description Trauma Occupational Disease (OD) Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

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Type of Coverage

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

Type of Settlement

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise Settlement
09	All Other Settlements

10. Jurisdiction State

Report the 2-digit state code of 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.

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.

EXCEPTION: 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 No. 48 will apply to both single and multiple claims.

12. Managed Care Organization Type

Cada Description

Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses.

Code	Description
00	The claim is not administrated by an approved managed care organization (MCO).
01	The claim's medical losses are administrated by an approved managed care organization
	(MCO) not specifically listed in Codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization (HMO).
03	The claim's medical losses are administrated by a preferred provider organization (PPO).
04	The claim's medical losses are administrated by an exclusive provider organization (EPO).
05	The claim's medical losses are administrated by an independent practice association (IPA)

13. Social Security Number (Optional)

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

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14. Injury Description Code

Report the three 2-digit codes that represent the part of body, nature of injury and cause of injury for a given claim. (Refer to Section IV for list of codes.)

15. Occupation Description

Report a narrative description of the regular occupation of the claimant for claims with indemnity or medical value greater than \$25,000.

16. Vocational Rehabilitation Indicator

Report the 1-position code that indicates the inclusion of vocational rehabilitation costs in the losses.

Indicator Description

- Y Claim includes Vocational Rehabilitation Costs
- N Claim does not include Vocational Rehabilitation Costs

17. Fraudulent Claim Code

Report the 2-position code that indicates the claim status as respects occurrence of fraud. Code to be determined based on entry or filing of an order or other formal finding by a court or other judicial authority having jurisdiction over the case.

Code Description00 Not Fraudulent01 Partially Fraudulent02 Fully Fraudulent

18. Paid Indemnity

Report the whole dollar amount of paid indemnity expenses for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wage or inability to work, including compensation paid to a deceased prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.

19. Paid Medical

Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.

20. Claimant's Attorney Fees Incurred (Optional)

Report the whole dollar amount paid plus outstanding reserves for claimant's legal representation during the settlement of the claim as of the loss valuation date.

21. Employer's Attorney Fees

Report the whole dollar amount paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date.

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22. Allocated Loss Adjustment Paid (ALAE)

Report the whole dollar amount of loss adjustment expense allocated and paid for this claim as of the loss valuation date.

23. Allocated Loss Adjustment Incurred (ALAE) (Optional)

Report the whole dollar amount of loss adjustment expense allocated and paid or reserved for this claim as of the loss valuation.

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.

2. Total Incurred Indemnity

Report the arithmetic total of the incurred indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

3. Total Incurred Medical

Report the arithmetic total of the incurred medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

4. Total Paid Indemnity

Report the arithmetic total of the paid indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

5. Total Paid Medical

Report the arithmetic total of the paid medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

6. Total Claimant's Attorney Fees (Optional)

Report the arithmetic total of the incurred claimant's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

7. Total Employer's Attorney Fees

Report the arithmetic total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

8. Total ALAE Paid

Report the arithmetic total of the paid ALAE amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

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9. Total ALAE Incurred (Optional)

Report the arithmetic total of the incurred ALAE amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

SECTION III

INDIVIDUAL CASE REPORTS

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

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SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

- 1. Claims on Which Required. Individual Case Reports shall be filed for the following:
 - a. All death claims
 - b. All permanent total claims

NOTE: Pennsylvania 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.
 - a. Forms. For ALL Individual Case Reports (pension and other than pension) use the Individual Case Report form. (See Section VIII.)
 - b. Class Code. Report the numeric code to which the loss was assigned.
 - c. Report Number Code. Enter the code from the code list in Section IV, Item A.1. of this Plan which corresponds to the policy valuation date.
 - d. Transaction Type Code.
 - (1) Initial Report-Code 1. Must be used for the first time the Individual Case Report for the claim is submitted, regardless of the Unit Statistical Report number based on valuation date.
 - (2) Subsequent Report-Code 2. Must be used on all Individual Case Reports submitted for a particular claim subsequent to the valuation date for which an initial Individual Case Report (Code 1) was submitted.
 - (3) Revised Report-Code 3. Individual Case Report filed due to the rejection by the Bureau Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.
 - (4) Correction Report-Code 4. Individual Case Report filed when the carrier discovers a need for change on an Individual Case Report previously filed for the particular claim.
 - e. *Type of Injury Code.* Enter the type of injury code as shown on the corresponding unit report for the particular claim.
 - f. Carrier Number. Report the 5-digit carrier code assigned to the company by the National Council on Compensation Insurance, Inc.
 - g. *Payroll State Code.* Report the 2-digit numeric code corresponding to the state to which the injured worker's payroll was assigned. Code "37" is required in Pennsylvania.
 - h. Administration File Number. This field is not required by Pennsylvania.
 - i. *Policy Number.* Report the policy identification number as set forth on the policy information page and reported on the corresponding unit report.

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j. Certificate Number. This field is not required by Pennsylvania. Report the 7-digit number used to identify a risk covered under a master policy.

- k. Policy Effective Date. Report the date on which the policy became effective coded as MM/DD/YY.
- I. Claim Number. Report the claim number as shown on the corresponding unit report for the particular claim.
- m. Status Code. Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.
- n. Date Attorney Disclosure. This field is not required by Pennsylvania.
- o. Loss Conditions. This field is not required since the information is on the Unit Statistical Report. However, if reported, this entry should be identical with the entry in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.
- p. *Jurisdiction State*. This field is not required if it is identical to the Exposure State. However, if different, report the 2-digit state code of the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process.
- q. Managed Care Organization (MCO). This field is not required since the information is on the Unit Statistical Report. However, if reported, the code corresponds to the type of organization, which will administer the applicable medical losses of the particular claim. Refer to Section IV, Item C.4.
- r. *Insured Name*. Enter the full name of the insured as shown on the policy information page and the corresponding unit report.
- s. 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.
- w. Surgery Code. Report the 1-digit code indicating whether the claimant's injury required surgery. Refer to Section IV, Item D.6
- x. Attorney Code. Report a 1-digit code indicating any attorney involvement on this claim. Refer to Section IV, Item D.7.
- y. Worker's Last Name. Enter the last name of the injured worker.
- z. 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.
- aa. *Injury Description Code*. This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the 6-digit code from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.
- bb. *Occupation*. Give the regular occupation of the worker as precisely as possible and not the specific activity that the employee was engaged in at the time of the accident.

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- cc. Date Closed. Enter the date the claim was closed, if applicable, coded MM/YY.
- dd. Reserve Type Code. Report the type of reserve on which this claim is based. Refer to Section IV, Item D.8.
- ee. Lump Sum Indicator. Report whether or not the claim was settled with a payment of a specified amount to the claimant. Report "Y" for a lump sum payment and "N" for other than a lump sum payment.
- ff. Fraud. Report the code that indicates whether the claim was declared fraudulent. Refer to Section IV, Item D.10.
- gg. Social Security Number. This field is not required by Pennsylvania. However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.
- hh. Date Single Sum Paid. Enter the date single sum settlement was paid coded MM/DD/YY.
- ii. *Employment Status*. Report the employment status of the claimant at the date the claim was first reported to the carrier. Refer to Section IV, Item D.11.
- jj. Year Last Exposed. Report the year in which the claimant was last exposed to disease to determine benefit.
- kk. Date of Hire. (Not applicable in Pennsylvania)

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

- a. Temporary Indemnity.
 - (1) Number of Weeks. Report the number of weeks upon which the temporary indemnity benefit is based.
 - (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all benefits to the injured worker related to temporary loss of earnings due to loss time from work as a result of an injury or disease.
- b. Scheduled Indemnity.
 - (1) 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 Pennsylvania, the percentage MUST be 100.
 - (2) Body Member Code. Report the 2-digit numeric code corresponding to the part of body on which the benefit is based. Body member codes are to be used only with scheduled indemnity cases. Refer to Section IV for the code list and schedule.
 - (3) Number of Weeks. Report the number of weeks upon which the scheduled indemnity benefit is based.
 - (4) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all scheduled benefits. Report dollars only.
- c. Non-Scheduled Indemnity.
 - (1) Percent Disability. Report the percentage upon which the non-scheduled indemnity benefit was determined.
 - (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all non-scheduled benefits based on a percentage disability. Report dollars only.

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d. Employers Liability or Other Indemnity.

- (1) Employers Liability. Report the incurred cost of the claim settled in accordance with Section I, Item L.7. of this Plan.
- (2) Other Indemnity (Excluding Vocational Rehabilitation). Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all wage loss or other benefits (excluding vocational rehabilitation) not included in a., b. or c. Any payments to special funds should be reported in this field. Report dollars only. Identify the type of indemnity reported, i.e., wage loss.
- 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 also must be used. See Section IV.
- f. Claimant Legal Expense. Report the incurred cost of the claim in accordance with Section I, Item L.9. of this Plan.

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.
- b. Pension Indemnity Benefits Paid to Valuation Date. Report the total amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment. Report the amount rounded to the nearest dollar. This amount must exclude all amounts reported under Item 3. above (Other Than Pension).
- c. Pension Indemnity Previously Reserved, Not Paid. Report the pension indemnity amount previously reserved but not yet paid. (Accruals)
- d. *Pension Value of Future Indemnity Payments*. Report the present value of total future indemnity payments. Report amount rounded to the nearest whole dollar. Refer to Items C.7.a. and C.7.b. of Section II for additional instructions.
- e. Funeral Allowance. Report the amount of funeral allowance rounded to the nearest whole dollar.
- f. Lump Sum Remarriage Payment. Report the amount paid upon the remarriage of the injured worker's spouses. Report amount rounded to nearest whole dollar.

5. Totals

- a. *Total Incurred Indemnity (Sum 1-11).* This amount must be identical to the Indemnity Losses shown in the Incurred Losses section of the corresponding unit report.
- b. *Total Incurred Medical.* This amount must be identical to the Medical Losses shown in the Incurred Losses section of the corresponding unit report.
- c. Total Indemnity and Total Medical Paid to Valuation Date. Enter the totals of indemnity and medical that has been paid as of the valuation date.
- d. Social Security or Other Offset Amount. Enter the whole dollar amount of any social security or other offset paid as of the valuation date.

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- e. Calculations. Use this space to show any pertinent calculations or remarks.
- f. *Physician Paid.* This field is not required in Pennsylvania. Enter the whole dollar amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.
- g. Hospital Benefits Paid. This field is not required in Pennsylvania. Enter the whole dollar amount for all benefits paid as of the valuation date to a hospital.
- h. Applicants Medical Evaluation Paid. This field is not required in Pennsylvania. Enter the amount paid as of the valuation date for medical evaluations procured by the applicant or the applicant's attorney, excluding evaluations performed by the treating physician or by a qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- i. Defense Medical Evaluation Paid. This field is not required in Pennsylvania. Enter the amount as of the valuation date for medical evaluations procured by the insurance carrier, excluding evaluations performed by the treating physician or by qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- j. Independent Medical Evaluation Paid. This field is not required in Pennsylvania. Enter the amount paid as of the valuation date for medical evaluations procured by agreement of the parties or by appointment by the governmental agency, including the cost of an evaluation performed by the treating physician acting in the capacity of an agreed medical evaluator.
- k. Legal Expense Defense. Report any legal expenses paid on behalf of the defense. This element shall not be included in the incurred losses. See Section I. Item L.9. of this Plan.
- I. Annuity Purchased Amount. Enter the total purchase price (cost to the carrier) of the annuity purchased.
- m. Total Gross Incurred. This field is not required in Pennsylvania.
- n. *Temporary Disability Paid.* This field is not required in Pennsylvania. Enter the total dollar amount paid as of the valuation date in temporary disability benefits.
- o. *Permanent Partial Disability Paid.* This field is not required in Pennsylvania. Enter the total dollar amount paid as of the valuation date in permanent partial disability benefits.
- p. Permanent Total Disability Paid. This field is not required in Pennsylvania. Enter the total dollar amount paid as of the valuation date in permanent total disability benefits.
- q. Death Paid. This field is not required in Pennsylvania. Enter the total dollar amount paid as of the valuation date in death benefits.
- r. Single Sum Paid. When a case involves complete or partial commutation of future payments, report the actual loss payment. Enter the total dollar amount in indemnity benefits that have been paid as of the valuation date as a single amount.
- s. *Vocational Rehabilitation Paid.* Enter the total dollar amount paid as of the valuation date in vocational rehabilitation benefits (including training, evaluation and vocational rehabilitation indemnity).
- t. Vocational Rehabilitation Indemnity Incurred. This field is not required in Pennsylvania. Enter the temporary disability indemnity incurred as a maintenance benefit subsequent to the date the claimant's medical condition is permanent and stationary. This does not include the amount of the advance from permanent disability that may be elected to supplement the maintenance allowance benefit up to the regular temporary disability weekly benefit.

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u. Vocational Rehabilitation Training Incurred. This field is not required in Pennsylvania. Enter direct training costs, including, but not limited to, tuition, books, tools, transportation and additional living expense.

v. Vocational Rehabilitation Evaluation Incurred. This field is not required in Pennsylvania. Enter the expense of evaluation, testing and counseling (provided by either the carrier's own personnel or outside vendors), including those expenses associated with a claimant for which no training or educational program was conducted.

SECTION IV

CODES

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective October 1, 2005 Section IV Page 1 Codes

SECTION IV - CODES

A. Codes Common to Premium and Losses

1. Report Number and Valuation Date

Code	Description
01	Valued as of the 18th month after the month in which the policy became effective.
02	Valued 30 months after the policy effective date.
03	Valued 42 months after the policy effective date.
04	Valued 54 months after the policy effective date.
05	Valued 66 months after the policy effective date.
06	Valued 78 months after the policy effective date.
07	Valued 90 months after the policy effective date.
80	Valued 102 months after the policy effective date.
09	Valued 114 months after the policy effective date.
10	Valued 126 months after the policy effective date.

2. Correction Type

The alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.

Code	Description
Н	Header Record Correction
Е	Exposure Record Correction
L	Loss Record Correction
T	Total Record Correction
M	Multiple Record Corrections

3. Exposure State

The following state code number must be used. Pennsylvania -- 37

4. Policy Type ID Code

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

Type of Coverage

Type of Co	werage
Code	Description
01	Standard Workers Compensation Policy
09	Non-Standard Policy
Plan Type	
Code	Description
01	Voluntary Policy

Normal Assigned Risk Policy

Non-Standard Type

02

Code	Description
01	Non-Standard Code Does Not Apply
80	Exclusion of Executive Officers
09	Voluntary Coverage Not Mandatory by State Act

5. Deductible Type

Identifies the type of deductible being reported.

First Two Positions

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

Second Two Positions

Cocona	i wo i collione
Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only
07	Benefits Coinsurance
80	Per Accident Coinsurance
09	Per Policy & Accident
10	Per Claim and Policy Aggregate
11	Coinsurance Percent With Claim and Policy Aggregate Limits
12	Variable

6. Policy Conditions

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

- a. Three Year Fixed Rate Indicator
 - "Y" = Policy is a three-year fixed rate policy.
 - "N" = Policy is not a three-year fixed rate policy.
- b. Multistate Policy Indicator
 - "Y" = Policy is a multistate policy.
 - "N" = Policy is not a multistate policy.
- c. Interstate Rated Indicator
 - "Y" = Policy is interstate rated.
 - "N" = Policy is not interstate rated.
- d. Estimated Exposure Indicator
 - "Y" = Exposures expressed on unit report are estimated.
 - "N" = Exposures expressed on unit report are result of the audit.
- e. Retrospective Rated Indicator
 - "Y" = Policy is retrospective rated.
 - "N" = Policy is not retrospective rated.
- f. Canceled Mid-Term Indicator
 - "Y" = Policy has been canceled mid-term.
 - "N" = Policy has not been canceled mid-term.

- g. Managed Care Organization Indicator
 - "Y" = Policy has provisions for the administration of losses under an approved managed care organization.
 - "N" = Policy does not have provisions for the administration of losses by an approved managed care organization.

B. Exposure Information Code

1. Update Type.

Report the 1-position alphabetic code that identifies the activity of an exposure record.

Code	Description
Р	Previously Reported
R	Revised

2. Exposure Coverage.

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

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
10	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 01/01/88

Limits of Liability (000's omitted)	Percentage	Codes
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

Note: The 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".

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	 (2) Amount Required to Balance to Increased Limits Minimum Premium (3) Additional Premium From Flat Increase on Outstanding Policies (4) Premium Credit Resulting From Flat Decrease on Outstanding Policies (5) Deductible Applied to Manual Premium Before Experience Modification (6) Waiver of Subrogation 	Code 9848 Code 0998 Code 0994 Code 9664 Code 0930
	b. Premium Not Subject to Experience Modification (Reported on lines "D", "E" or "F")	
	 (1) Loss Constant (2) Seat Surcharge (3) Short Rate Penalty Premium (4) Risk Minimum Premium (5) Optional Supplemental Loadings 	Code 0032 Code 9108 Code 0931 Code 0990
	For Class 447 For Class 445 For Class 513 For Carcinogen Experience For Radiation Experience	Code 0066 Code 0067 Code 0176 Code 0133 Code 9985
	(6) Mandatory Supplemental Loadings For Class 615 For Class 615 For Class 810 For Class 4773 For Class 4774 For Class 4776 For Class 4779 For Class 7323 For Class 7405 For Class 7405 Class 7405 For Class 7413 (7) Workfare Program Employees – Per person week (8) Pennsylvania Construction Credit Premium Adjustment Program (PCCPAP) (9) Certified Safety Committee Credit Program (CSCCP) (10) Deductible Applied to Manual Premium After Experience Modification Deductible (11) Merit Rating Plan Adjustment Neutral (12) Merit Rating Plan Adjustment - 5% Credit Adjustment (13) Merit Rating Plan Adjustment - 5% Debit Adjustment (14) Schedule Rating Plan Credit (15) Schedule Rating Plan Debit	Code 0152 Code 0164 Code 0162 Code 0773 Code 0774 Code 0775 Code 0776 Code 0779 Code 0763 Code 7445 Code 7453 Code 7453 Code 9882 Code 9890 Code 9890 Code 9884 Code 9885 Code 9887 Code 9889
	c. Premium Not Subject to Experience Modification and Not to be Included in Stand (Reported on lines "H", "I" or "J").	lard Premium
	(1) Premium Discount	Code 0063 Code 0064
	 (2) Expense Constant (3) Waiver of Subrogation – Flat Charge (4) Terrorism Risk Insurance Act of 2002 – Certified Losses 	Code 0900 Code 9115 Code 9740
4.	Employer Assessment Surcharge Code	
	a. Employer Assessment Surcharge	Code 0938

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C. Loss Information Codes

1. Injury Type

oae	Description
01	Death .
02	Permanent Total Disability
05	Temporary Total or Temporary Partial Disability
06	Medical Only Claims
07	Contract Medical
09	Permanent Partial Disability

2. Claim Status

Code	Description
0	Open
1	Closed

3. Loss Conditions

Report the 2-digit code for each loss condition.

Act	
Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage

Type of Loss

Code	Description
01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

Type of Coverage

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

Type of Settlement

ode	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise Settlement
09	All Other Settlements

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4. Managed Care Organization Type

Code	Description
00	The claim is not administrated by an approved managed care organization.
01	The claim's medical losses are administrated by an approved managed care
	organization not specifically listed in codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization.
03	The claim's medical losses are administrated by a preferred provider organization.
04	The claim's medical losses are administrated by an exclusive provider organization.
05	The claim's medical losses are administrated by an independent practice association.

5. **Injury Description Code.** This code is made up of three separate components:

- a. First two positions (XX -- --) identify the part of body injured.
- b. Middle two positions (-- XX --) identify the nature of the injury.
- c. Last two positions (-- -- XX) identify the specific cause of injury.

Refer to page 9 for a list of the Injury Description Codes.

6. Vocational Rehabilitation Indicator

Indicator	Description
Υ	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

7. Fraudulent Claim Codes

Code	Description
00	Not Fraudulent
01	Partial Fraudulent
02	Fully Fraudulent

D. Individual Case Report Codes

1. Report Number

The report number must coincide with the Unit Statistical Report. (Refer to Section IV, Item A1)

2. Transaction Type

Code	Description
1	Initial Report
2	Subsequent Report
3	Revised Report
4	Correction Report

3. Report Type

Code	Description
1	Claim involving Life Pension Benefits
2	Claim not involving Life Pension Benefits

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- 4. **Injury Description Code.** This code is made up of three separate components:
 - a. First two positions (XX -- --) identify the part of body injured.
 - b. Middle two positions (-- XX --) identify the nature of the injury.
 - c. Last two positions (-- -- XX) identify the specific cause of injury.

Refer to page 9 for a list of the Injury Description Codes.

5. Status

Code	Description
0	Open Claim
1	Closed Claim

6. Surgery Code

Code	Description
1	Surgery
2	No Surgery

7. Attorney Code

Code	Description
2	Attorney involved
3	No Attorney involved

8. Reserved Type

Codo	Description
Code	Description
00	Standard Reserve
01	Stacked Estimate
02	Volunteers
03	Questionable Compensability
04	Second Injury Fund Involvement
05	Partial Dependency
06	Still Exposed
07	Last Exposed
80	Stacked Award

9. Lump Sum Indicator

Indicator	Description
Υ	Lump Sum
N.I.	مورد المرمطة برأم طاه

N Other than Lump Sum

10. Fraudulent Claim Code

Code	Description
00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

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11. Employment Status

Code 1 2 3 4 5 6	Description Regular Part-time Unemployed On Strike Disabled Retired
-	2.000.00
8 9	Unemployed (due to work-force reduction) Other

12. Beneficiary

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other

Injury Description Coding Part of Body

Coue	Namative Description
I. Head	
10. Multiple Head Injury	Any Combination of Below Parts
11. Skull	
12. Brain	
13. Ear(s)	Includes: Hearing, Inside Eardrum
14. Eye(s)	Includes: Optic Nerves, Vision, Eye Lids
15. Nose	Includes: Nasal Passage, Sinus, Sense of Smell
16. Teeth	
17. Mouth	Includes: Lips, Tongue, Throat, Taste
18. Soft Tissue	
19. Facial Bones	Includes: Jaw
II. Neck	
20. Multiple Neck Injury	Any Combination of Below Parts
21. Vertebrae	Includes: Spinal Column Bone, "Cervical Segment"
22. Disc	Includes: Spinal Column Cartilage, "Cervical Segment"
23. Spinal Cord	Includes: Nerve Tissue, "Cervical Segment"
24. Larynx	Includes: Cartilage and Vocal Cords
25. Soft Tissue	Other than Larynx or Trachea
26. Trachea	
III. Upper Extremities	
30. Multiple Upper Extremities	Any Combination of Below Parts, Excluding Hands and Wrists Combined
31. Upper Arm	Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32. Elbow	Radial Head
33. Lower Arm	Forearm - Radius, Ulna and Corresponding Muscles

Injury Description Coding Part of Body

Code	Narrative Description
34. Wrist	Carpals and Corresponding Muscles
35. Hand	Metacarpals and Corresponding Muscles - Excluding Wrist or Fingers
36. Finger(s)	Other than Thumb and Corresponding Muscles
37. Thumb	
38. Shoulder(s)	Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
39. Wrist (s) & Hand(s)	
IV. Trunk	
40. Multiple Trunk	Any Combination of Below Parts
41. Upper Back Area	(Thoracic Area) Upper Back Muscles, Excluding, Vertebrae, Disc, Spinal Cord
42. Lower Back Area	(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
43. Disc	Spinal Column Cartilage Other than Cervical Segment
44. Chest	Including Ribs, Sternum, Soft Tissue
45. Sacrum and Coccyx	Final Nine Vertebrae-Fused
46. Pelvis	
47. Spinal Cord	Nerve Tissue Other than Cervical Segment
48. Internal Organs	Other than Heart and Lungs
49. Heart	
60. Lungs	
61. Abdomen Including Groin	Excluding Injury to Internal Organs
62. Buttocks	Soft Tissue
63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)	Bone Portion of the Spinal Column

Injury Description Coding Part of Body

Code	Narrative Description
V. Lower Extremities	
50. Multiple Lower Extremities	Any Combination of Below Parts
51. Hip	
52. Upper Leg	Femur and Corresponding Muscles
53. Knee	Patella
54. Lower Leg	Tibia, Fibula and Corresponding Muscles
55. Ankle	Tarsals
56. Foot	Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes
57. Toes	
58. Great Toe	
VI. Multiple Body Parts	
64. Artificial Appliance	Braces, Etc.
65. Insufficient Info to Properly Identify - Unclassified	Insufficient Information to Identify Part Affected
66. No Physical Injury	Mental Disorder
90. Multiple Body Parts (Including Body Systems & Body Parts)	Applies when More than One Major Body Part has been Affected, Such as an Arm and a Leg and Multiple Internal Organs
91. Body Systems and Multiple Body Systems	Applies to the Functioning of an Entire Body System Has Been Affected Without Specific Injury to Any Other Part, as in the Case of Poisoning, Corrosive Action, Inflammation, Affecting Internal Organs, Damage to Nerve Centers, Etc. Does NOT Apply When the Systemic Damage Results from an External Injury Affecting an External Part Such as a Back Injury Which Includes Damage to the Nerves of the Spinal Cord.
99. Whole Body	A code referencing the anatomic classification of the injury.

Injury Description Coding Nature of Injury

Code	Narrative Description
I. Specific Injury	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface. Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxtion, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A Separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity

Injury Description Coding Nature of Injury

Code	Narrative Description
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Septicemia or Infected Wounds.
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain or Tear	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning

Injury Description Coding Nature of Injury

	Harrative Description
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
II. Occupational Disease or Cumulative Injury	
60. Dust Disease, NOC	All Other Pneumoconiosis
61. Asbestosis	Lung Disease, A Form Of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles.
62. Black Lung	The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners
63. Byssinosis	Pneumoconiosis of Cotton, Flax and Hemp Workers.
64. Silicosis	Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust.
65. Respiratory Disorders	Gases, Fumes, Chemicals, Etc.
66. Poisoning - Chemical, (Other Than Metals)	Man Made or Organic
67. Poisoning - Metal	Man Made
68. Dermatitis	Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals Which May be in the Form of Solids, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures or Inflammation or Irritation Resulting from Friction or Impact.

Injury Description Coding Nature of Injury

Code	Narrative Description
69. Mental Disorder	A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e. Acute Anxiety, Neurosis, Stress, Non-Toxic Depression
70. Radiation	All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71. All Other Occupational Disease Injury, NOC	
72. Loss of Hearing	
73. Contagious Disease	
74. Cancer	
75. AIDS	
76. VDT - Related Diseases	Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77. Mental Stress	
78. Carpal Tunnel Syndrome	Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it Goes Through the Carpal Tunnel of the Wrist
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

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Section IV Codes

Injury Description Coding Cause of Injury

	- Turium o Docompinon
I. Burn or Scald - Heat or Cold Exposures - Contact With	
01. Chemicals	
02. Hot Objects or Substances	
03. Temperature Extremes	
04. Fire or Flame	
05. Steam or Hot Fluids	
06. Dust, Gases, Fumes or Vapors	
07. Welding Operation	
08. Radiation	
09. Contact With, NOC.	
11. Cold Objects or Substances	
14. Abnormal Air Pressure	
84. Electrical Current	
II. Caught In, Under or Between	
10. Machine or Machinery	
12. Object Handled	
13. Caught In, Under or Between, NOC.	
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	
17. Object Being Lifted or Handled	
18. Powered Hand Tool, Appliance	
19. Caught, Puncture, Scrape, NOC.	

Injury Description Coding Cause of Injury

Code	narrative Description
IV. Fall, Slip or Trip Injury	
25. From Different Level (Elevation)	Off Wall, Catwalk, Bridge, Etc.
26. From Ladder or Scaffolding	
27. From Liquid or Grease Spills	
28. Into Openings	Shafts, Excavations, Floor Openings, Etc.
29. On Same Level	
30. Slipped, Do Not Fall	
31. Fall, Slip or Trip, NOC.	
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
46. Collision with a Fixed Object	Standing Vehicle or Stationary Object
47. Crash of Airplane	
48. Vehicle Upset	Overturned or Jackknifed
50. Motor Vehicle, NOC.	
VI. Strain or Injury By	
52. Continual Noise	
53. Twisting	
54. Jumping	
55. Holding or Carrying	

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86. Explosion or Flare Back

Section IV Codes

Injury Description Coding Cause of Injury

Code **Narrative Description** 56. Lifting 57. Pushing or Pulling 58. Reaching 59. Using Tool or Machinery 60. Strain or Injury By, NOC. 61. Wielding or Throwing 97. Repetitive Motion Carpal Tunnel Syndrome VII. Striking Against or Stepping On 65. Moving Part of Machine 66. Object Being Lifted or Handled 67. Sanding, Scraping, Cleaning Operation 68. Stationary Object 69. Stepping on Sharp Object 70. Striking Against or Stepping On, NOC. VIII. Struck or Injured By Includes Kicked, Stabbed, Bit, Etc. 74. Fellow Worker; Patient Not in Act of a Crime 75. Falling or Flying Object 76. Hand Tool or Machine in Use 77. Motor Vehicle 78. Moving Parts of Machine 79. Object Being Lifted or Handled 80. Object Handled By Others 81. Struck or Injured, NOC. Includes Kicked, Stabbed, Bit, Etc. 85. Animal or Insect

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Injury Description Coding Cause of Injury

Code Narrative Description

	Narrative Description
IX. Rubbed or Abraded By	
94. Repetitive Motion	Callous, Blister, Etc.
95. Rubbed or Abraded, NOC.	
X. Miscellaneous Causes	
82. Absorption, Ingestion or Inhalation, NOC	
87. Foreign Matter (Body) in Eye(s)	
88. Natural Disaster	
89. Person in Act of a Crime	Robbery or Criminal Assault
90. Other Than Physical Cause of Injury	
91. Mold	
96. Terrorism	
98. Cumulative, NOC	All Other
99. Other - Miscellaneous, NOC	

Section IV Codes

SCHEDULED INDEMNITY - MAXIMUM WEEKS

<u>CODE</u>	BODY MEMBER CODE	<u>WEEKS</u>	+ HEALING WEEKS
35	Hand	335	20
33	Forearm	370	20
31	Arm	410	20
56	Foot	250	25
54	Lower leg	350	25
54	Leg	410	25
14	Eye	275	10
13	Hearing (one ear)	60	10
13	Hearing (both ears)	260	10
37	Thumb	100	10
36	First finger	50	6
36	Second finger	40	6
36	Third finger	30	6
36	Fourth finger	28	6
37	One-half of thumb	50	10
36	One-half of first finger	25	6
36	One-half of second finger	20	6
36	One-half of third finger	15	6
36	One-half of fourth finger	14	6
36	Two or more members	aggregate	larger
57	Great toe	40	12
57	Other than great toe	16	6
57	One-half of great toe	20	12
57	One-half other than great toe	8	6
57	Two or more members	aggregate	larger
18	Facial disfigurement	275	

SECTION V

TABLES

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2005 Section V **Tables** Page 1

> **TABLE I-A** Surviving Spouse Pension Table*

Surviving Spouse Pension Table							
Age at	a a	— .	— .		_ a	— .	Attained
Widowhood		a	а	а		a a	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
16	11.510	11.837	13.022	13.691	14.240	14.742	21
17	11.579	11.037	13.115	13.796	14.358	14.742	22
18	11.654	12.000	13.216	13.911	14.486	15.015	23
19	11.735	12.091	13.324	14.034	14.624	15.168	24
20	11.823	12.189	13.442	14.167	14.772	15.334	25
21	12.012	12.365	13.611	14.330	14.941	15.512	26
22	12.224	12.551	13.781	14.489	15.108	15.691	27
23	12.453	12.746	13.952	14.643	15.269	15.866	28
24	12.688	12.955	14.140	14.825	15.446	16.036	29
25	12.924	13.166	14.328	15.015	15.626	16.204	30
26	13.157	13.371	14.507	15.199	15.804	16.374	31
27	13.387	13.568	14.675	15.370	15.977	16.548	32
28	13.616	13.758	14.835	15.532	16.149	16.729	33
29 30	13.851 14.101	13.952 14.162	14.997 15.177	15.694 15.872	16.324 16.512	16.920 17.120	34 35
31 32	14.376	14.404 14.692	15.393 15.660	16.086 16.353	16.722 16.961	17.326 17.534	36 37
33	14.685 15.049	15.052	15.982	16.677	17.226	17.534	38
34	15.450	15.461	16.347	17.041	17.505	17.733	39
35	15.863	15.888	16.721	17.408	17.771	18.079	40
36	16.255	16.286	17.059	17.725	17.993	18.204	41
37	16.602	16.623	17.327	17.952	18.150	18.291	42
38	16.879	16.867	17.495	18.060	18.215	18.338	43
39	17.107	17.046	17.593	18.083	18.221	18.344	44
40	17.291	17.174	17.640	18.047	18.186	18.309	45
41	17.442	17.272	17.655	17.979	18.115	18.234	46
42	17.556	17.356	17.655	17.904	18.021	18.121	47
43 44	17.646 17.721	17.440 17.516	17.657 17.652	17.841 17.781	17.920 17.809	17.972 17.791	48 49
45	17.776	17.570	17.629	17.708	17.679	17.583	50
46	17.790	17.580	17.570	17.602	17.518	17.350	51
47	17.751	17.534	17.464	17.449	17.319	17.097	52
48	17.643	17.414	17.295	17.233	17.066	16.827	53
49	17.503	17.257	17.099	16.992	16.797	16.544	54
50	17.333	17.067	16.880	16.733	16.517	16.252	55
51	17.134	16.852	16.642	16.460	16.228	15.954	56
52	16.907	16.615	16.388	16.177	15.932	15.650	57
53	16.656	16.356	16.119	15.887	15.631	15.342	58
54 55	16.389 16.109	16.082 15.796	15.836 15.543	15.590 15.286	15.325 15.014	15.029 14.711	59 60
56	15.821	15.790	15.343	14.976	14.696	14.711	61
56 57	15.525	15.502	14.934	14.660	14.374	14.060	62
58	15.223	14.893	14.620	14.338	14.047	13.729	63
59	14.914	14.579	14.299	14.011	13.715	13.392	64
60	14.599	14.258	13.974	13.679	13.377	13.051	65
	•				•		

¹⁹⁹⁹ United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 0.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

Effective Date: October 1, 2005 Section V **Tables** Page 2

> **TABLE I-A (Continued)** Surviving Spouse Pension Table*

Surviving Spouse Pension Table							
Age at Widowhood	a	a	–	a	a	–	Attained
	a	a	a	a	a	a	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
61	14.279	13.934	13.645	13.344	13.035	12.704	66
62	13.956	13.607	13.312	13.004	12.688	12.351	67
63	13.634	13.279	12.977	12.661	12.336	11.992	68
64	13.310	12.948	12.637	12.312	11.978	11.628	69
65	12.980	12.611	12.290	11.958	11.616	11.259	70
66	12.638	12.264	11.937	11.598	11.248	10.884	71
67	12.294	11.916	11.578	11.231	10.873	10.502	72
68	11.939	11.559	11.213	10.859	10.492	10.116	73
69	11.579	11.197	10.842	10.480	10.107	9.727	74
70	11.214	10.829	10.466	10.097	9.720	9.338	75
71	10.844	10.456	10.086	9.712	9.332	8.949	76
72	10.467	10.077	9.703	9.326	8.944	8.559	77
73	10.086	9.696	9.319	8.939	8.555	8.170	78
74	9.702	9.312	8.933	8.551	8.167	7.783	79
75	9.316	8.927	8.546	8.163	7.780	7.401	80
76	8.930	8.540	8.159	7.778	7.399	7.026	81
77	8.543	8.153	7.773	7.397	7.025	6.659	82
78	8.156	7.769	7.393	7.022	6.658	6.303	83
79	7.771	7.389	7.019	6.656	6.303	5.963	84
80	7.391	7.016	6.654	6.301	5.962	5.639	85
81	7.019	6.652	6.299	5.961	5.639	5.330	86
82	6.654	6.299	5.960	5.638	5.330	5.036	87
83	6.301	5.960	5.638	5.330	5.035	4.756	88
84	5.961	5.638	5.330	5.035	4.755	4.489	89
85	5.638	5.329	5.035	4.755	4.489	4.238	90
86	5.329	5.035	4.755	4.489	4.238	4.000	91
87	5.035	4.755	4.489	4.238	4.000	3.775	92
88	4.755	4.489	4.237	4.000	3.775	3.564	93
89	4.489	4.237	3.999	3.775	3.563	3.364	94
90	4.237	3.999	3.775	3.563	3.364	3.176	95
91	3.999	3.775	3.563	3.364	3.176	2.998	96
92	3.775	3.563	3.364	3.176	2.998	2.828	97
93	3.563	3.364	3.175	2.997	2.828	2.665	98
94	3.364	3.175	2.997	2.828	2.665	2.506	99
95	3.175	2.997	2.828	2.665	2.506	2.345	100
96	2.997	2.828	2.665	2.506	2.345	2.215	101
97	2.828	2.665	2.505	2.345	2.214	2.088	102
98	2.665	2.505	2.345	2.214	2.088	1.962	103
99	2.505	2.345	2.214	2.088	1.962	1.840	104
100	2.345	2.214	2.088	1.962	1.840	1.719	105
101	2.213	2.086	1.960	1.837	1.715	1.584	106
102	2.086	1.960	1.837	1.715	1.584	1.433	107
103	1.960	1.837	1.715	1.584	1.433	1.250	108
104	1.837	1.715	1.584	1.433	1.250	0.955	109
105	1.715	1.584	1.433	1.250	0.955	0.500	110

<sup>105 1.715 1.584 1.433 1.250
1999</sup> United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

Effective Date: October 1, 2005 Section V **Tables** Page 3

TABLE I-A (Continued) Surviving Spouse Pension Table*

		Sur	viving Spous	e Pension Ta	ble*		
Age at Widowhood (X)	_ a [x]	_ a [x]+1	_ a [x]+2	_ a [x]+3	_ a [x]+4	_ a [x]+5	Attained Age** (X+5)
106 107 108 109 110	1.584 1.433 1.250 0.955 0.500	[x]+1 1.433 1.250 0.955 0.500	1.250 0.955 0.500	0.955 0.500	0.500	[x]+5	111 112 113 114 115

¹⁹⁹⁹ United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%
For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

Effective Date: October 1, 2005 Section V **Tables** Page 4

> **TABLE II-A** Present Value of Remarriage Dowry*

		ries	ent value of R	Remarriage DC	owiy		
Age at Widowhood (X)	A´ [x]	A´ [x]+1	A´ [x]+2	A´ [x]+3	A´ [x]+4	A´ [x]+5	Attained Age** (X+5)
16	0.5698	0.5548	0.5072	0.4787	0.4544	0.4315	21
17	0.5650	0.5495	0.5009	0.4715	0.4464	0.4226	22
18	0.5599	0.5437	0.4940	0.4638	0.4377	0.4130	23
19	0.5543	0.5375	0.4866	0.4554	0.4284	0.4027	24
20	0.5484	0.5309	0.4787	0.4464	0.4183	0.3915	25
21	0.5383	0.5209	0.4684	0.4359	0.4071	0.3794	26
22	0.5270	0.5103	0.4578	0.4253	0.3957	0.3671	27
23	0.5148	0.4991	0.4469	0.4145	0.3841	0.3544	28
24	0.5020	0.4870	0.4350	0.4022	0.3716	0.3416	29
25	0.4888	0.4744	0.4227	0.3893	0.3585	0.3284	30
26	0.4755	0.4618	0.4103	0.3762	0.3451	0.3147	31
27	0.4619	0.4491	0.3981	0.3633	0.3314	0.3004	32
28	0.4479	0.4364	0.3858	0.3503	0.3174	0.2854	33
29	0.4333	0.4231	0.3731	0.3369	0.3028	0.2695	34
30	0.4177	0.4087	0.3592	0.3224	0.2872	0.2527	35
31	0.4005	0.3925	0.3433	0.3058	0.2701	0.2351	36
32	0.3813	0.3738	0.3246	0.2865	0.2513	0.2169	37
33	0.3591	0.3514	0.3030	0.2641	0.2308	0.1986	38
34	0.3347	0.3262	0.2789	0.2392	0.2090	0.1803	39
35	0.3091	0.2995	0.2537	0.2135	0.1872	0.1627	40
36	0.2837	0.2734	0.2294	0.1894	0.1667	0.1462	41
37	0.2597	0.2495	0.2077	0.1687	0.1487	0.1308	42
38	0.2384	0.2292	0.1901	0.1530	0.1344	0.1168	43
39	0.2188	0.2114	0.1752	0.1408	0.1225	0.1043	44
40	0.2006	0.1954	0.1622	0.1310	0.1120	0.0932	45
41	0.1834	0.1803	0.1503	0.1223	0.1029	0.0836	46
42	0.1674	0.1652	0.1385	0.1135	0.0944	0.0754	47
43	0.1517	0.1495	0.1261	0.1036	0.0857	0.0685	48
44	0.1361	0.1335	0.1134	0.0930	0.0770	0.0628	49
45	0.1208	0.1178	0.1009	0.0824	0.0688	0.0582	50
46	0.1069	0.1037	0.0897	0.0729	0.0616	0.0543	51
47	0.0951	0.0918	0.0804	0.0654	0.0560	0.0512	52
48	0.0864	0.0832	0.0739	0.0608	0.0529	0.0485	53
49	0.0788	0.0761	0.0683	0.0571	0.0502	0.0461	54
50	0.0722	0.0702	0.0634	0.0539	0.0477	0.0439	55
51	0.0667	0.0652	0.0592	0.0511	0.0453	0.0417	56
52	0.0623	0.0609	0.0554	0.0484	0.0430	0.0395	57
53	0.0587	0.0574	0.0520	0.0458	0.0406	0.0371	58
54	0.0556	0.0543	0.0489	0.0432	0.0382	0.0347	59
55	0.0528	0.0515	0.0462	0.0407	0.0357	0.0323	60
56	0.0502	0.0489	0.0436	0.0382	0.0332	0.0297	61
57	0.0476	0.0463	0.0410	0.0357	0.0307	0.0272	62
58	0.0451	0.0438	0.0384	0.0332	0.0281	0.0246	63
59	0.0426	0.0413	0.0359	0.0307	0.0256	0.0220	64
60	0.0402	0.0388	0.0333	0.0282	0.0231	0.0194	65

^{60 0.0402 0.0388 1999} United States Life Table for Female Population

¹⁹⁸⁰ United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%
Annual Rate of Escalation = 0.0%
For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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> **TABLE II-A (Continued)** Present Value of Remarriage Dowry*

	Present value of Remarriage Dowry"							
Age at Widowhood (X)	A´ [x]	A´ [x]+1	A´ [x]+2	A´ [x]+3	A´ [x]+4	A´ [x]+5	Attained Age** (X+5)	
61	0.0377	0.0363	0.0307	0.0256	0.0206	0.0169	66	
62	0.0350	0.0336	0.0280	0.0230	0.0181	0.0145	67	
63	0.0319	0.0306	0.0252	0.0203	0.0157	0.0122	68	
64	0.0285	0.0275	0.0223	0.0176	0.0134	0.0101	69	
65	0.0253	0.0244	0.0195	0.0151	0.0112	0.0084	70	
66	0.0225	0.0218	0.0169	0.0128	0.0094	0.0069	71	
67	0.0195	0.0188	0.0146	0.0109	0.0079	0.0057	72	
68	0.0171	0.0164	0.0127	0.0093	0.0066	0.0048	73	
69	0.0148	0.0142	0.0109	0.0079	0.0056	0.0040	74	
70	0.0128	0.0122	0.0093	0.0067	0.0048	0.0034	75	
71	0.0110	0.0104	0.0078	0.0056	0.0040	0.0028	76	
72	0.0094	0.0088	0.0066	0.0047	0.0033	0.0023	77	
73	0.0080	0.0075	0.0056	0.0039	0.0028	0.0019	78	
74	0.0069	0.0064	0.0047	0.0033	0.0023	0.0015	79	
75	0.0060	0.0055	0.0040	0.0027	0.0018	0.0012	80	
76	0.0051	0.0047	0.0033	0.0022	0.0015	0.0010	81	
77	0.0044	0.0041	0.0028	0.0018	0.0012	0.0008	82	
78	0.0038	0.0035	0.0024	0.0015	0.0010	0.0007	83	
79	0.0033	0.0030	0.0020	0.0013	0.0008	0.0005	84	
80	0.0027	0.0025	0.0017	0.0011	0.0007	0.0005	85	
81	0.0022	0.0020	0.0014	0.0009	0.0006	0.0004	86	
82	0.0016	0.0015	0.0010	0.0007	0.0005	0.0003	87	
83	0.0011	0.0010	0.0008	0.0006	0.0004	0.0003	88	
84	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	89	
85	0.0007	0.0007	0.0005	0.0004	0.0003	0.0002	90	
86	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	91	
87	0.0006	0.0005	0.0004	0.0003	0.0002	0.0001	92	
88	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	93	
89	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	94	
90	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	95	
91	0.0004	0.0003	0.0003	0.0002	0.0001	0.0001	96	
92	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	97	
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	98	
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99	
95	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	100	
96	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	101	
97	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	102	
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103	
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104	
100	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	105	
101 102 103 104 105	0.0001 0.0001 0.0001 0.0001	0.0002 0.0002 0.0001 0.0001 0.0001	0.0002 0.0001 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	106 107 108 109 110	

^{105 0.0001 0.0001 1999} United States Life Table for Female Population

¹⁹⁸⁰ United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%
Annual Rate of Escalation = 0.0%
For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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TABLE III-M-A Pension Table* (Other than Surviving Spouse) (Present Value of \$1 per Annum Payable Until Death) Male

		IVI	aie		
Age	Present Value	Age	Present Value	Age	Present Value
-				_	
11 12	25.203 25.071	41 42	19.632 19.357	71 72	9.426
13	24.935	42	19.076	72	9.069 8.713
13 14	24.935	44	18.789	73 74	8.359
15	24.662	45	18.496	75	8.008
16	24.524	46	18.198	76	7.660
17	24.324	46	17.896	76	7.860
18	24.247	48	17.587	77 78	6.966
19	24.106	49	17.273	79 79	6.623
20	23.961	50	16.952	80	6.286
21	23.813	51	16.624	81	5.960
22	23.662	52	16.289	82	5.647
23	23.506	53	15.948	83	5.351
24	23.345	54	15.602	84	5.067
25	23.178	55	15.252	85	4.796
26	23.005	56	14.899	86	4.538
27	22.824	57	14.544	87	4.293
28 29	22.637 22.444	58 59	14.186 13.826	88 89	4.061 3.843
30	22.244	60	13.463	90	3.636
31	22.038	61	13.097	91	3.442
32	21.826	62	12.729	92	3.260
33	21.608	63	12.360	93	3.088
34	21.383	64	11.991	94	2.927
35	21.152	65	11.622	95	2.776
36	20.915	66	11.252	96	2.633
37	20.671	67	10.883	97	2.497
38 39	20.421 20.164	68 69	10.514 10.148	98 99	2.365 2.238
40	19.901	70	9.785	100	2.108
10	10.001	70	0.700	100	2.100

^{* 1999} United States Life Table for Male Population Annual Rate of Interest = 3.5% Annual Rate of Escalation = 0.0%

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TABLE III-F-A Pension Table* (Other than Surviving Spouse) (Present Value of \$1 per Annum Payable Until Death) Female

		remaie	
Age	Present Value	Age	Present Value
11	25.950	56	16.536
12	25.844	57	16.191
13	25.734	58	15.841
14	25.623	59	15.487
15	25.509	60	15.128
16	25.392	61	14.764
17	25.274	62	14.396
18	25.152	63	14.025
19	25.027	64	13.651
20	24.897	65	13.273
21	24.763	66	12.892
22	24.623	67	12.507
23	24.480	68	12.119
24	24.331	69	11.730
25	24.178	70	11.340
26	24.019	71	10.947
27	23.855	72	10.552
28	23.686	73	10.156
29	23.512	74	9.759
30	23.332	75	9.364
31	23.147	76	8.970
32	22.955	77	8.575
33	22.759	78	8.182
34	22.557	79	7.792
35	22.349	80	7.408
36	22.136	81	7.031
37	21.917	82	6.663
38	21.693	83	6.307
39	21.461	84	5.965
40	21.224	85	5.641
41	20.981	86	5.332
42	20.731	87	5.037
43	20.474	88	4.756
44	20.211	89	4.490
45	19.941	90	4.238
46	19.664	91	4.000
47	19.381	92	3.775
48	19.091	93	3.563
49	18.794	94	3.364
50	18.491	95	3.175
51	18.181	96	2.996
52	17.864	97	2.827
53	17.541	98	2.663
54	17.211	99	2.502
	16.876	100	2.341

^{* 1999} United States Life Table for Female Population Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-I-B

Surviving Spouse Pension Table*

	Surviving Spouse Fension Table						
Age at Widowhood	a	_	_	_	_	_	Attained
	a	a	a	a	a	a	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
16	26.047	27.027	29.921	31.560	32.873	34.031	21
17	26.221	27.215	30.137	31.796	33.127	34.302	22
18	26.402	27.411	30.362	32.041	33.390	34.584	23
19	26.591	27.615	30.596	32.296	33.664	34.876	24
20	26.787	27.826	30.838	32.561	33.949	35.180	25
21	27.222	28.214	31.192	32.880	34.263	35.496	26
22	27.697	28.611	31.531	33.175	34.553	35.791	27
23	28.196	29.012	31.855	33.437	34.813	36.059	28
24	28.701	29.435	32.202	33.749	35.087	36.296	29
25	29.193	29.847	32.534	34.060	35.350	36.507	30
26	29.659	30.227	32.827	34.337	35.588	36.700	31
27	30.098	30.567	33.074	34.567	35.796	36.883	32
28	30.516	30.875	33.282	34.753	35.978	37.059	33
29	30.929	31.171	33.477	34.919	36.146	37.232	34
30	31.360	31.487	33.692	35.100	36.319	37.400	35
31	31.834	31.861	33.968	35.340	36.517	37.556	36
32	32.372	32.323	34.341	35.674	36.751	37.688	37
33	33.021	32.926	34.814	36.106	37.016	37.779	38
34	33.732	33.615	35.355	36.598	37.281	37.809	39
35	34.440	34.312	35.886	37.063	37.491	37.761	40
36	35.063	34.909	36.301	37.386	37.580	37.621	41
37	35.541	35.329	36.528	37.490	37.508	37.385	42
38	35.819	35.510	36.511	37.316	37.228	37.053	43
39	35.957	35.520	36.323	36.949	36.815	36.630	44
40	35.974	35.404	36.012	36.450	36.311	36.120	45
41	35.902	35.208	35.624	35.881	35.730	35.529	46
42	35.740	34.974	35.204	35.299	35.107	34.865	47
43	35.525	34.737	34.785	34.743	34.474	34.140	48
44	35.274	34.480	34.354	34.193	33.826	33.363	49
45	34.976	34.173	33.887	33.626	33.149	32.545	50
46	34.593	33.779	33.354	33.000	32.424	31.696	51
47	34.098	33.272	32.732	32.293	31.639	30.826	52
48	33.467	32.625	31.997	31.478	30.769	29.943	53
49	32.781	31.915	31.225	30.633	29.889	29.054	54
50	32.048	31.157	30.424	29.771	29.005	28.167	55
51	31.272	30.365	29.604	28.902	28.125	27.287	56
52	30.458	29.549	28.771	28.034	27.250	26.418	57
53	29.615	28.708	27.928	27.171	26.385	25.559	58
54	28.761	27.859	27.080	26.314	25.531	24.711	59
55	27.901	27.007	26.232	25.464	24.685	23.872	60
56	27.043	26.157	25.387	24.621	23.848	23.044	61
57	26.191	25.314	24.550	23.787	23.022	22.227	62
58	25.346	24.478	23.719	22.962	22.205	21.420	63
59	24.507	23.648	22.897	22.147	21.398	20.625	64
60	23.676	22.827	22.086	21.342	20.602	19.839	65

<sup>60 | 23.676 | 22.827 | 2
* 1999</sup> United States Life Tables for Female Population

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0%

¹⁹⁸⁰ United States of America Railroad Retirement Board Remarriage Table

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-I-B (Continued) Surviving Spouse Pension Table*

Age at Attained Widowhood а а а а а а Age** (X+5)(X) [x] [x]+1[x]+2[x]+3[x]+4[x]+522.856 61 22.019 21.286 20.548 19.815 19.063 66 22.049 20.498 19.038 18.295 67 62 21.223 19.767 17.537 63 21.261 20.443 19.723 18.997 18.272 68 16.788 64 20.488 19.676 18.959 18.237 17.516 69 65 19.722 18.918 18.203 17.486 16.770 16.049 70 66 16.033 15.319 71 18.956 18.161 17.454 16.743 67 18.204 17.421 16.713 16.009 15.304 14.598 72 68 17.453 16.683 15.981 15.283 14.584 13.887 73 15.957 13.191 74 69 16.711 15.259 14.567 13.876 70 15.980 15.240 14.547 13.861 13.181 12.511 75 71 15.259 14.532 13.846 13.170 12.503 11.847 76 72 14.547 13.833 12.494 11.841 11.199 13.157 77 73 13.844 13.147 12.484 11.834 11.194 10.567 78 74 10.563 79 13.155 12.475 11.826 11.189 9.954 75 12.480 11.817 11.181 10.559 9.950 9.362 80 76 11.821 11.173 10.552 9.947 9.359 8.792 81 77 11.177 10.545 9.941 9.356 8.791 8.247 82 78 10.548 9.935 9.351 8.788 8.246 7.728 83 79 9.937 9.346 8.784 8.243 7.727 7.240 84 8.240 85 80 8.780 7.725 6.784 9.349 7.239 81 8.783 8.238 7.723 7.237 6.783 6.354 86 82 8.241 7.723 7.236 6.782 6.354 5.951 87 6.782 83 7.725 7.236 6.353 5.951 5.573 88 84 7.238 6.782 5.950 5.573 89 6.353 5.219 85 6.782 6.353 5.950 5.573 5.219 4.889 90 86 4.889 91 6.353 5.950 5.219 4.580 5.572 87 5.950 5.572 5.219 4.889 4.580 4.293 92 88 5.572 5.218 4.888 4.580 4.293 4.025 93 89 5.218 4.888 4.580 4.292 4.025 3.775 94 90 4.888 4.580 4.292 4.024 3.774 3.541 95 91 4.580 4.292 4.024 3.774 3.541 3.322 96 3.322 92 4.292 4.024 3.774 3.541 3.116 97 93 4.024 3.774 3.540 3.322 3.116 2.920 98 3.540 94 99 3.322 2.730 3.774 3.116 2.919 95 3.540 3.322 3.116 2.919 2.730 2.542 100 96 3.322 3.116 2.919 2.729 2.542 2.387 101 2.387 2.240 97 3.116 2.919 2.729 2.541 102 2.093 98 2.919 2.729 2.541 2.387 2.240 103 99 2.729 2.541 2.387 2.240 2.093 1.951 104 100 2.541 2.387 2.239 2.093 1.951 1.812 105 101 2.387 2.240 2.093 1.951 1.812 1 662 106

2.240

2.093

1.951

1.812

2.093

1.951

1.812

1.662

Annual Rate of Interest = 3.5%

102

103

104

105

1.951

1.812

1.662 1.487

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1.812

1.662

1.487

1.275

1.662

1.487

1.275

0.964

1.487

1.275

0.964

0.500

107

108

109

110

¹⁹⁹⁹ United States Life Tables for Female Population

¹⁹⁸⁰ United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

Effective Date: October 1, 2005 Section V Page 10 **Tables**

UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-I-B (Continued)

Surviving Spouse Pension Table*

		Sui	vivilig Spous	e Pension Ta	DIE		
Age at Widowhood (X)	_ a [x]	_ a [x]+1	_ a [x]+2	_ a [x]+3	_ a [x]+4	_ a [x]+5	Attained Age** (X+5)
106 107 108 109 110	[X] 1.662 1.487 1.275 0.964 0.500	[x]+1 1.487 1.275 0.964 0.500	[x]+2 1.275 0.964 0.500	0.964 0.500	[x]+4 0.500	[x]+5	(X+5) 111 112 113 114 115

¹⁹⁹⁹ United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%
For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-II-B

Present Value of Remarriage Dowry*

		1163	ent value of t	Kemamage Do	owi y		
Age at	_	_	_	_	_	_	Attained
Widowhood	a	a	a	a	a	a	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	21
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	22
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	23
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	24
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	25
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	26
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	27
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	28
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	29
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	30
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	31
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	32
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	33
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	34
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	35
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	36
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	37
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	38
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	39
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	40
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	41
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	42
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	43
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	44
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	45
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	46
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	47
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	48
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	49
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	50
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	51
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	52
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	53
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	54
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	55
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	56
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	57
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	58
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	59
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	60
56	0.0654	0.0622	0.0552	0.0483	0.0420	0.0374	61
57	0.0613	0.0582	0.0513	0.0446	0.0383	0.0338	62
58	0.0574	0.0544	0.0475	0.0409	0.0347	0.0302	63
59	0.0536	0.0506	0.0438	0.0373	0.0312	0.0267	64
60	0.0499	0.0470	0.0402	0.0339	0.0279	0.0234	65

¹⁹⁹⁹ United States Life Tables for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

Effective Date: October 1, 2005 Section V Page 12 **Tables**

UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-II-B (Continued)

Surviving Spouse Pension Table*

		Sur	viving Spous	e rension ra	bie		
Age at Widowhood (X)	_ a [x]	_ a [x]+1	_ a [x]+2	_ a [x]+3	a [x]+4	_ a [x]+5	Attained Age** (X+5)
61	0.0462	0.0434	0.0366	0.0305	0.0246	0.0202	66
62	0.0424	0.0398	0.0331	0.0271	0.0215	0.0172	67
63	0.0384	0.0359	0.0294	0.0237	0.0185	0.0145	68
64	0.0341	0.0320	0.0259	0.0205	0.0156	0.0120	69
65	0.0300	0.0282	0.0225	0.0174	0.0131	0.0099	70
66	0.0265	0.0250	0.0194	0.0147	0.0109	0.0081	71
67	0.0229	0.0215	0.0167	0.0125	0.0091	0.0067	72
68	0.0200	0.0187	0.0144	0.0106	0.0077	0.0056	73
69	0.0173	0.0161	0.0123	0.0090	0.0065	0.0047	74
70	0.0149	0.0138	0.0105	0.0076	0.0055	0.0039	75
71	0.0127	0.0117	0.0088	0.0064	0.0045	0.0032	76
72	0.0108	0.0099	0.0074	0.0053	0.0038	0.0027	77
73	0.0092	0.0083	0.0062	0.0044	0.0031	0.0022	78
74	0.0078	0.0071	0.0052	0.0037	0.0026	0.0018	79
75	0.0068	0.0061	0.0044	0.0030	0.0021	0.0014	80
76	0.0058	0.0052	0.0037	0.0025	0.0017	0.0011	81
77	0.0050	0.0045	0.0031	0.0020	0.0013	0.0009	82
78	0.0043	0.0039	0.0026	0.0017	0.0011	0.0008	83
79	0.0037	0.0033	0.0022	0.0014	0.0009	0.0006	84
80	0.0030	0.0027	0.0018	0.0012	0.0008	0.0005	85
81	0.0024	0.0022	0.0015	0.0010	0.0007	0.0004	86
82	0.0018	0.0016	0.0011	0.0008	0.0005	0.0004	87
83	0.0013	0.0012	0.0008	0.0006	0.0004	0.0003	88
84	0.0009	0.0008	0.0006	0.0004	0.0003	0.0003	89
85	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	90
86	0.0007	0.0006	0.0005	0.0003	0.0002	0.0002	91
87	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	92
88	0.0005	0.0005	0.0004	0.0003	0.0002	0.0001	93
89	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	94
90	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	95
91	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	96
92	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	97
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	98
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99
95	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	100
96	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	101
97	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	102
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104
100	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	105
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

 <sup>105
 0.0001
 0.0001
 0.

 1999</sup> United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-III-M-C

Pension Table* (Other than Surviving Spouse) (Present Value of \$1 per Annum Payable Until Death) Male

		Wate	
•	Present		Present
Age	Value	Age	Value
Age	value	Age	value
11	75.314	56	24.303
12	73.964	57	23.412
12		57	
13	72.624	58	22.538
14	71.301	59	21.681
15	69.995	60	20.840
16	68.708	61	20.014
10		01	
17	67.438	62	19.205
18	66.183	63	18.414
19	64.940	64	17.641
20	63.706	65	16.887
21	62.482	66	16.150
22	61.268	67	15.430
23	60.061	68	14.728
24	58.860	69	14.047
25	57.661	70	13.387
26	56.465	71	12.747
27	55.273	72	12.123
28	54.083	73	11.516
29	52.900	74	10.926
30	51.722	75	10.353
31	50.551	76	9.796
32	49.387	77	9.253
33	48.229	78	8.724
34	47.080	79	8.211
35	45.937	80	7.718
36	44.803	81	7.249
37	43.677	82	6.806
38	42.559	83	6.392
39	41.450	84	6.003
40	40.351	85	5.635
41	39.262		5.290
		86	
42	38.184	87	4.968
43	37.115	88	4.666
44	36.059	89	4.385
45	35.013	90	4.122
46	33.981	91	3.878
46 47	32.961	92	3.651
48	31.954	93	3.439
49	30.957	94	3.242
50	29.971	95	3.058
51	28.995	96	2.885
52	28.030	97	2.723
53	27.030	98	
53 54	27.076	30	2.568
54	26.136	99	2.419
55	25.211	100	2.268

^{* 1999} United States Life Table for Male Population Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-III-F-C

Pension Table* (Other than Surviving Spouse) (Present Value of \$1 per Annum Payable Until Death) Female

		remaie	
Age	Present Value	Age	Present Value
11	82.580	56	28.472
12	81.196	57	27.495
13	79.819	58	26.533
14	78.453	59	25.585
15	77.098	60	24.651
16	75.755	61	23.732
17	74.422	62	22.829
18	73.099	63	21.942
19	71.783	64	21.071
20	70.474	65	20.216
21	69.170	66	19.376
22	67.871	67	18.551
23	66.580	68	17.742
24	65.294	69	16.950
25	64.015	70	16.176
26	62.742	71	15.418
27	61.476	72	14.675
28	60.217	73	13.948
29	58.965	74	13.239
30	57.720	75	12.549
31	56.482	76	11.877
32	55.251	77	11.222
33	54.029	78	10.585
34	52.815	79	9.967
35	51.611	80	9.372
36	50.415	81	8.800
37	49.228	82	8.252
38	48.049	83	7.733
39	46.880	84	7.243
40	45.719	85	6.786
41	44.566	86	6.356
42	43.423	87	5.952
43	42.289	88	5.574
44	41.164	89	5.220
45	40.048	90	4.889
46	38.942	91	4.580
47	37.845	92	4.292
48	36.760	93	4.024
49	35.684	94	3.774
50	34.619	95	3.539
51	33.564	96	3.320
52	32.521	97	3.113
53	31.490	98	2.916
54	30.470	99	2.725
55	29.464	100	2.535

^{* 1999} United States Life Table for Female Population Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

Effective Date: October 1, 2005 Section V Page 15 **Tables**

UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-IV-B

Present Value of Survivorship Benefits* Age Difference (Spouse's Age Minus Claimant's Age)**

	7.90		· · · · · · · · · · · · · · · · · · ·	T	9-7	
Claimant's Age	-5	-4	-3	-2	-1	-0
16 17 18 19 20		13.477	12.798 12.730	12.138 12.073 12.008	11.497 11.436 11.374 11.312	10.877 10.819 10.761 10.701 10.641
21	14.172	13.406	12.663	11.943	11.249	10.581
22	14.098	13.336	12.595	11.878	11.186	10.519
23	14.025	13.265	12.527	11.812	11.122	10.457
24	13.952	13.195	12.458	11.745	11.057	10.395
25	13.879	13.124	12.390	11.679	10.993	10.332
26	13.806	13.053	12.321	11.612	10.928	10.269
27	13.733	12.983	12.253	11.546	10.864	10.207
28	13.660	12.912	12.184	11.479	10.799	10.144
29	13.587	12.840	12.115	11.412	10.734	10.081
30	13.512	12.768	12.045	11.344	10.669	10.018
31	13.438	12.696	11.974	11.276	10.602	9.953
32	13.362	12.622	11.903	11.207	10.535	9.888
33	13.285	12.548	11.831	11.136	10.466	9.821
34	13.208	12.472	11.757	11.064	10.396	9.752
35	13.128	12.395	11.682	10.991	10.324	9.682
36	13.048	12.316	11.604	10.915	10.250	9.609
37	12.965	12.235	11.525	10.837	10.174	9.534
38	12.881	12.152	11.444	10.757	10.095	9.457
39	12.794	12.066	11.359	10.674	10.014	9.378
40	12.704	11.978	11.272	10.589	9.930	9.296
41	12.611	11.886	11.181	10.500	9.843	9.211
42	12.514	11.791	11.088	10.408	9.753	9.123
43	12.414	11.692	10.991	10.313	9.660	9.032
44	12.310	11.590	10.891	10.215	9.564	8.938
45	12.202	11.484	10.787	10.113	9.465	8.841
46	12.090	11.374	10.679	10.007	9.361	8.740
47	11.974	11.259	10.566	9.897	9.253	8.634
48	11.852	11.140	10.449	9.782	9.141	8.525
49	11.727	11.017	10.329	9.664	9.026	8.414
50	11.598	10.890	10.204	9.543	8.908	8.300
51	11.465	10.759	10.077	9.419	8.788	8.184
52	11.327	10.625	9.946	9.292	8.665	8.065
53	11.186	10.487	9.812	9.163	8.540	7.944
54	11.039	10.345	9.674	9.029	8.411	7.820
55	10.888	10.198	9.532	8.891	8.278	7.693
56	10.730	10.045	9.383	8.748	8.141	7.561
57	10.565	9.886	9.230	8.600	7.999	7.425
58	10.395	9.720	9.070	8.447	7.852	7.284
59	10.219	9.551	8.907	8.291	7.702	7.140
60	10.039	9.378	8.741	8.131	7.548	6.992

1999 United States Life Tables for Total Population and Female Population
Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest applied prior to claimant's death = 3.5%

Annual Rate of Interest applied after claimant's death = 3.5%

Annual Rate of Escalation applied prior to claimant's death = 4.0%

Annual Rate of Escalation applied prior to claimant's death = 4.0%

Annual Rate of Escalation applied after claimant's death = 4.0%

When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-IV-B (Continued)

Present Value of Survivorship Benefits* Age Difference (Spouse's Age Minus Claimant's Age)**

	Aye	Dillerence (Spo	use s Age Milli	is Ciailliailt s A	ye <i>)</i>	
Claimant's Age	-5	-4	-3	-2	-1	-0
61	9.856	9.201	8.571	7.967	7.391	6.841
62	9.668 9.475	9.020 8.834	8 397	7.800 7.628	7.230 7.065	6.687 6.529 6.367
63 64 65	9.277 9.074	8.643 8.448	8.218 8.034 7.847	7.451 7.271	6.896 6.723	6.200
66 67	8.868 8.659	8.250 8.048	7.656 7.462 7.263	7.088 6.901	6.546 6.367	6.031 5.859
68 69 70	8.445 8.226 8.001	7.842 7.631 7.414	7.263 7.060 6.851	6.710 6.514 6.314	6.183 5.996 5.804	5.683 5.504 5.321
71 72	7.771	7.193 6.969	6.638 6.424	6.110 5.905	5.609 5.413	5.135 5.013
73 74	7.538 7.303 7.064	6.743 6.514	6.207 5.988	5.698 5.577	5.291 5.186	4.906 4.724
75 76	6.822 6.577	6.282 6.164	5.868 5.768	5.473 5.271	4.994 4.802	4.542 4.361
77 78	6.464 6.381 6.150	6.071 5.851 5.633	5.558 5.349	5.072 4.875 4.679	4.614 4.427 4.242	4.183 4.007 3.834
79 80	5.919	5.414	5.142 4.934	4.482	4.059	3.664
81 82 83	5.686 5.448 5.206	5.192 4.967 4.740	4.725 4.514 4.302	4.286 4.090 3.894	3.876 3.695 3.515	3.496 3.330 3.167
84 85	4.962 4.716	4.511 4.283	4.302 4.090 3.879	3.699 3.506	3.338 3.164	3.007 2.853
86 87 88	4.472 4.232	4.057 3.838 3.626	3.673 3.474 3.285	3.320 3.142 2.971	2.998 2.838	2.704 2.560
88 89 90	3.999 3.775 3.562	3.626 3.425 3.232	3.285 3.102 2.928	2.971 2.807 2.650	2.684 2.537 2.396	2.423 2.291 2.165
91 92	3.358 3.163	3.047 2.871	2.761 2.603	2.500 2.358	2.262 2.135	2.045 1.931
93 94	2.978 2.802	2.703 2.545	2.452 2.310 2.175	2.223 2.095 1.974	2.014 1.899	1.824 1.721
95 96	2.635 2.479	2.395 2.254		1.974 1.860	1.791 1.688	1.623 1.530
96 97 98	2.332 2.196	2.254 2.122 1.999 1.886	2.048 1.929 1.818	1.752 1.652	1.590 1.498	1.440 1.354
98 99 100	2.071 1.960	1.786	1.716 1.624	1.558 1.473	1.411 1.331	1.273 1.197
101 102 103	1.842 1.730 1.624	1.677 1.573 1.473	1.523 1.425 1.329	1.378 1.285 1.210	1.241 1.168	1.127 1.058 0.988
103 104 105	1.520 1.520 1.420	1.473 1.373 1.295	1.329 1.252 1.178	1.136 1.063	1.097 1.025 0.953	0.966 0.918 0.845

<sup>1.420
1.295
1.178
1.063
0.953
0.845

1999</sup> United States Life Tables for Total Population and Female Population
Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest applied prior to claimant's death = 3.5%
Annual Rate of Interest applied after claimant's death = 4.0%
Annual Rate of Escalation applied prior to claimant's death = 4.0%
Annual Rate of Escalation applied after claimant's death = 4.0%
When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

SECTION VI

EXAMPLES

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective: October 1, 2005

Page 1 EXAMPLES

Section VI

SECTION VI - EXAMPLES

Section VI contains illustrations 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 Pennsylvania Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the illustrations 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 illustrations more meaningful. Appropriate discussion, comments and notes follow.

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

Effective: October 1, 2005

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Section VI

Illustration 1 - First Report Requiring Two Unit Reports

In this illustration 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 I					_									
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy E	Effective Date	e Policy E	xpiration Date	Expos. S	State	State Effective Dat	e Certi	ficate No.	Card	Serial No.		Risk ID Number		Page No.	Last Page	· No.
01				99998		WC4444		01/	/01/96	01.	/01/97	37	'											
																		•						
			Q Refir	ning Compai	∩y														F.	E.I.N.		Pending I	ile No.	
	's Addres																		_	56789				
Mod Effect	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate	Interstate E	cy Conditions Stimated Retro	Canceled	MCO	Type Cov.	licy Type I D Plan Non				Deductible Amour Claim/Accider		Deductible Amo Aggregate	unt	Reserved		For Carrier Use		For B	ıreau Use	
06/0	1/95	06/0	1/95	Policy Policy	Rating	N N	Mid-Term	Indicator	01	1nd. Std)1		\$1,000										
00/0	1773			RE INFORMATION	N.	14 14	14	1 4	01	01 01	030	71		LOSS IN	FORMAT	ION								
Upd Type	Exp. Cov.		ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd	Claim Num	nber	Acc. Date/	Incurr	ed Indemnity	Inci	urred Medical	Class	Injury	Status		Lo	oss Conditions		Jurisdic		мсо
Туре				·			Туре			No. Claims					Code			Act	Туре	Recov Cov		State		Туре
	01	0	581	110486	6.99	7723		1500 Socia	O Il Security Nu	04/22/96 umber	Part	25083 Nature	Cause	900	0581 ccupation Des	9 cription	0 v	01 oc. Lu	01 mp Frau	01 01 Id Deduct	00 Paid Indem	nity	OO Paid Medica	00 al
	01	0	951	75008	.96	720	_	Claimant's Attor	F	Employer's At	90	04	01	Che	mical Pro	OCESSOR sed for Future U		N			3127 ALAE Pa	1	800 ALAE Incurre	
	01	0'	953	12850	.49	63		Cidillidiit S Attor	ney rees	150					Revers	seu ioi ruiule i)Se				1250		ALAE IIICUITE	zu .
	Λ1		664			222	*Upd Type	Claim Num	ber	Acc. Date/ No. Claims		ed Indemnity	Incu	urred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State		MCO Type
	Α.	Tot	tal Subie	ct Premium		8174		1500°	1	05/02/96		9000		3000	0581	9	0	Act O1	Type 01	Recov Cov			00 (00
		Evi	norionco						I Security Nu		Part	Nature	Cause		ccupation Des				mp Frau	01 01	Paid Indem		Paid Medica	-
	B.	IVIO	d (XX.XX	(X)		1.080		Claimant's Attor	ney Fees	Employer's At	35 torney Fees	04	02		Revers	sed for Future L		N			2250 ALAE Pa		2875 ALAE Incurre	ed
	C.	Tot	tal Modifi	ied Premium		8828	*Upd	Claim Num	hor	Acc. Date/	Incurr	ed Indemnity	Inci	urred Medical	Class	Injury	Status	T				Jurisdic	Cat. M	MCO
		-					Туре	Ciaiiii Nuiii	ibei	No. Claims	incum	ed indentitity	IIICC	arred wedical	Code	injury	Status	Act	Lo Type	ss Conditions Recov Cov	Settl	State		Туре
	D.							15002		06/25/96		1500		250	0581	9	0	01	01	01 01	00			00
	E.								I Security Nu		Part 42	Nature 52	Cause 27	0	ccupation Des			oc. Lu	mp Frau	id Deduct	Paid Indem		Paid Medica 250	
	F.							Claimant's Attor	ney Fees	Employer's At	torney Fees				Revers	sed for Future L	Jse				ALAE Pa	d	ALAE Incurre	ed
							*Upd Type	Claim Num	ber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State		MCO Type
	•	Total	Standard Exp	nosure	Total Standard Prer	nium	- 13/20	1500	0			250		150		_	4	Act	Туре	Recov Cov		Oldio		
	G.	1014	Otanaara Exp	Josaic	Total olalidara i To	1		15003 Socia	J Il Security Nu	07/09/96 umber	Part	350 Nature	Cause	150	0581	5 cription	l I v	01 oc. Lu	01 mp Frau	01 01	00 Paid Indem	nity I	OO (00 al
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		0	900	Expense Constai	nt Amt			Claimant's Attor	ney Fees	Employer's At	torney Fees			•	Revers	sed for Future L	Jse		•		ALAE Pa	d	ALAE Incurre	ed
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Effective: October 1, 2005

Page 3 EXAMPLES

Section VI

Illustration 2 - Exposure Correction Report

In this instance 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 P in the Update Type field. The second line of exposure information is the revised information indicated by a R in the Update Type field.

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

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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Dat	te Polic	y Expiration Dat	e Expos.	State	State Effective Dat	e Cert	ificate No.	Caro	d Serial No.		Ri	sk ID Number		Page No.	Last	Page No.
01	01	Ε		99998		WC4444		01.	/01/96	0	1/01/97	3	7												
Insured	's Name:	PDC	Q Refir	ning Compai	ny			•		•		•								F.E.I.N	l.		Pending	File No.	
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Section VI

Illustration 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".

SUPPLEMENTAL LOSS REPORT

Illustration 3

															Pendin	g File No.		Page No	Las	t Page No.
Report N	lo I	Corr. No.	Corr	Туре	Replace Rp	Carri	er Code	1		Policy Num	her			Policy F	Effective Da	ate I	Policy Exp	iration Date	Expos	State
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Тур													Act	Туре	Recov	Cov	Settl			
Р		15000 al Security Nur	mher	04/2	2/96 Nature	1250	83	900	ation Des	0581	9	O Voc.	01 Lump	01 Fraud	01 Deduct	01	00 aid Indemnity	37	00 Paid Med	00
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	Socia	al Security Nur	mber	Part	Nature	Cause	<u> </u>	Occup	oation Des	cription		Voc.	Lump	Fraud	Deduct	P	aid Indemnity	<u> </u>	Paid Med	ical
	Claima	ant's Attorney	y Fees	Emp	ployer's Attori	ney Fees				Reversed f	or Future Us	е					ALAE Paid		ALAE Incu	rred
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Effective: October 1, 2005

Page 5 EXAMPLES

Section VI

Illustration 4 - Deductible; Rated Risk

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

Non-rateable and supplemental loading charges are not subject to the deductible credit.

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Section VI

Illustration 5 - Deductible; Rated Risk with Construction Credit

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

Non-rateable and supplemental loading charges are not subject to the deductible credit.

The Pennsylvania Construction Credit Adjustment Program (PCCPAP) is applied to the modified premium inclusive of the non-rateable elements and supplement surcharge premiums.

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	H.	0	06_	06_ Premium Discount Amt.		Amt.		-	Claimant's Attorney Fees		Employer's Attorney Fees					Reversed for Future I		Use					ALAE Paid		ALAE Incurred		
	ı.	0	0900 Expense Constant Amt						Statistics of 1865																		
							*Upd Type		Claim Number		Acc. Date/ No. Claims		ed Indemnity	Inc	urred Medical	Class Code	Injury	Status			Loss	Condition	ons		Jurisdic State	Cat. No.	MCO Type
																			Ad	ct	Туре	Recov	Cov	SettI			
	J.								Soci	al Security N	lumber	Part	Nature	Cause	C	Occupation Des	cription		Voc.	Lump	Fraud	De	educt	Paid Indem	nity	Paid M	edical
	K.								Claimant's Attornou Essa		Employer's	Attorney Fees	ne			Revers	Reversed for Future U		lse					ALAE Pai	id ALAE		curred
	L.								Claimant's Attorney Fees Employer's Attorney Fees				Reversed for Future C										TETE TO		ALAE Incurred		
									Reserved for F	uturo Hec	Total	l No. Claims	т				OSS TOTALS		December 16 - For			Table 1			Total	otal Paid Medical	
									reserved for F	uture USE	1012	al No. Claims		Total Incurred Indemnity		rotal incul	Total Incurred Medical		Reserved for Future Use			e Total Paid Indemnity			Total Pa		Jai
									Tot. Claimant's A	mant's Attny. Fees Tot. Employer			es			Reserved for					Total ALAE Paid			Total ALAE Incurred			
		•				•																					

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Section VI

Illustration 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 Section 5, Page C-3 of the Pennsylvania Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

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 x 12 mos = 361,118 6 mos

$$3,894 \times 12 \text{ mos} = 7,788$$
 6 mos

- 3) Annual Premiums
 - a. Rated b) Non-Rated Class Payroll Class Premium Rate Premium Payroll Rate 0813 361.118 8.75 \$31.598 0176 \$3.756 361.118 1.04 7,788 0.49 38 0953 Total Subject Premium \$31,636 Experience Modification .968 Total Modified Premium \$30.624 Total Standard Premium \$30,624 + \$3,756 = \$34,380
- 4) Short Rate Percentage 6 months = .60
- 5) Short Rate premium for canceled policy = $$34,380 \times .60 = $20,628$
- 6) Short Rate penalty premium code 0931 = \$20,628 \$17,190 = \$3438

												INFORM <i>i</i>															
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	umber		Policy	Effective Dat	te Policy	Expiration Date	e Expos.	State	State Effective Da	te Certi	ficate No.	Car	d Serial N	0.		Risk IE	D Number		Page No.	Last	Page No.
01		,,		78972		606	66		01	/01/96	07	//01/96	3	7													
Incurad	's Namo	. Δ 7 Δ	Com	nany																	F.E.	.I.N.			Pending F	ile No.	
	's Addre		COIII	parry																	1224	F/70	20				
Mod Effect		Rate Effe	ctive Date		Pol	licy Conditio	ns			Po	olicy Type I D	Dedu	ict. Dec	luct.	Deductible Amou	nt Per [Deductible Am	ount	Reserve		12345	OO / C or Carri			For Bu	reau Use	
				3 Yr F/R Multistate Policy Policy		Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan No Ind. St	n- Typ	e Per	cent	Claim/Accide	nt	Aggregate	:									
				N N	Raung	N	N	Y	N	01	01 0																
		F	XPOSU	RE INFORMATION	V										LOSSIN	IFORMAT	ION										
Upd	Exp. Cov.		s Code	Exposure Amount	Manual Rate	Dror	nium Rate	*Upd	Claim Nur	mber	Acc. Date/	Incur	red Indemnity	Incu	urred Medical	Class	Injury	Status	S		Los	s Cond	litions		Jurisdic	Cat.	MCO
Туре	Exp. COV.	Cias	3 Code	Exposure Amount	Wallual Nate	FIE	illulii Kate	Туре			No. Claims					Code			А	ct	Туре	Recov	v Cov	Settl	State	No.	Туре
	01	0!	513	180559	8.75		15799		Soci	al Security N	umber	Part	Nature	Cause	1 (Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	1 T E	Deduct	Paid Indem	nity	Paid M	edical
	01	00	953	3894	.49		19																				
									Claimant's Atto	rney Fees	Employer's F	Attorney Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE In	curred
								*Upd	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Incu	ırred Medical	Class	Injury	Status			Loss	s Condi	itions		Jurisdic	Cat.	MCO
								Туре			No. Claims					Code			A	ct	Туре	Recov	v Cov	SettI	State	No.	Туре
	A.	_	al Subje	ct Premium			15818		Soci	al Security N	umbor	Part	Nature	Cause	1 ,	Occupation Des	crintion	<u> </u>	Voc.	Lump	Fraud	, _	Deduct	Paid Indem	nity	Paid M	ndical
	B.		d (XX.X)				0.968		3001	al Security iv	umber	rait	Nature	Cause	· ·	occupation des	сприоп		VUC.	Lump	Traud	<u> </u>	Jeduci	r alu illucili	ility	r alu ivi	cuicai
	C.	Tot	al Modif	ied Premium			15312		Claimant's Atto	rney Fees	Employer's F	Attorney Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE In	curred
	0.	100	ar woun	iou i romium			13312	*Upd Type	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Incu	ırred Medical	Class	Injury	Status			Loss	s Condi	itions		Jurisdic	Cat.	MCO
								Туре			No. Claims					Code			A	ct	Туре	Recov	Cov	SettI	State	No.	Туре
	D.	0	176	180559	1.04		1878		Soci	al Security N	umber	Part	Nature	Cause		Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	1 0	Deduct	Paid Indem	nity	Paid M	edical
	E.	00	931				3438	_	Claimant's Atto	rnov Foos	Employer's A	Hornoy Foos					sed for Future	Hen						ALAE Pa	id	ALAE In	curred
	F.								Ciainiant 3 Atto	illey i ees	Lilipioyei 37	morney rees				Kever	seu ioi i uture	USC						ALALTA	iu .	ALAL III	curred
								*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status			Loss	s Condi	itions		Jurisdic State	Cat. No.	MCO Type
	_	Total	Standard Ex	nosure	Total Standard Pre	mium													A	ct	Туре	Recov	Cov	SettI			<i>.</i>
	G.	Total	Otanidara Ex	184453	Total otalidara 110	1	20628		Soci	al Security N	umher	Part	Nature	Cause	1 (Occupation Des	crintion		Voc.	Lump	Fraud	1 [Deduct	Paid Indem	nity	Paid M	odical
	Н.	00	06_	Premium Discou	nt Amt.				3001	ar occurry is	umber	T dit	Nature	Guusc	`	occupation ocs	сприоп		¥00.	Lump	Trada	, I ,	ocuuci	r ala iliacili	inty	i did ivi	cuicai
									Claimant's Atto	rney Fees	Employer's A	Attorney Fees			1	Revers	sed for Future	Use			<u> </u>			ALAE Pa	id	ALAE In	curred
	l.	0	900	Expense Constai	nt Amt			*Upd	Claim Nur	mhor	Acc. Date/	Incurr	ed Indemnity	Incu	ırred Medical	Class	Injury	Status							Jurisdic	Cat.	MCO
								Туре	Oldini Nai		No. Claims	inour.	od maommy			Code	injury	Otatas	A	ct	Type	s Condi Recov		SettI	State	No.	Туре
	J.													1													
	K								Soci	al Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	1 0	Deduct	Paid Indem	nity	Paid M	edical
	IX.								Claimant's Atto	rney Fees	Employer's A	Attorney Fees				Revers	sed for Future	Use	I_					ALAE Pa	id	ALAE In	curred
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									Fot. Claimant's A	Authy, Fees	rot. Emplo	oyer's Attny. Fe	ees			Reserved for	rulure USE						Total ALAE Pa	iiu	rota	ALAE Incu	ireu

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Illustration 7 - Rateable Class; Mandatory Non-Rateable Element

Effective 10/01/87, for class codes 615, 810, 4773, 4774, 4775, 4776, 4779, 7323F, 7405 and 7413, there is a Mandatory Non-Rateable Element established by the Bureau and shown on the Bureau Data Card. When reporting these classifications, the rateable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-rateable element is reported below line "C", on the hard copy unit.

Report	Corr.	Corr.	Replace	Carrier Code		Policy Nun	nber		Policy	Effective Dat		Y INFOR		Expos. S	State :	State Effective Da	te Certi	ficate No.	Car	d Serial N	0.		Risk II	D Number		Page No.	Last	Page No.
No. 01	No.	Туре	Rpt. Ind.	19872	,	WC279!	5461		01	/01/96		01/01/9)7	37														
				11312									-															
Insured	's Name:	:FBA	Com	pany							l			1	l l				<u> </u>			F.E.	.I.N.			Pending I	ile No.	
Insured	's Addre:	SS:																				12345	5678	89				
Mod Effect	ive Date	Rate Effe	ective Date	3 Yr F/R Multistate		icy Conditions Estimated	Retro	Canceled	MCO	Type Po	olicy Type I D Plan	Non-	Deduct Type			Deductible Amou Claim/Accide		Deductible Amo Aggregate		Reserve	ed	Fo	or Carr	rier Use		For B	ureau Use	
				Policy Policy		Exposure	Policy	Mid-Term	Indicator	Cov. 01	Ind.	Std.	.,,,,			orallin / toolad		riggi oguto										
			YDOSHI	RE INFORMATION		IN	ı	IV	IV	01	UI	01				1 055 IV	IFORMAT	ION										
Upd Type	Exp. Cov.		ss Code	Exposure Amount	Manual Rate	Premi	um Rate	*Upd Type	Claim Nur	mber	Acc. Da		Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status	S		Los	s Conc	ditions		Jurisdic State	Cat. No.	MCO Type
31.	01		615	82351	55.37		45598	31.												А	ct	Туре	Reco	OV Cov	Settl			31
	01		953	1587	.49		8		Soci	al Security N	lumber	Pa	art	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud		Deduct	Paid Inde	nnity	Paid M	edical
	01	0	733	1307	.47		0		Claimant's Atto	rney Fees	Employer	r's Attorney F	ees	I			Revers	sed for Future	Use	<u> </u>					ALAE P	aid	ALAE II	ncurred
								*Upd Type	Claim Nur	mber	Acc. Da No. Clai		ncurred	Indemnity	Incu	rred Medical	Class Code	Injury	Status	•		Loss	s Cond	litions		Jurisdic State	Cat. No.	MCO Type
	A.	To	tal Subje	ct Premium			45606													A	ct	Туре	Reco	Cov	Settl			
	В.		norionco d (XX.X)				0.915		Soci	al Security N	lumber	Pa	art	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	1 1	Deduct	Paid Inde	nnity	Paid N	edical
	C.		•	ied Premium			41729		Claimant's Atto	rney Fees	Employer	r's Attorney F	ees	•		'	Revers	sed for Future	Use	•			•		ALAE P	aid	ALAE II	ncurred
				1			,_,	*Upd Type	Claim Nur	mber	Acc. Da No. Clai		ncurred	Indemnity	Incu	rred Medical	Class Code	Injury	Status	;		Loss	s Cond	litions		Jurisdic State	Cat. No.	MCO Type
	D.	0	152	82351	6.09		5015													A	ct	Туре	Reco	v Cov	Settl			
	E.		.02	0200.	0.07		00.0		Soci	ial Security N	lumber	Pa	art	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	1	Deduct	Paid Inde	mnity	Paid N	ledical
	F								Claimant's Atto	orney Fees	Employer	r's Attorney F	ees				Revers	sed for Future	Use						ALAE P	aid	ALAE II	ncurred
								*Upd Type	Claim Nur	mber	Acc. Da No. Clai		ncurred	Indemnity	Incu	rred Medical	Class Code	Injury	Status	:		Loss	s Cond	litions		Jurisdic State	Cat. No.	MCO Type
	G.	Tota	l Standard Ex		Total Standard Pren	mium														A	ct	Туре	Reco	v Cov	Settl			
				83038			<u> 16711</u>		Soci	ial Security N	lumber	Pa	art	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud		Deduct	Paid Inde	nnity	Paid N	ledical
	H.	0	06_	Premium Discoun	nt Amt.				Claimant's Atto	rney Fees	Employer	r's Attorney F	ees				Revers	sed for Future	Use						ALAE P	aid	ALAE II	ncurred
	l.	0	900	Expense Constan	t Amt			*Upd	Claim Nur	mber	Acc. Da	ate/ I	ncurred	I Indemnity	Incu	rred Medical	Class	Injury	Status			1	. 01	Person		Jurisdic	Cat.	MCO
								Туре			No. Clai						Code	july		A	ct	Туре	Reco		Settl	State	No.	Туре
	J.								Soci	ial Security N	lumber	Pa	art	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	1 1	Deduct	Paid Inde	mnity	Paid M	edical
	K.								Claimant's Atto	orney Fees	Employer	r's Attorney F	ees				Revers	sed for Future	Use						ALAE P	aid	ALAE II	ncurred
	L.																OSS TOT	TALS										
									Reserved for F	uture Use	Т	Γotal No. Clair	ms	Tot	al Incurred	d Indemnity		rred Medical	Res	served for	Future l	Jse	To	otal Paid Inde	mnity	Tot	al Paid Med	ical
									Tot. Claimant's A	Attny. Fees	Tot. En	mployer's Attr	ny. Fees	S			Reserved for	Future Use						Total ALAE P	aid	Tota	I ALAE Incu	ırred

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Illustration 8 - Rateable Class; Optional Non-Rateable Element

An Optional Non-Rateable Element is established by the Bureau and shown on the Bureau Data Card when the non-rateable element is authorized by the Bureau's Classification Department. The Non-Rateable Element is optional for class codes 445, 447, 513, 7421, classes with radiation exposure, various classes eligible to use Workfare Program Employees (982) and construction classes with exposure to carcinogens.

When reporting these classifications, the rateable element is reported above line "A" on the hard copy unit, and the premium is subject to the experience modification. The optional non-rateable element is reported below line "C" on the hard copy unit.

Corr.	Corr.	Replace	Carrier Code		Policy Nu	ımber		Policy	Effective Dat		CY INFO		Expos. S	State	State Effective Da	te Certi	ficate No.	Card	d Serial No	0.	1	Risk ID I	Number		Page No.	Last	Page No.
No.	Туре	Rpt. Ind.	14020					01	/01/04		01/01/	07	27														
			10920		9732	SA		01	101190		01/01/	91	37	\dashv													
Name	GFF	Corn	oration																		F.E.I	I.N.			Pending	File No.	
		Оогр	oration																		12215	6720	0				
e Date	Rate Effect	tive Date		Po	licy Condition	ns			Po	olicy Type I D		Deduct	t. Dedu	ıct.	Deductible Amou	nt Per [Deductible Am	ount	Reserve						For B	ureau Use	
			3 Yr F/R Multistate Policy Policy			Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non- Std.	Туре	Perc	ent	Claim/Accide	nt	Aggregate										
			N Y		N	N	N	N	01	01	01																
	E>	(POSUR	E INFORMATION				****	Ol-i N		A D			d to do on the	la co			,	Chalan							Lordo Ro	0-1	1100
Exp. Cov.	Class	Code	Exposure Amount	Manual Rate	Prem	nium Rate	Туре	Claim Nur	nder			incurre	a inaemnity	incu	urred Wedicai	Code	injury	Status		ct		S Conditi Recov	Cov	SettI	State	No.	MCO Type
01	06	15	258870	55.37		143336		Soci	al Security N	lumher		Part	Nature	Cause	1 (Occupation Des	crintion		Voc	Lump	Fraud	De	duct	Paid Inde	nnity I	Paid M	edical
01	09	53	1328	.49		7																					
								Claimant's Atto	mey Fees	Employe	r's Attorney	Fees				Revers	sed for Future	Use						ALAE P	aid	ALAE II	ncurred
							*Upd Type	Claim Nur	nber			Incurred	d Indemnity	Incu	ırred Medical	Class Code	Injury	Status			Loss	Condition	ons		Jurisdic State	Cat. No.	MCO Type
A.	Tota	ıl Subjec	ct Premium			143343													Ac	t ·	Гуре	Recov	Cov	Settl			
В			X)					Soci	al Security N	lumber	F	Part	Nature	Cause	C	Occupation Des	cription		Voc.	Lump	Fraud	De	duct	Paid Inde	nnity	Paid M	edical
								Claimant's Atto	rney Fees	Employe	r's Attorney	Fees	<u> </u>			Revers	sed for Future	Use				1		ALAE P	aid	ALAE I	ncurred
<u> </u>	1018	II WOUIII	ed i Temium			131139	*Upd	Claim Nur	mber			Incurred	d Indemnity	Incu	ırred Medical	Class	Injury	Status			Loss	Condition	ons		Jurisdic	Cat.	MCO
Б.	01	F0	050070			457/5	Туре			NO. CIA	iiiis					Code			Ac	t ·	Гуре	Recov	Cov	Settl	State	NO.	Туре
								Soci	al Security N	lumber	F	Part	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	De	duct	Paid Inde	nnity	Paid M	edical
<u>E.</u>	01	64	258870	.59		1527		Claimant's Atto	rney Fees	Employe	r's Attorney	Fees				Revers	sed for Future	Use						ALAE P	aid	ALAE II	ncurred
F.							*Upd	Claim Nur	nber	Acc. Da	ate/	Incurred	d Indemnity	Incu	ırred Medical	Class	Injury	Status	1		Loca	Condition	ons		Jurisdic	Cat.	MCO
							Туре			No. Cla	aims					Code			Ac	t ·		Recov	Cov	Settl	State	No.	Туре
G.	Total S	Standard Expo	260198	Total Standard Pre		148451									_												
Н.	00	6 F	Premium Discoun	ıt Amt.				Soci	al Security N	lumber	'	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	De	duct	Paid Inde	nnity	Paid M	edical
	00	00 [t Amt				Claimant's Atto	rney Fees	Employer	r's Attorney	Fees	I		ı	Revers	sed for Future	Use				_ I		ALAE P	aid	ALAE II	ncurred
l	09	00 6	Expense Constan	t Amt			*Upd	Claim Nur	nber			Incurred	d Indemnity	Incu	ırred Medical	Class	Injury	Status			Loss	Condition	ons		Jurisdic	Cat.	мсо
							Туре			No. Cia	aims					Code			Ac	t ·	Гуре	Recov	Cov	Settl	State	NO.	Туре
J								Soci	al Security N	lumber	F	Part	Nature	Cause	0	Occupation Des	cription		Voc.	Lump	Fraud	De	duct	Paid Inde	nnity	Paid M	edical
К.								Claimant's Atto	rney Fees	Employer	r's Attorney	Fees				Revers	sed for Future	Use						ALAE P	aid	ALAE II	ncurred
L.																OSS TOT	ALS										
								Reserved for F	uture Use	1	Total No. Cla	aims	Tot	al Incurre				Res	erved for	Future U	se	Tota	l Paid Inde	mnity	To	al Paid Med	ical
								Tot. Claimant's	Attny. Fees	Tot. Er	mployer's At	ttny. Fee:	s			Reserved for	Future Use					To	otal ALAE P	aid	Tota	I ALAE Incu	rred
	Name: Address Pate Exp. Cov. 01 01 A. B. C. D. E. F.	Name: GEE Address: Date Rate Effect Exp. Cov. Class O1 O6 O1 O9 A. Tota B. Moo C. Tota F. G. Tota S H. O0	Name: GEE Corporate	Name: GEE Corporation Address: Date Reference Date	Name: GEE Corporation	Name: GEE Corporation	Name: GEE Corporation Address: Date Bate Effective Date Play Purily Pu		Name: GEE Corporation	16928 97523A	Name: GEE Corporation Address: State Tricks late New York Market New York New	16928	16928 97523A 01/01/96 01/01/97 37	16928 97523A	16928 97523A	16928 97523A	16928	Name GEE Corporation	16928	Name GEE Corporation							

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Illustration 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 and the grouping of the seven closed medical only claims. Groupings must be made by loss condition (Type of Loss) as well as injury type and class code.

Also note this risk has qualified for the Pennsylvania Certified Safety Committee Credit (Code 9890). The Pennsylvania Certified Safety Committee 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 Pennsylvania Certified Safety Committee Credit.

									POLICY IN											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effective Dat	e Policy Exp	oiration Date	Expos. S	tate State Effective D	Date Certi	ficate No.	Card S	Serial No.	Ri	sk ID Number	Page No.	Last Page No.
01				94999		WC54321		07/01/04	07/0	01/05	37									
Insured'	s Name:	PAZ I	ndustr	ries Corporati	ion			l	<u> </u>				<u> </u>				F.E.I.N		Pending	File No.
	s Address																123456	780		
Mod Effect	ive Date	Rate Effec	tive Date		Polic	y Conditions		Po	licy Type I D	Deduc	ct. Dedu	ct. Deductible Amo	ount Per [Deductible Amo	unt	Reserved		Carrier Use	For	Bureau Use
			Ī	3 Yr F/R Multistate Policy Policy		stimated Retro kposure Policy	Canceled Mid-Term	MCO Type Indicator Cov.	Plan Non- Ind. Std.	Туре	Perce	ent Claim/Accid	dent	Aggregate						
				N N		N Y	N	N 01	01 01											
			XPOSUR	RE INFORMATION								LOSS	NFORMATI	ON						
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incurred Medical	Class Code	Injury	Status		Loss (onditions	Jurisdic State	Cat. MCO No. Type
1300							Турс									Act		ecov Cov	Settl	
	01	0	101	1214435	6.91	83917		46096 Social Security N	11/26/04 umber	Part 18	Nature	7027 Cause	0101 Occupation Des	9 cription	0 Vo	01 c. Lump		01 01 Deduct	Paid Indemnity	00 00 Paid Medical
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	<u>F.</u>						*Upd	Claim Number	Acc. Date/	Incurre	d Indemnity	Incurred Medical	Class	Injury	Status				Jurisdic	Cat. MCO
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Section VI Page 11 **EXAMPLES**

Illustration 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma Average Weekly Wage - \$555 Effective Date - 07/01/04 Date of Valuation - 01/01/06 1st Level Report - Open

Present Value of Future Payments Weekly Benefit = $.6667 \times (\$555) = \370.02 Present Value of \$1 at Age 46 = 18.198 {Table III-M-A} \$370.02 x 52 x 18.198 = \$350,148

Date of Accident - 10/01/04 Date of Birth - 04/01/59 Claimant's age at Valuation-46 (sex- M) No. Wks. Benefits Pd. to Valuation Date - 457 days / 7 days = 65.286 wks

Indemnity Paid to Valuation Date - $65.286 \times 307.02 = 24,157$

			UNIT :	STAT	IST	ICAL	PLA	N - I	NDI	VIDUAI	L CA	SEI	REPO	RT							
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Section VI

Illustration 10 - Individual Risk Experience with USL & HW Coverage

Note that the Federal Class 6843F has exposure coverage Code 02 and the loss for Class 6843F has loss conditions Code 02/01/03/00.

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 the Terrorism Risk Insurance Act (TRIA) Code 9740. However pursuant to Act 57 of 1997, these exposures/premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

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

											POLICY IN															
Report No.		Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Date	e Policy Ex	piration Date	Expos.	State	State Effective Da	te Certi	ficate No.	Card	Serial No.		R	Risk ID Number		Page No.	Last	Page No.
01				16928		998	87		07	/01/04	07/	01/05	37	7												
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Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability

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

Type - USL & HW-Trauma Average Weekly Wage - \$555 Effective Date - 07/01/04 Date of Valuation - 01/01/06 1st Level Report - Open Date of Accident - 10/01/04 Date of Birth - 03/15/37 Employee's age at Valuation Date -68 (sex - M) Loss Conditions - 02/01/01/03/00

Section VI

Employer's Liability = \$3,000 Present Value of Future Payments Weekly Benefit = .6667 x (\$555) = \$370.02 Present Value of \$1 = 14.728 {Table III-M-C} \$370.02 x 52 x 14.728 = \$283,382 (Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date Benefits Paid from 10/01/04 to 01/01/06 [457 days / 7 = 65.286 (Wks)] $65.286 \times $370.02 = $24,157$

Total Indemnity Incurred = \$3,000+\$283,382 + \$24,157 = \$310,539

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.

			UNIT	STATI	ISTI	ICAL	PLA	N - I	INDI	VIDUAI	L CA	SE F	REPO	RT							
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			MO.	DAY	YR	_				CODE*	MO.	DAY	YR	ACT	TYPE	RCOV	COV	SETT	L S1	TATE	TYPE
99887			07	01	04		789	9803		0				02	01	01	03	00	;	37	00
		INSURED NAI	ME						,	ACC. DATE		DATE C	F DEATH	DAT	E REPO	RTED	DATE OF	FBIRTH	SL	IRG	ATTNY
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		Steve Ho Co	orp.						10	01	04			10	01	04	03 1	5 37			
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I. EMPLOYERS LIABILITY C	R OTHER IN	DEMNITY	•							3	000						370.	.02 x 5	2 x 14	.728 =	
5. VOCATIONAL REHABILIT	ATION TOTAL	INCURRED																283	3382		
6. CLAIMANT LEGAL EXPEN	ISE											7. PE	NSION II	NDEM. F	PAID TO	VAL. DA	TE				24157
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HOSPITAL PAID			PE	RM. PAR	RTIAL	PAID						9. PR	ES. VAL	JE FUTI	JRE INI	DEM. PM	NT.				283382
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ANNUITY PURCHASE AMT.				R. INDEM												VAL. DAT	E				8008
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Illustration 10b - Individual Case Report; Death, Widow Only

Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$575 Effective Date - 07/01/04 Date at Valuation - 01/01/06 Date of Accident - 08/01/04

Widow's Date of Birth - 05/01/39 Age at Widowhood - 65 Age at Valuation - 66 1st Level Report - Open Date of Death - 08/01/04

Present Value of Future Payments Weekly Benefit = $.51 \times (\$575) = \293.25 Present Value of 1 = 12.611 - Widowhood at age 65, x = 12.611 - Widowhood $293.25 \times 52 \times 12.611 = 192,305$

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$293.25 Present Value of Remarriage Dowry = .0244 $293.25 \times 104 \times .0244 = 744$

Indemnity Paid to Valuation Date Benefits Paid from 08/01/04 to 01/01/06 - 518 days / 7 = 74 Wks $(74 \text{ Wks}) \times \$293.25 = \$21,700$

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			UNIT	STATI	STI	ICAL	PLAN	I - IN	/IDI	/IDUAI	L C	ASE F	REPO	RT							
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0718	1	1	1			16928	3									37					
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	INSURED NA	ME						Α	ACC. DATE		DATE (F DEATH	DAT	E REPO	RTED	DATE	OF BIRT	ГН	SURG	ATTNY	
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		Steve Ho C	orp.						08	01	04	08	01 04	1 08	01	04	07	25	38		
WORKER LAST NAM	ME	WORKERS SEX	AVG. WEEKLY WAGE			PART	NATUR	CA	AUSE		•	OCCUPA	TION			DATE LOSED	RI	ESERVE	LUM	IP FRA	UD S/S
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2. SCHEDULED INDEMNITY	1											2	05	01	39		Р	aid to	Valuat	tion Date	9
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6. CLAIMANT LEGAL EXPE	NSE											7. PE	NSION II	NDEM. F	AID TO	VAL. D	ATE		.0200		2170
PHYSICIAN PAID			TE	MP. DISA	BILI	TY PAI	D					8. PE	NS. INDE	M. PRE	V. RSV	D., NOT	PAID				
HOSPITAL PAID			PE	RM. PAR	TIAL	PAID						9. PR	S. VAL	UE FUTI	JRE IND	DEM. PN	MNT.				19230
APP. MED. EVAL. PAID			PE	RM. TOTA	AL P	AID						10. Fl	JNERAL	ALLOW	ANCE						300
DEFENSE MED. EVAL PAID			DE	ATH PAI	D							11. LU	IMP SUN	/ REMA	RRIAGE						74
NDEP. MED. EVAL. PAID			SIN	NGLE LUN	MP S	MU						12. TO	TAL IN	CURRED	INDEM	1.,(SUM	1-11)				21774
EGAL EXP DEFENSE				R. PAID									TAL IN								
ANNUITY PURCHASE AMT.			V.F	R. INDEM.	. INC	URREI	D					14. TO	TAL INI	DEM. PA	ID TO \	/AL. DA	TE				1334
TOTAL GROSS INCURRED				R. TRAINI									OTAL ME								
_			V.F	R. EVAL. I	INCU	JRRED						16. S	C. SEC	. OR OT	HER OF	FSET A	۹MT.				

*SEE MANUAL FOR CODING

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Section VI

Illustration 11 - Second Reporting of Losses for Unit for Illustration 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 01/07).

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.

Subsequent levels can be reported on a Supplemental Loss Report (as shown) or on a Unit Statistical Report using the same format shown here.

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 Illustrations 11a and 11b for Individual Case Reports.

SUPPLEMENTAL LOSS REPORT

												Pendir	ig File No.		Page N	o La	No.
Report		r. Type	Replace Rpt Ind.		er Code		Policy Num					ffective Dar 01/04		Policy Expi			s. State
Insu	red's Name: Steve	Ho Corp).			1				L				F.E.I.	N.	Card Se	rial No.
insui	red's Address:	Acc. Date/ N	lo Claims	Incurred Ind	emnity	Incurred Medical	Class Code	Injury	Status	1				12345	6789 Jurisdic	Cat.	MCO
Upd Typ	Oldini Hamboi	, too. Date 1	io. olamb	mounted me	y	mounds mounds	Siass odds	njury	otatas	Act	Туре	Loss Condition Recov	Cov	Settl	State	No.	Туре
Р	789803 Social Security Number	10/01	1/04 Nature	3105	39	25000 Occupation Des	6843	2	O Voc.	02	01 Fraud	01 Deduct	01	00 Paid Indemnity		00 Paid Med	00
	,	42	49	36					N					8008		1500	
	Claimant's Attorney Fees	Em	ployer's Attori	ney Fees			Reversed	for Future Use						ALAE Paid		ALAE Incu	irred
Upd	Claim Number	Acc. Date/ N	lo. Claims	Incurred Ind	emnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	ns		Jurisdic State	Cat. No.	MCO Type
Тур										Act	Туре	Recov	Cov	Settl			
R	789803 Social Security Number	10/01 Part	1/04 Nature	3167.	29	27500 Occupation Des	6843	2	Voc.	02 Lump	O1 Fraud	Deduct	01	00 Paid Indemnity		OO Paid Med	dical
_	Claimant's Attorney Fees	42	49 ployer's Attori	36			Dougrand	for Future Use	N					18715		2000 ALAE Inci	-
	Glainfailt S Attorney rees	Em	pioyer s Attori	icy rees			Reverseu	tor i didie ose						ALAL Falu		ALAL IIIC	ineu
Upd Typ	Claim Number	Acc. Date/ N	lo. Claims	Incurred Ind	emnity	Incurred Medical	Class Code	Injury	Status	Act	Туре	Loss Condition	ns	Settl	Jurisdic State	Cat. No.	MCO Type
Р	789749	08/01	1/04	2177	1 0	0	0718	1	0	01	01	01	01	00		00	00
	Social Security Number	Part	Nature	Cause	77	Occupation Des		,	Voc.	Lump	Fraud	Deduct		Paid Indemnity		Paid Med	
_	Claimant's Attorney Fees	90 Em	13 ployer's Attorn	75 ney Fees			Reversed	for Future Use	N					13346 ALAE Paid		ALAE Inco	ırred
Upd Typ	Claim Number	Acc. Date/ N	lo. Claims	Incurred Ind	emnity	Incurred Medical	Class Code	Injury	Status	Act	Туре	Loss Condition Recov	Cov	Settl	Jurisdic State	Cat. No.	MCO Type
R	789749	08/01	1/04	2249	96	0	0718	1	0	01	01	01	01	00		00	00
	Social Security Number	Part	Nature	Cause		Occupation Des			Voc.	Lump	Fraud	Deduct	P	Paid Indemnity		Paid Med	
_	Claimant's Attorney Fees	90 Em	13 ployer's Attorn	75 ney Fees			Reversed	for Future Use	N					22786 ALAE Paid		ALAE Inco	ırred
	Claim Number	Acc. Date/ N	In Claims	Incurred Ind	omnity	Incurred Medical	Class Code	Injury	Status	ı					Jurisdic	Cat.	MCO
Upd Typ	Oldini Hamboi	Acc. Date is	vo. Glainis	incured ind	citing	incurred wedical	Class Code	njuly	Status	Act	Туре	Loss Condition Recov	Cov	Settl	State	No.	Туре
	Social Security Number	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduct	P	Paid Indemnity		Paid Med	fical
							*										
	Claimant's Attorney Fees	Em	ployer's Attori	ney Fees			Reversed	for Future Use						ALAE Paid		ALAE Inco	irred
Upd	Claim Number	Acc. Date/ N	lo. Claims	Incurred Ind	emnity	Incurred Medical	Class Code	Injury	Status			Loss Condition			Jurisdic State	Cat. No.	MCO Type
Тур										Act	Туре	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause		Occupation Des	Cription		Voc.	Lump	Fraud	Deduct	P	Paid Indemnity		Paid Med	lical
-	Claimant's Attorney Fees	Em	ployer's Attori	ney Fees			Reversed	for Future Use						ALAE Paid		ALAE Incu	ırred
							0.707										
Rev	verse for Future Use	Total No.	. Claims	To	tal Incurred		S TOTA		Reserved	for Future	Use	Tota	l Paid Inde	emnity	Т	otal Paid Med	lical
		8			5417		28787						4150 ⁻			21287	
Total C	Claimant's Attorney Fees	Total Employer's	s Attorney Fee	es		Res	served for Future I	Use				Т	otal ALAE P	aid	Ī	otal ALAE Incur	red

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

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

Type - USL & HW-Trauma Average Weekly Wage - \$555 Effective Date - 07/01/04 Date of Valuation - 01/01/07 Employer's Liability = \$3,000 Date of Accident - 10/01/04 Date of Birth - 03/15/37 Employee's Age at Valuation Date - 69 (sex - M) Maximum Weekly Benefit - \$1,030.78 Effective 10/01/03

Section VI

Present Value of Future Payments \$370.02 x 52 x 14.047 = \$270,278

Indemnity Paid to Valuation Date Benefits Paid from 10/01/04 to 01/01/07 [822 days / 7 = 117.429 (Wks)] (117.429 Wks) x \$370.02 = \$43,451

Total Indemnity Incurred - \$3,000 + \$270,278 + \$43,451 = \$316,729

								<u> 11 - 17</u>	יוטוי	VIDUA				OK								
CLASS CODE	REPORT NO. CODE*	TRAN. TYP CODE*	TYPE (CARF	RIER NU	JMBER			(CARRI	ER NA	ME			:	PAYROL STATE CO			ADM. FI	LE NUMBE	ĒR
6843	2	1	2			16928	3										37					
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			MO.	DAY	YR					CODE*	MC). D	AY Y	/R	ACT	TYPE	RCOV	CO	V SE	TTL S	STATE	TYPE
99887			07	01	04		7898	303		0					02	01	01	03	3 0	0	37	00
		INSURED NA	ME						,	ACC. DATE		DATE	OF DE	ATH	DATI	REPO	RTED	DATE	OF BIRT	H S	URG	ATTNY
								МО	DAY	YR	МО	DAY	YR	MO	DAY	YR	МО	DAY Y	r C	ODE	CODE*	
		Steve Ho C	orp.						10	01	04				10	01	04	03	15 3	37		
WORKER LAST NAM	ΙE	WORKERS SEX	AVG. WEEKLY WAGE			PART	NATUR	RE C	AUSE			occui	PATION		•		DATE	RE	SERVE	LUMP	FRAU	S/S
			WAGE	INJUR DESC												МС) YR	С	ODE*	SUM	CODE	OFF SET
Vee		м	555	CODE*		42	49		56			ron V	Vorke	r								
SOCIAL SECURITY	NUMBER		ATE SINGLE	МО	DAY			IPLOYM			<u>'</u>	YEAR						DATE C	OF	MO	DAY	YR
123-45-98	76	8	UM PAID (STATU	s (EXPO	SED					HIRE		01	01	80
123-43-90		RENEEITS O	THER THAN P	FNSION					`				·			PF	NSION B	FNFFI	ITS	01	01	60
KIND OF		<u> </u>	% DISAB.	BODY M			O. EKS		INC	JRRED			BENEF	ICIA	RY DAT					IDER C	OMMENT	S
I. TEMPORARY INDEMNITY	,		XXX	XX		VVE	ENS					COL	DE	DAT MO	E OF BIR	TH YR						
. SCHEDULED INDEMNITY												1)3	15	37		Pa	aid to \	/aluatic	n Date	
												+ ')3	10	31		117.	.429 x	370.02	= 4345	1
S. NON-SCHEDULED INDEM	INITY			XX	X	XX	XX					1							Future	Paym	ents	
. EMPLOYERS LIABILITY C	R OTHER INC	DEMNITY								3	000										4.047 =	
5. VOCATIONAL REHABILIT	ATION TOTAL	. INCURRED																		70278		
. CLAIMANT LEGAL EXPEN	ISE											7. P	ENSIO	INI NO	DEM. P.	AID TC	VAL. DA	TE				4345
PHYSICIAN PAID			TE	MP. DISA	\BILI	TY PAI	D					8. P	ENS. I	NDEN	/l. PRE	/. RSV	D., NOT I	PAID				
HOSPITAL PAID			PE	RM. PAR	TIAL	PAID						9. P	RES. \	/ALUI	E FUTL	IRE INI	DEM. PM	NT.				27027
APP. MED. EVAL. PAID			PE	RM. TOT	AL P	AID						10.	FUNEF	RAL A	LLOWA	ANCE						
DEFENSE MED. EVAL PAID			DE	ATH PA	ID							11.	LUMP	SUM	REMAF	RRIAGE	Ē					
NDEP. MED. EVAL. PAID			SII	NGLE LUI	MP S	SUM						12.	TOTAL	INC	JRRED	INDEN	Л.,(SUM 1	I-11)	1			31672
EGAL EXP DEFENSE			V.F	R. PAID								13.	TOTAL	INC	JRRED	MEDIC	CAL					2750
ANNUITY PURCHASE AMT.			V.F	R. INDEM	. INC	URREI	D					14.	TOTAL	. INDE	EM. PA	D TO \	/AL. DAT	E				1871
OTAL GROSS INCURRED			V.F	R. TRAINI	NG I	NCUR	RED					15.	TOTAL	MED). PAID	TO VA	L. DATE					2000
			V F	R. EVAL.	INCU	JRRED						16.	SOC. S	SEC. (OR OTI	HER O	FFSET A	MT.				

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Section VI Page 17 **EXAMPLES**

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

Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$575 Effective Date - 07/01/04 Date at Valuation - 01/01/07 Date of Accident - 08/01/04

Widow's Date of Birth - 05/01/39 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open Date of Death - 08/01/04

Present Value of Future Payments Weekly Benefit = $.51 \times (\$575) = \293.25 Present Value of 1 = 12.290 - Widowhood at age 65, x = 12.290 - Widowhood at age 65, x = 12.290 $$293.25 \times 52 \times 12.290 = $187,410$

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$293.25 Present Value of Remarriage Dowry = .0195 $$293.25 \times 104 \times .0195 = 595

Indemnity Paid to Valuation Date Benefits Paid from 08/01/04 to 01/01/04 - 883 days / 7 = 126.143 Wks $(126.143 \text{ Wks}) \times \$293.25 = \$36,991$

								<u> </u>	INDI	VIDUA			EPO	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPI CODE*	TYPE (INJ. COI		CAR	RIER NU	JMBER			(CARRI	ER NAME				PAYRO STATE CO			ADM. FI	LE NUMBE	ΕR
0718	2	1	1			16928	3									37					
POLICY NUMBE	R	CERT. NO.	POLICY EF	FECTIVE	DATE	≣	CLAI	M NO.		STAT	DA	TE ATTN	/ DISC		LC	OSS CONE	OITIONS		,	IURIS	MCO
			MO.	DAY	YR					CODE*	MO	. DAY	YR	ACT	TYPE	RCOV	COV	/ SET	TL S	TATE	TYPE
99887			07	01	04		789	749		0				01	01	01	01	0	0		00
	INSURED NA								,	ACC. DATE		DATE O	F DEATH	DAT	E REPO	RTED	DATE (OF BIRTI	l S	URG	ATTNY
									MO	DAY	YR	MO D	AY YF	R MO	DAY	YR	MO [DAY Y	R C	ODE	CODE*
		Steve Ho Co	orp.						08	01	04	08	04	80	01	04	07 2	25 3	8		
WORKER LAST NAI	ME	WORKERS SEX	AVG. WEEKLY WAGE			PART	NATU	JRE	CAUSE			OCCUPA ⁻	ΓΙΟΝ	'		DATE CLOSED	RES	SERVE	LUMP	FRAUI	D S/S
			WAGE	INJUF DES											М	O YR	CC	ODE*	SUM	CODE	OFF- SET
Stavana		М	575	CODE		90	13	,	75			Ship Bu	ildor								
Stevens SOCIAL SECURITY	Y NUMBER		TE SINGLE	MO	DAY			MPLOY				YEAR LA				-	DATE O	F	MO	DAY	YR
			UM PAID \	I III	D/()		`` -	STAT				EXPOSE	_				HIRE				
789-65-4				- LUCION									_ (NOIGN F		`	01	01	80
KIND OF	BENEFIT	BENEFITS OT	% DISAB.	BODY N		IN	O.		INCI	URRED		l _{BE}	NEFICI	ARY DA		NSION E			DER CO	DMMENT	·s
				COD			EKS			OTTILLE				ATE OF BI			Ditti		DEIX OX	JIVIIVIE I VI	
1. TEMPORARY INDEMNIT			XXX	XX	Х							CODE	мо	DAY	YR						
2. SCHEDULED INDEMNITY	ſ											2	05	01	39		Pa	iid to V	aluatio	n Date	
																	126.	143 x :	293.25	= 3699	1
3. NON-SCHEDULED INDE	MNITY			ХХ	Χ	ХХ	XX											Future	Paym	ents	
4. EMPLOYERS LIABILITY	OR OTHER INI	DEMNITY				1														2.290 =	
5. VOCATIONAL REHABILIT	TATION TOTAL	LINCURRED																1	37410		
6. CLAIMANT LEGAL EXPE	NSE											7. PEN	ISION II	DEM. F	AID TO	VAL. D	ATE				36991
PHYSICIAN PAID			TE	MP. DIS	ABILI	TY PAI	D					8. PEN	IS. INDE	M. PRE	V. RSV	D., NOT	PAID				
HOSPITAL PAID			PE	RM. PAF	RTIAL	. PAID						9. PRE	S. VAL	JE FUTI	JRE IN	DEM. PM	INT.				187410
APP. MED. EVAL. PAID			PE	RM. TO	TAL P	PAID						10. FU	NERAL	ALLOW	ANCE						3000
DEFENSE MED. EVAL PAID			DE	ATH PA	NID							11. LU	MP SUN	/ REMA	RRIAG	E					595
INDEP. MED. EVAL. PAID			SIN	IGLE LU	IMP S	SUM						12. TC	TAL IN	CURRED	INDE	M.,(SUM	1-11)				224996
LEGAL EXP DEFENSE			V.F	R. PAID								13. TC	TAL IN	CURRED	MEDI	CAL					
ANNUITY PURCHASE AMT			V.F	R. INDEN	Л. INC	URREI	D					14. TC	TAL INI	DEM. PA	ID TO	VAL. DA	ΓE				22786
TOTAL GROSS INCURRED			V.F	R. TRAIN	IING I	NCUR	RED					15. TC	TAL ME	D. PAID	TO VA	L. DATE					
			V.F	R. EVAL.	INCL	JRRED						16. SC	C. SEC	. OR OT	HER O	FFSET A	MT.				

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Section VI

Illustration 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 99.5% 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 the Terrorism Risk Insurance Act (TRIA) Code 9740. However pursuant to Act 57 of 1997, these exposures/premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

Class 665's rating value as of 04/01/00 is 12.10, the rating value including coverage for the USL & HW Act is \$9.86 x 1.2270 x 1.995 = \$24.14. Refer to Section I, Rule XII of the Pennsylvania Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL & HW Act.

Refer to Illustration 12a for Individual Case Report.

Report	Corr.	Corr.	Replace	Carrier Code		Policy Nu	ımber		Policy	Effective Dat		Y INFO		Expos. St	tate	State Effective Date	e Certif	ficate No.	Card	I Serial No.		Risk	ID Number		Page No.	Last P	Page No.
No. 01	No.	Туре	Rpt. Ind.			-																			.3.		
- 01				99622		1982	(00)		07	//01/04		07/01/	US	37	-												
Incurad	la Nama	Iron	Eroct	ors, Inc.																		F.E.I.N.			Pending F	ile No.	
	's Addres		LIECK	013, 1110.																	123	1567	70N				
Mod Effect	tive Date	Rate Effe	ctive Date		Po	licy Condition	ns			Po	olicy Type I D		Deduct.	Deduc	ct.	Deductible Amou	nt Per D	Deductible Amo	unt	Reserved	123		rrier Use		For B	ıreau Use	
				3 Yr F/R Multistate Policy Policy		Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non- Std.	Туре	Perce	ent	Claim/Accide	nt	Aggregate									
				N Y		N	N	N	N	01	01	01															
		E	XPOSUF	RE INFORMATION													FORMATI										
Upd Type	Exp. Cov.	Clas	ss Code	Exposure Amount	Manual Rate	Prem	nium Rate	*Upd Type	Claim Nur	mber	Acc. Da No. Clai		Incurred	Indemnity	Inc	urred Medical	Class Code	Injury	Status	Act	Type	oss Co Rei	nditions	v Settl	Jurisdic State	Cat. No.	MCO Type
	02	0	665	120000	24.14		28968		845		08/01			5876		25000	0665	2	0	02	01	0			37	00	00
	01	0	665	1000000	20.94		209400			ial Security N			Part 40	Nature 28	Cause 25		Iron Wor	ker		Voc. L	imp Fra	aua	Deduct	Paid Inc	201	Paid Me 120	00
	01	0'	951	95000	.96		912		Claimant's Atto	rney Fees	1	's Attorney	Fees				Revers	sed for Future L	Jse					ALAE 25(ALAE Inc	curred
	Λ1		0 52	105000	ДQ		515	*Upd Type	Claim Nur	mber	Acc. Da No. Clai		Incurred	Indemnity	Inc	urred Medical	Class Code	Injury	Status		L	oss Cor	nditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	tal Subje	ct Premium			239795		896)	09/01/	/04	6	00		350	0665	5	1.	Act 01	Туре 01	Red O				00	00
	B.		d (XX.XX				0.900		Soci	al Security N	umber		Part 48	Nature 65	Cause	C	occupation Desc	cription		Voc. L	imp Fra	aud	Deduct	Paid Ind	-	Paid Me	
	C.	Tot	tal Modifi	ied Premium			215816		Claimant's Atto	orney Fees	Employer	's Attorney	Fees				Revers	sed for Future L	Jse	·	•			ALAE	Paid	ALAE Inc	
							210010	*Upd Type	Claim Nur	mber	Acc. Da No. Clai		Incurred	Indemnity	Inc	urred Medical	Class Code	Injury	Status		L	oss Cor	nditions		Jurisdic State	Cat. No.	MCO Type
	D.								897	,	09/15/	/04	7	50		800	0665	5	1	Act 01	Type 01	Red				00	00
	F.									al Security N		1	Part 31	Nature 28	Cause 26	000	occupation Desc	cription			ımp Fra		Deduct	Paid Inc	-	Paid Me	edical
	F.								Claimant's Atto	rney Fees	Employer	's Attorney		20 1		1	Revers	sed for Future L		IV I	ı	ı		ALAE		ALAE Inc	
	г.							*Upd Type	Claim Nur	mber	Acc. Da No. Clai		Incurred	Indemnity	Inc	urred Medical	Class Code	Injury	Status		L	oss Cor	nditions		Jurisdic State	Cat. No.	MCO Type
	•	Total	Standard Exp	posure	Total Standard Pre	mium		Турс	000	,						250			1	Act	Туре	Rec			Juic		
	G.			1320000			215216		898 Soci	al Security N	10/11/ umber		Part	Nature	Cause	250	0953 Occupation Desc	6 cription	- 1	01 Voc. L	mp Fra	O oud	1 01 Deduct	OO Paid Inc	emnity	00 Paid Me	00 edical
	H.	0	06_	Premium Discoun	nt Amt.								36	40	19					N						25	
	1	0	900	Expense Constan	t Amt				Claimant's Atto	rney Fees	Employer	's Attorney	Fees				Revers	sed for Future L	Jse					ALAE	Paid	ALAE Inc	curred
								*Upd Type	Claim Nur	mber	Acc. Da No. Clai		Incurred	Indemnity	Inc	urred Medical	Class Code	Injury	Status		L	oss Cor	nditions		Jurisdic State	Cat. No.	MCO Type
	J.	9.	740		.04		528				6		15	500		2010	0665	5	1	Act 01	Туре 01	Red O				00	00
	Κ.	0	938		.0236		4490		Soci	al Security N	umber	1	Part	Nature	Cause	C	occupation Desc	cription		Voc. L	imp Fra	aud	Deduct	Paid Inc	. ,	Paid Me 201	
	J.		,,,,,		.0230		1170		Claimant's Atto	orney Fees	Employer	's Attorney	Fees				Revers	sed for Future L		<u> </u>	ı	ı		ALAE	Paid	ALAE Inc	curred
	L.								December 16 of			-1-1 N - OI-		Total			OSS TOT	ALS red Medical	D.	165			T-1-1 D-111		T-1	10.114	
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								1	Tot. Claimant's A	Attny. Fees	Tot. Em	nployer's At			<u> </u>	-	Reserved for		<u> </u>				Total ALAE	Paid		ALAE Incur	red
	5											50000)										2500	0			

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Illustration 12a - Individual Case Report; Permanent Total Disability with Survivorship Benefits

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

Type - USL & HW-Trauma
Average Weekly Wage - \$600
Date of Accident - 08/01/04
Effective Date - 07/01/04
Maximum Benefit - 200% NAWW = \$1,030.78
Effective 10/01/03

Claimant's Birth Date - 05/01/57 Spouse's Birth Date - 07/01/59 Date of Valuation - 01/01/06 Claimants Age at Valuation - 48 (sex - M) Spouse's Age at Valuation - 46

Section VI

Present Value of Future Payments

Claimants - $.6667 \times (\$600) = \400.02 wk

Present Value of \$1 = 31.954

Future Payments - $$400.02 \times 31.954 \times 52 = $664,676$

Survivorship - $.5 \times (\$600) = \300

Benefits Present Value of Benefits = 9.782

Future Payout = $300 \times 9.782 \times 52 = $152,599$

Indemnity to Valuation Date Benefits Paid from 08/01/04 to 01/01/06 - 518 days / 7 = 74.000 Wks $$400.02 \times 74.000 = $29,601$

			UNIT S	STAT	STI	ICAL	PLA	N - I	INDI	VIDUAI	L CA	SE F	REPO	RT								
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE O		CARF	RIER NU	IMBER			(CARRIE	R NAME				PAYRO STATE CO			ADM	I. FILE NU	JMBER	
0665	1	1	2			99622	2									37						
POLICY NUMBER	}	CERT. NO.	POLICY EF	FECTIVE	DATE	=	CLAII	M NO.		STAT	DA	TE ATTN	Y DISC		LC	OSS CONI	DITIONS	S		JURIS		MCO
			MO.	DAY	YR					CODE*	MO.	DAY	YR	ACT	TYPE	RCOV	/ CC	ov s	ETTL	STATE	:	TYPE
198265			07	01	04		84	45		0				02	01	01	0	1	00	37		00
		INSURED NAI	ME						,	ACC. DATE		DATE (F DEATH	DAT	E REPO	RTED	DATE	OF BIR	TH	SURG	A	ATTNY
									МО	DAY	YR	MO [AY YE	R MO	DAY	YR	МО	DAY	YR	CODE		CODE*
		Iron Erections	s Inc						08	01	04			02	01	05	05	01	57			
WORKER LAST NAM	1E	WORKERS SEX	AVG. WEEKLY WAGE			PART	NATU	RE (CAUSE		(OCCUP/	TION			DATE CLOSED	RE	SERVE	LUI	MP F	RAUD	S/S
			WAGE	INJUR DESC											М	O YR	٦ (CODE*	SU	IM C	ODE	OFF- SET
D			000	CODE		40	00		0.5		1	\ \ / .										
Doe SOCIAL SECURITY	NIIIMBED	M	TE SINGLE	MO	DAY	40 / YI	28	MPLOY	25			on Wo					DATE	OE.	I MO) [DΑΥ	YR
				IVIO	DAI	' ''		STAT				EXPOS	_				HIRE					
123-45-67								017(1)) 00			L/(1 00							01	1 (01	80
KIND OF		BENEFITS OT	% DISAB.	BODY M		l N	O.		INICI	IDDED			NEELOI	A D.V. D.A.		NSION E			\/IDED	COMM	-NTC	
KIND OF				CODE	*		o. EKS		INC	JRRED		В	ENEFICI				DAT	A PRO	VIDER	COMM	=N15	
I. TEMPORARY INDEMNITY			XXX	ΧX	X							CODE	MO MO	ATE OF BI DAY	RTH YR							
2. SCHEDULED INDEMNITY												1	05	01	57	Pd.	to Da	ate 74	.000 >	k 400.0	2 = 2	9601
												2	07	01	59			Futu	re Pay	ments		
B. NON-SCHEDULED INDEM	INITY			ХХ	Χ	ХХ	XX						 0.	0.	- 00		(40	00.02	x 52 x	31.95	4) +	
4. EMPLOYERS LIABILITY C	R OTHER IN	DEMNITY	l			ı												300. x	52 x	9.782)	=	
5. VOCATIONAL REHABILIT	ATION TOTAL	INCURRED																	81727	75		
6. CLAIMANT LEGAL EXPEN	ISE											7. PE	NSION II	NDEM. F	AID TO	VAL. D	ATE				:	2960°
PHYSICIAN PAID			TEI	MP. DISA	ABILI	TY PAI	D					8. PE	NS. INDE	M. PRE	V. RSV	D., NOT	PAID					
HOSPITAL PAID			PE	RM. PAF	RTIAL	PAID						9. PR	ES. VAL	UE FUT	JRE IN	DEM. PN	ЛNT.				8	17275
APP. MED. EVAL. PAID			PE	RM. TOT	AL P	AID						10. FI	JNERAL	ALLOW	ANCE							
DEFENSE MED. EVAL PAID				ATH PA									JMP SUI									
NDEP. MED. EVAL. PAID		-		IGLE LU	MP S	UM										M.,(SUM	1-11)				84	46876
LEGAL EXP DEFENSE				R. PAID				-					OTAL IN									25000
ANNUITY PURCHASE AMT.				R. INDEN												VAL. DA						1720 <i>°</i>
TOTAL GROSS INCURRED				R. TRAIN								_			_	AL. DATE						12000
			V.R	R. EVAL.	INCU	JRRED						16. S	OC. SEC	. OR OT	HER O	FFSET A	AMT.					

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Section VI

Illustration 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 previously 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, 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.

										POLICY II	IFORMA														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy I	Effective Dat	te Policy Ex	piration Date	Expos.	State	State Effective Date	Cert	ificate No.	Caro	Serial No.		I	Risk ID Numbe	г	Page No.	Last	Page No.
01	01	Н		99998		WC12345		01,	/01/96			37	7												
						WC54321														F.E.I	N		Pending	Cile No.	
			C Corp	•																F.E.I	.IV.		rending	riie No.	
	's Addre																								
Mod Effect	ive Date	Rate Effe	ective Date	3 Yr F/R Multistate		cy Conditions Stimated Retro	Canceled	MCO	Type Po	Plan Non-	Dedu Typ			Deductible Amount Claim/Accident	Per	Deductible Amo Aggregate		Reserved		Fo	r Carrier Use		For E	ureau Use	
			L	Policy Policy		Exposure Policy	Mid-Term	Indicator	Cov.	Ind. Std.	- ','	10.0	oon	oldini/tooldon		/ iggi ogulo									
		E	EXPOSUR	RE INFORMATION	N									LOSS INF	ORMAT	ION									
Upd Type	Exp. Cov	Cla	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status				Conditions		Jurisdic State	Cat. No.	MCO Type
																		Act	Ту	/pe	Recov	Cov Set	tl		
								Socia	al Security N	umber	Part	Nature	Cause	Oc	cupation Des	cription	<u> </u>	Voc. L	.ump	Fraud	Deduct	Paid	ndemnity	Paid N	Medical
								01.1 4.1		I = 1						16.51									
								Claimant's Attor	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use					AL	AE Paid	ALAŁ I	ncurred
							*Upd	Claim Num	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic State	Cat.	MCO
			1				Туре			NO. Claims					Code			Act	Ту	ре	Recov C	ov Set		No.	Туре
	A.	_		ct Premium				0	10		D. a		2				l .			Found	D. J. J.	- Boot		D.:11	
	B.		norionco d (XX.XX	(X)				Socia	al Security N	umber	Part	Nature	Cause	UC	cupation Des	scription		Voc. L	.ump	Fraud	Deduct	Paid	ndemnity	Paid N	Medical
	_	_						Claimant's Attor	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use	•			•	AL	AE Paid	ALAE I	ncurred
	C.	10	tai Modifi	ed Premium		1	*Upd	Claim Num	nher	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status				0 1111		Jurisdic	Cat.	MCO
		-					Туре	olalii itali		No. Claims	niodi.	ou muommity		arrou mouloui	Code	,,	Otatas	Act	Tv		Conditions Recov C	ov Set	State	No.	Туре
	D.																		'			.			
	F							Socia	al Security N	umber	Part	Nature	Cause	Oc	cupation Des	scription		Voc. L	ump	Fraud	Deduct	Paid	ndemnity	Paid N	Medical
	<u> </u>							Claimant's Attor	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use	I			1	AL	AE Paid	ALAE I	ncurred
	F.							01.1.11			1 .							1							
							*Upd Type	Claim Num	nder	Acc. Date/ No. Claims	incurre	ed Indemnity	inc	urred Medical	Class Code	Injury	Status	Act	1 -		Conditions	6.1	Jurisdic State	Cat. No.	MCO Type
	G.	Tota	l Standard Exp	oosure	Total Standard Pren	nium												Act	l ly	pe	Recov C	ov Set			
	0.							Socia	al Security N	umber	Part	Nature	Cause	Oc	cupation Des	scription	l	Voc. L	ump	Fraud	Deduct	Paid	ndemnity	Paid N	Medical
	Н.	0	06_	Premium Discou	nt Amt.																				
								Claimant's Attor	rney Fees	Employer's Att	orney Fees			•	Rever	sed for Future	Use					AL	AE Paid	ALAE I	ncurred
	<u>l.</u>	0	900	Expense Constai	nt Amt		*Upd	Claim Num	nhor	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injune	Status	,					Jurisdic	Cat.	MCO
							Туре	Ciaiiii Nuii	ilibei	No. Claims	incum	ed indenning	IIIC	urreu weulcar	Code	Injury	Status	Act	Ту		Conditions Recov C	ov Set	State	No.	Туре
	J.																	7.00	''	pe	Necov C	ov Set			
								Socia	al Security N	umber	Part	Nature	Cause	Oc	cupation Des	scription		Voc. L	ump	Fraud	Deduct	Paid	ndemnity	Paid N	ledical
	K.	-						Claimant's Attor	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use				I	AL	AE Paid	ALAE I	ncurred
	L.																								
								Reserved for Fu	uture Use	Total M	lo. Claims	To	ntal Incurre	ed Indemnity	OSS TOT	TALS rred Medical	Rose	erved for Fu	ıtıre Hea		Total Paid	Indemnity	To	tal Paid Med	lical
								Reserved (OFFE	utule USE	rotari	o. cialilis		otal IIICUIII	a machinity	rotal IIICu	ITOU WICUICAL	Kes	JI VCU IUI FU	aidic USt		rotal r dlu	macining		a raiu illet	ircui
								Tot. Claimant's A	Attny. Fees	Tot. Employ	er's Attny. Fe	es			Reserved for	Future Use					Total AL	AE Paid	Tot	al ALAE Inc	urred
						l																			

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Section VI

Illustration 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, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

											PULICY	INFORM	ATION														
Report No.	Corr. No.	Corr. I Type I	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Dat	te Policy	Expiration Dat	e Expos.	State	State Effective Da	te Certif	ficate No.	Care	d Serial No	D .	ı	Risk ID	Number		Page No.	Last	Page No.
01	04	T		99998		WC54	1321		01	/01/96			37	7													
				.,,,,,																							
Insured's	Namai	^ BC (Corn																		F.E.I	I.N.			Pending I	ile No.	
Insured's			Joip.																								
Mod Effective		Rate Effective	e Date		F	Policy Condition	ns			Po	olicy Type I D	Ded	uct. Ded	duct.	Deductible Amou	nt Per D	eductible Am	ount	Reserve	d	For	or Carrie	er Use		For B	ıreau Use	
				3 Yr F/R Multistate	Interstate	Estimated	Retro	Canceled	МСО	Туре	Plan N	on- Typ	pe Per	cent	Claim/Accide	nt	Aggregate										
			-	Policy Policy	Rating	Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. S	td.															
		ΓVΓ	OCCUDI												1 222 1	IFORMATI	ION										
Upd		EAR	USUKI	E INFORMATION				*Upd	Claim Nu	mber	Acc. Date	/ Incur	red Indemnity	Inc	curred Medical	Class	Injury	Status			Lann	s Condi	tions.		Jurisdic	Cat.	MCO
Туре	Exp. Cov.	Class C	ode	Exposure Amount	Manual Rate	Pren	nium Rate	Туре			No. Claim					Code	, ,		Ad	it .		Recov		Settl	State	No.	Туре
																					. , , , ,						
									Soci	ial Security N	lumber	Part	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	D	educt	Paid Inden	nnity	Paid M	edical
								-	Claimant's Atto	orney Fees	Employer's	Attorney Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE Ir	ncurred
								*Upd Type	Claim Nur	mber	Acc. Date No. Claim		red Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Condit	tions		Jurisdic State	Cat. No.	MCO Type
	A.	Total	Suhiec	t Premium															Ac	t -	Гуре	Recov	Cov	Settl			
	л.		ionco	rremium					Soci	ial Security N	lumber	Part	Nature	Cause	(Dccupation Des	cription		Voc.	Lump	Fraud	D	educt	Paid Inden	nnity	Paid M	ledical
	B.	Mod (XX.XX	()				4																			
	C.	Total	Modifie	d Premium					Claimant's Atto	orney Fees	Employer's	Attorney Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE Ir	ncurred
	-							*Upd Type	Claim Nur	mber	Acc. Date No. Claim		red Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Condit	tions		Jurisdic State	Cat. No.	MCO Turno
								Туре			No. Claim					Code			Ac	t ·	Гуре	Recov	Cov	Settl	State	NO.	Туре
	D.								Soci	ial Security N	lumber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	l D	educt	Paid Inden	nnity	Paid M	edical
	E.							_																			
	F								Claimant's Atto	orney Fees	Employer's	Attorney Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE Ir	ncurred
	_г.							*Upd	Claim Nur	mber	Acc. Date		red Indemnity	Inc	curred Medical	Class	Injury	Status			Loss	Condit	tions		Jurisdic	Cat.	MCO
								Туре			No. Claim	S				Code			Ac	t ·		Recov		Settl	State	No.	Туре
	G.	Total Sta	ndard Expo	sure	Total Standard P	Premium																					
									Soci	ial Security N	lumber	Part	Nature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	D	educt	Paid Inden	nnity	Paid M	edical
	H.	006	_ P	remium Discoun	nt Amt.			4 -	Claimant's Atto	ornov Foor	Employer/s	Attorney Fees				Boyere	sed for Future	Hea						ALAE Pa	id	ALAE Ir	ourrad
	ı	090) F	xpense Constan	nt Amt				Ciaillant 3 Attu	niley i ees	Lilipioyei s	Attorney rees				Kevers	seu ioi i uture	use						ALAL FO	iid	ALAL II	icuited
		0,0		Aponeo Coneta				*Upd	Claim Nur	mber	Acc. Date		red Indemnity	Inc	curred Medical	Class	Injury	Status			Loss	Condit	tions		Jurisdic	Cat.	MCO
								Туре			No. Claim	5				Code			Ac	t .	Гуре	Recov	Cov	Settl	State	No.	Туре
	J.								Soci	ial Security N	lumber	Part	Nature	Cause	1 (Occupation Des	crintion		Voc.	Lump	Fraud	I n	educt	Paid Inden	nity	Paid M	edical
	K.								300	505uniy N		l ait	uic	Suuse			puo.1			_up		"	- 3001	. a.a much		. aid W	
									Claimant's Atto	orney Fees	Employer's	Attorney Fees			•	Revers	sed for Future	Use	•					ALAE Pa	id	ALAE Ir	ncurred
	L.															OSS TOT	ALS.										
									Reserved for F	uture Use	Tot	al No. Claims	To	otal Incurr	ed Indemnity		red Medical	Res	served for	Future U	se	Tot	tal Paid Inden	nnity	Tot	al Paid Med	ical
												14		136	033		000						35471			6775	
									Tot. Claimant's	Attny. Fees		oyer's Attny. F	ees			Reserved for	Future Use					Т	otal ALAE Pa	aid	Tota	I ALAE Incu	irred
												15000											12500				

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Section VI

Illustration 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 Illustration 15a showing the correction on the ASWG form.

REPOR	RT P	OLICY NUMBER	STATE	STATE NO.		CARRIER		CARRI NO.		CEIVED	ADM FILE I	NO.	
1	1	NC12345	PA	37				9999	99				
	ECTIVE ATE	TERM EXPIRATION DATE	INSUF	ABC	CORP.								
12/	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.
	OODL		IVATE		NOWBER	NO. OF CLAIMS	CODE		INDEMNITY	MEDICAL	CLOSED	00v.	NO.
11	0953	175485	0.49	860		3	0953	6		875	1	11	00
11	0951	83368	0.96	800	23456	02/05/96	0951	6		1000	1	11	00
					34567	07/03/96	0953	4	4750	1225	0	11	00
					45678	10/25/96	0951	5	2950	595	0	21	00
'													
A - TO	TAL SUBJEC	T PREMIUM		1660									
B - EXF	PERIENCE N	MODIFICATION		.850									
C - TO	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	Х	7700	3695	Х	Χ	Х
	0900	EXPENSE CONSTANT											

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Section VI

Illustration 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.

										POLICY II	NFORM <i>E</i>															
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Date	e Policy E	xpiration Date	Expos.	State	State Effective Da	ite Certif	ficate No.	Car	d Serial N	0.		Risk I	ID Number		Page No.	Last	Page No.
01	01	М		99999		WC12345		12	2/20/95			37	7													
Incurad	la Nama	. A D C	Corp																l	F.E.	.I.N.			Pending	ile No.	
	's Addre		Corp	· ·																						
Mod Effect			ctive Date		Polic	cy Conditions			Pol	licy Type I D	Dedu	ct. Ded	luct.	Deductible Amou	int Per D	Deductible Am	ount	Reserve	ed	Fo	or Car	rier Use		For B	ureau Use	
				3 Yr F/R Multistate Policy Policy		stimated Retro exposure Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Non- Ind. Std.		e Pero	cent	Claim/Accide	ent	Aggregate										
				1 oney	Rading	Aposure	wid-reim	indicator	COV.	inu. Stu.																
			XPOSIII	RE INFORMATION										1.05511	IFORMATI	ION										
Upd Type	Exp. Cov.		ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status	5		Los	ss Con	ditions		Jurisdic State	Cat. No.	MCO Type
	44	0	050	175.405	40	0/0		0045	- ,	00/05/07				1000	0051	,	1	A		Туре	Reco	ov Cov	Settl			
Р	11	0	953	175485	.49	860	Р	2345 Socia	06 ial Security Nu	02/05/96 umber	Part	Nature	Cause	1000	0951 Occupation Desc	6 cription	1	Voc.	Lump	Fraud	t	Deduct	Paid Inde	emnity	Paid N	edical
R	11	0'	953	233945	.49	1146	-	Claimant's Atto	orney Fees	Employer's Att	orney Fees				Revers	sed for Future	Use						ALAE	Paid	ALAE II	ncurred
					_		*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	s Cond			Jurisdic State	Cat. No.	MCO Type
	A.	Tot	tal Subje	ct Premium		1946	R	2345	6	02/05/96				1565	0951	6	1	1 ·		Туре	Reco	ov Cov	Settl			
	В.	Evi	d (XX.X)			.850			ial Security Nu		Part	Nature	Cause		Occupation Desc	cription		Voc.	Lump	Fraud	t	Deduct	Paid Inde	emnity	Paid N	ledical
	C.			ied Premium		1654		Claimant's Atto	rney Fees	Employer's Att	orney Fees	1		-1	Revers	sed for Future	Use	I					ALAE	Paid	ALAE II	ncurred
	0.	10	tai woan	ica i remiam		1034	*Upd	Claim Nun	mber	Acc. Date/	Incurr	ed Indemnity	Inc	curred Medical	Class	Injury	Status			Loss	s Cond	ditions		Jurisdic	Cat.	MCO
							Туре			No. Claims					Code			Ac	:t	Туре	Reco		Settl	State	No.	Туре
	<u>D.</u> F						Р	Soci	ial Security Nu	umber	Part	Nature	Cause		Occupation Desc	cription		Voc.	Lump	Fraud	i	Deduct	Paid Inde	emnity	Paid N	edical
	<u>E.</u>						-	Claimant's Atto	rney Fees	Employer's Att	orney Fees	1			Revers	sed for Future	Use						ALAE	Paid	ALAE II	ncurred
	F.										<u> </u>															
							*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status				s Cond			Jurisdic State	Cat. No.	MCO Type
	G.	Total	I Standard Ex		Total Standard Prem		R	5678	89	09/30/96		7935		4000	0953	4	0	1.		Туре	Reco	ov Cov	Settl			
	0.			317313		1654	1		al Security Nu		Part	Nature	Cause		Occupation Desc	·			Lump	Fraud	ı	Deduct	Paid Inde	emnity	Paid N	edical
	H.	0	06_	Premium Discour	nt Amt.																					
		0	900	Expense Constar	nt Amt			Claimant's Atto	rney Fees	Employer's Att	orney Fees				Revers	sed for Future	Use						ALAE	Paid	ALAE II	ncurred
							*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	s Cond	ditions		Jurisdic State	Cat. No.	MCO Type
							Туре			NO. Claims					Code			Ac	t	Туре	Reco	ov Cov	Settl	State	NO.	Туре
	<u>ј.</u> К							Socia	ial Security Nu	umber	Part	Nature	Cause		Occupation Desc	cription		Voc.	Lump	Fraud	t	Deduct	Paid Inde	emnity	Paid N	edical
	<u> </u>							Claimant's Attorney Fees Employer's Attorney Fees							Revers	sed for Future	Use			1			ALAE	Paid	ALAE II	ncurred
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Effective: October 1, 2005

Page 24 EXAMPLES

Section VI

Illustration 16 - Combination Example

This illustration shows a first reporting requiring two unit cards with a Deductible, Schedule Rating Credit, Pennsylvania Construction Credit, Pennsylvania Certified Safety Committee Credit, USL & H coverage, rateable class with a mandatory non-rateable element and requiring an Individual Case Report.

Note that the Pennsylvania Construction Credit and Pennsylvania Certified Safety Committee Credit are applied to the manual premium after the application of the experience modification and after the Schedule Rating Credit. Any non-rateable or occupational disease class premiums are included in the calculations of the Pennsylvania Construction Credit and Pennsylvania Certified Safety Committee Credit.

Also, note both the Pennsylvania Certified Safety Committee Credit and the Pennsylvania Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-rateable or occupational disease class premiums and the Schedule Rating Credit, this is to say that the Pennsylvania Certified Safety is not used to calculate the Construction Credit and the Construction Credit is not used to calculate the Pennsylvania Certified Safety.

Furthermore, USL & HW and Federal class exposures are included when calculating the Terrorism Risk Insurance Act (TRIA) Code 9740. However pursuant to Act 57 of 1997, these exposures/premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

Refer to Illustration 16a for the Individual Case Report.

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Effective: October 1, 2005

Section VI Page 25 **EXAMPLES**

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

Type - State Act-Trauma Average Weekly Wage - \$578 Effective Date - 12/01/04 Date at Valuation - 06/01/06 Date of Accident - 04/20/05

Widow's Date of Birth - 05/09/40 Age at Widowhood - 65 Age at Valuation - 66 1st Level Report - Open Date of Death - 04/20/05

Present Value of Future Payments Weekly Benefit = $.51 \times (\$578) = \294.78 Present Value of 1 = 12.611 - Widowhood at age 65, [x] + 1 Value\$294.78 x 52 x 12.611 = \$193,308

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$294.78 Present Value of Remarriage Dowry = .0244 $$294.78 \times 104 \times .0244 = 748 Indemnity Paid to Valuation Date Benefits Paid from 04/20/05 to 06/01/06 - 407 days / 7 = 58.143 Wks $(58.143 \text{ Wks}) \times \$294.78 = \$17,139$

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Effective: October 1, 2005

Page 26 EXAMPLES

Section VI

Illustration 17 - Second Reporting of Losses for Unit for Illustration 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 06/07).

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.

Subsequent levels can be reported on a Unit Statistical Report (as shown) or on a Supplemental Loss Report using the same format shown here.

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 Illustrations 17a for Individual Case Report.

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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	umber		Policy	Effective Dat	te Policy Ex	piration Dat	te Expos.	State	State Effective Da	te Certif	icate No.	Card	Serial No.		Risk	ID Number		Page No.	Last	Page No.
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Section VI Page 27 **EXAMPLES**

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

Type - State Act-Trauma Average Weekly Wage - \$578 Effective Date - 12/01/04 Date at Valuation - 06/01/07 Date of Accident - 04/20/05

Widow's Date of Birth - 05/09/40 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open Date of Death - 04/20/05

Present Value of Future Payments Weekly Benefit = $.51 \times (\$578) = \294.78 Present Value of 1 = 12.290 - Widowhood at age 65, x = 12.290 - Widowhood at age 65, x = 12.290\$294.78 x 52 x 12.290 = \$188,388

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$294.78 Present Value of Remarriage Dowry = .0195 $$294.78 \times 104 \times .0195 = 598

Indemnity Paid to Valuation Date Benefits Paid from 04/20/05 to 06/01/07 - 772 days / 7 = 110.286 Wks $(110.286 \text{ Wks}) \times \$294.78 = \$32,510$

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HOSPITAL PAID			PE	RM. PAR	RTIAL	PAID						9. PF	RES. VAL	UE FUT	URE IN	DEM. PM	NT.				188388
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DEFENSE MED. EVAL PAID)		DE	ATH PA	ID							11. L	UMP SU	M REMA	RRIAG	E					59
NDEP. MED. EVAL. PAID			SIN	NGLE LU	MP S	SUM						12. T	OTAL IN	CURRE	D INDE	M.,(SUM ´	1-11)				22449
EGAL EXP DEFENSE			V.F	R. PAID								13. T	OTAL IN	CURRE	D MEDI	CAL					
ANNUITY PURCHASE AMT				R. INDEM												VAL. DAT					2208
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			V.F	R. EVAL.	INCU	JRRED						16. S	OC. SEC	OR O	THER O	FFSET A	MT.				

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Section VI Page 28 **EXAMPLES**

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

Claim 68235 is a death claim.

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

Report	Corr.	Corr.	Replace	Carrier Code		Policy N	umber		Policy	Effective Dat		Y INFOR icy Expiration		Expos. Sta	ite S	tate Effective Da	te Certif	icate No.	Caro	I Serial No		ı	Risk ID N	umber		Page No.	Last	Page No.
No. 01	No.	Type	Rpt. Ind.	99998		1112			07	//01/04		07/01/0!	5	37														
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Incured	/c Nama	. Roh	's Roo	ofina																		F.E.I	.N.			Pending I	ile No.	
	's Addre		3 1100	ning																	1	2345	4700	,				
Mod Effect	tive Date	Rate Effe	ctive Date		Pi	olicy Conditio	ns			Po	olicy Type I D	0	educt.	Deduct	t. D	Deductible Amou	nt Per D	eductible Amo	ount	Reserved			r Carrier			For B	ıreau Use	
				3 Yr F/R Multistate Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non- Std.	Туре	Percen	nt	Claim/Accide	nt	Aggregate										
				N N		N	N	N	N	01	01	01																
		E	XPOSUF	RE INFORMATION													FORMATI											
Upd Type	Exp. Cov.	. Clas	ss Code	Exposure Amount	Manual Rate	Prer	mium Rate	*Upd Type	Claim Nur	mber	Acc. Da No. Clai		curred Ind	demnity	Incur	red Medical	Class Code	Injury	Status	Ac	1 7		Recov	Cov	Settl	Jurisdic State	Cat. No.	MCO Type
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	01	Q	807				776		Soci	al Security N	umber	Pai		ature 13	Cause 25	(Occupation Desi Roofe	•		Voc.	Lump	Fraud	Ded	luct	Paid Inder	-	Paid M	edical
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								*Upd Type	Claim Nur	mber	Acc. Da No. Clai		curred Inde	lemnity	Incur	red Medical	Class Code	Injury	Status			Loss	Condition	ns		Jurisdic State	Cat. No.	MCO Type
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	G.	Total	Standard Exp	posure	Total Standard Pr	remium														Act	Т	уре	Recov	Cov	Settl			·
	G.			92076			<u>40704</u>		Soci	al Security N	umber	Pai	t Na	ature	Cause	(Occupation Des	cription	l	Voc.	Lump	Fraud	Ded	luct	Paid Inder	nnity	Paid M	edical
	H.	0	06_	Premium Discour	nt Amt.																							
	ı	0	900	Expense Constar	nt Amt				Claimant's Atto	rney Fees	Employer	's Attorney Fe	es				Revers	ed for Future	Use						ALAE P	aid	ALAE In	curred
								*Upd Type	Claim Nur	mber	Acc. Da No. Clai		curred Inde	lemnity	Incur	red Medical	Class Code	Injury	Status			Loss	Condition	ns		Jurisdic State	Cat. No.	MCO Type
	ı	Q	740		.04		39													Act	Т	уре	Recov	Cov	Settl			
	K						7		Soci	al Security N	umber	Pai	t Na	ature	Cause	(Occupation Des	cription		Voc.	Lump	Fraud	Ded	luct	Paid Inder	nnity	Paid M	edical
	K.	- 0'	938		.0236		962		Claimant's Atto	orney Fees	Employer	's Attorney Fe	es				Revers	sed for Future	Use			<u>I</u>	1		ALAE P	aid	ALAE In	curred
	L.																OSS TOT	ALS						4				
									Reserved for F	uture Use	T	otal No. Claim	S			Indemnity	Total Incur	red Medical	Res	erved for F	uture Us	se		Paid Inder	mnity	Tot	al Paid Medi	cal
									Tot. Claimant's A	Attny. Fees	Tot. Em	9 nployer's Attny	, Fees		3127	53	19 Reserved for	60 Future Use						8359 al ALAE P	aid	Tota	1960 I ALAE Incu	rred
			1																									

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

Type - State Act-Trauma Average Weekly Wage - \$595 Effective Date - 07/01/04 Date at Valuation - 01/01/06 Date of Accident - 11/01/04

Widow's Date of Birth - 09/01/65 Age at Widowhood - 39 Age at Valuation - 40 1st Level Report - Open Date of Death - 11/01/04

Present Value of Future Payments

1) Widow's Benefit

Weekly Benefit = $.51 \times (\$595) = \303.45 Present Value of 1 = 17.046 - Widowhood at age 39, |x| + 1 Value $303.45 \times 52 \times 17.046 = 268,976$

2) Child #1 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.09 \times (\$595) = \53.55 No. of Weeks Payable = 01/01/06 to 05/01/08 = 851 days / 7 = 121.571 Wks $$53.55 \times 121.571 = $6,510$

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

Weekly Benefit = $.0667 \times (\$595) = \39.69 No. of Weeks Payable = 01/01/06 to 12/01/06 = 334 days / 7 = 47.714 Wks \$39.69 x 47.714 = \$1894

4) Remarriage Dowry

Weekly Benefit - \$303.45 Present Value of Remarriage Dowry = .2114 No. of Weeks Payable = 104 weeks Value of Payments = $$303.45 \times 104 \times .2114 = $6,672$

5) Indemnity Paid to Valuation Date

Weekly Benefit = $.6667 \times $595 = 396.69 No. of Weeks Payable = 11/01/04 to 01/01/06 - 426 days / 7 = 60.857 Wks $$396.69 \times 60.857 = $21,141$

6) Funeral Allowance = \$3,000

			UNIT					<u>N - II</u>	NDI\				EPO	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE (INJ. COI		CARF	RIER NU	MBER			C	CARRIE	R NAME				PAYRO STATE CO			ADM. F	ILE NUMBI	ER
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			MO.	DAY	YR					CODE*	MO.	DAY	YR	ACT	TYPE	RCOV	CO	V SE	TTL :	STATE	TYPE
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		INSURED NA	ME	•					<i>P</i>	ACC. DATE		DATE C	F DEATH	DAT	E REPO	RTED	DATE	OF BIRT	н ѕ	URG	ATTNY
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		SEX	WAGE													CLOSED		ODE*	SUM	CODE	
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												04	09	01	65			Futura	e Paym	onte	
NON COLIEDUI ED INDEA	45.1177.7												12	01	88						
3. NON-SCHEDULED INDEN		SER AR HESY		XX	X	XX	XX					04	05	01	90	30				5 = 2689	
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TOTAL GROSS INCURRED				R. TRAIN												AL. DATE					010.
				R. EVAL.												FFSET A		1			

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Section VI

Illustration 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).

										POLIC'	Y INFORMA	ATION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy E	Effective Dat	te Polic	cy Expiration Dat	e Expos.	State	State Effective Dat	e Cer	rtificate No.	Caro	d Serial No.		F	Risk ID Number		Page No.	Last	Page No.
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	's Addres																		12:	345	6789				
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				3 Yr F/R Multistate Policy Policy		stimated Retro exposure Policy	Canceled Mid-Term	MCO Indicator	Type Cov.		Non- Typ Std.		cent	Claim/Acciden	t	Aggregate									
01/0	1/97	01/0	1/97	N Y		N N	N	N	01	01	01 000	00													
		E	XPOSU	RE INFORMATION										LOSS IN		_									
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				00011	7.71			Socia	I Security N	lumber	Part	Nature	Cause	0	ccupation De	escription		Voc. L	ump I	Fraud	Deduct	Paid Inde	emnity	Paid N	Medical
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								01 L 11							-										
							*Upd Type	Claim Num	iber	Acc. Dat No. Clair		ed Indemnity	Inc	urred Medical	Class Code	Injury	Status				Conditions	1	Jurisdic State	Cat. No.	MCO Type
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	В.		d (XX.X)	(X)				Socia	I Security N	lumber	Part	Nature	Cause	0	ccupation De	escription		Voc. L	ump I	Fraud	Deduct	Paid Ind	emnity	Paid N	Medical
			•	,				Claimant's Attor	ney Fees	Employer's	s Attorney Fees				Reve	ersed for Future	Use				1	ALAE	Paid	ALAE I	ncurred
	C.	Tot	tal Modif	ied Premium			*Upd	Claim Num	ber	Acc. Dat	te/ Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status	1		Lana	Conditions		Jurisdic	Cat.	MCO
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	E.								I Security N		Part	Nature	Cause	0	ccupation De	•		Voc. L	.ump l	Fraud	Deduct	Paid Inde		Paid N	
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	- 1.						*Upd Type	Claim Num	ber	Acc. Dat		ed Indemnity	Inc	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO
		Tatal	Chandard Fo		Total Chanderd Dece	-1	Туре			No. Ciali	iis				Code			Act	Туре		Recov Cov	Settl	State	INO.	Туре
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	H.	0	06	Premium Discour	nt Amt.			Socia	I Security N	iumber	Part	Nature	Cause	"	ccupation De	escription		Voc. L	.ump l	Fraud	Deduct	Paid Inde	emnity	Paid N	nedical
								Claimant's Attor	ney Fees	Employer's	s Attorney Fees			1	Reve	ersed for Future	Use				'	ALAE	Paid	ALAE I	ncurred
	l.	0	900	Expense Constan	t Amt	16	() *Upd	Claim Num	hor	Acc. Dat	iol Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status	1					Jurisdic	Cat.	MCO
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	К							Socia	I Security N	lumber	Part	Nature	Cause	0	ccupation De	escription		Voc. L	ump I	Fraud	Deduct	Paid Inde	emnity	Paid N	ledical
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								Reserved for Fu	ıture Use	To	otal No. Claims	Te	otal Incurre	ed Indemnity		curred Medical	Res	erved for F	uture Use		Total Paid Ind	lemnity	Tot	al Paid Med	lical
-								Tot. Claimant's A	ttny. Fees	Tot. Em	ployer's Attny. Fe	ees			Reserved for	or Future Use					Total ALAE	Paid	Tota	I ALAE Inci	urred
									J		, , ,												1000		
						l																			

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Illustration 20 - Employer Assessment with Deductible Applicable After Experience Modification

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

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small Deductible Premium Credit or Large Deductible Premium Credit. Small or Large Deductible Premium Credits include either of the following statistical codes in Pennsylvania:

9663

The resulting assessment charge is reported on lines "J" through "K" under **Code 0938** and is not to be used in any premium calculations.

										DOLION	/ INICODALA	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 00200	10/	Policy Number			Effective Dat 1/01/99	te Policy	INFORMA y Expiration Date 0/01/00			State Effective Da	te Cert	tificate No.	Caro	d Serial No.		ı	Risk ID Number		Page No.	Las	Page No.
				00200	VV	C123456789		10/	01/99	-	0/01/00	3	/												
Insured	's Name:	A. B	B. C. II	NC.													ı			F.E.I	I.N.		Pending	File No.	
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				3 Yr F/R Multistate		stimated Retro	Canceled		Туре	Plan N	lon- Typ	e Per	cent	Claim/Accide	nt	Aggregate	÷								
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			XPOSU	RE INFORMATION										LOSS IN	IFORMAT	TION									
Upd Type	Exp. Cov.		ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Num	iber	Acc. Date No. Claim		red Indemnity	Incu	ırred Medical	Class Code	Injury	Status			Loss	s Conditions		Jurisdic State	Cat. No.	MCO Type
	01	0	665	255000	7.84	19992												Act	Тур	е	Recov Co	ov Settl			
	01		953	48000	.24	115		Social	I Security N	lumber	Part	Nature	Cause	(Occupation De	scription		Voc.	ump	Fraud	Deduct	Paid In	demnity	Paid N	Medical
	UI	U	933	40000	.24	113		Claimant's Attorn	ney Fees	Employer's	Attorney Fees				Rever	rsed for Future	Use	I	I		1	ALAI	Paid	ALAE I	ncurred
							*Upd Type	Claim Num	ber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	tal Suhia	ect Premium		20107												Act	Тур	е	Recov Co	v Settl			
	В.	Evi	norionac od (XX.X)	`				Social	I Security N	lumber	Part	Nature	Cause	(Occupation De	scription		Voc.	ump	Fraud	Deduct	Paid In	demnity	Paid N	Medical
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	C.	101	tai wodi	fied Premium		18700	*Upd	Claim Num	ber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat.	MCO
	D.	0	663			5891	Туре			NO. Claim	is				Code			Act	Тур	е	Recov Co	v Settl	State	NO.	Туре
	<u> </u>	7	003			3091		Social	I Security N	lumber	Part	Nature	Cause	(Occupation De	scription		Voc.	ump	Fraud	Deduct	Paid In	demnity	Paid N	Medical
	F							Claimant's Attorn	ney Fees	Employer's	Attorney Fees			I	Rever	rsed for Future	Use		I			ALAI	Paid	ALAE I	ncurred
							*Upd Type	Claim Num	ber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
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	0.			303000		3027		Social	I Security N	lumber	Part	Nature	Cause	(Occupation De	scription		Voc.	_ump	Fraud	Deduct	Paid In	demnity	Paid N	Medical
	H.	0	06_	Premium Discoun	it Amt.		-	Claimant's Attorn	ney Fees	Employer's	Attorney Fees				Rever	rsed for Future	Use					ALAI	Paid	ALAE I	ncurred
	I.	0	900	Expense Constan	t Amt										La										
							*Upd Type	Claim Num	lber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status	Act	Тур		Conditions Recov Co	v Settl	Jurisdic State	Cat. No.	MCO Type
	J.	0	938		.0318	312		Social	I Security N	lumber	Part	Nature	Cause		Occupation De	scription		Voc.	_ump	Fraud	Deduct	Paid In	demnity	Paid N	1edical
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	L.							- Attori		Linployers),EA		TIETE I	
								Reserved for Fu	iture Use	Tot	tal No. Claims	Te	otal Incurred	d Indemnity	OSS TO	TALS urred Medical	Res	erved for F	uture Use		Total Paid Ir	demnity	To	tal Paid Med	lical
								Tot. Claimant's A	ttny. Fees	Tot. Emp	oloyer's Attny. Fe	ees			Reserved fo	r Future Use					Total ALA	E Paid	Tot	al ALAE Inc	urred

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Illustration 21 - Employer Assessment with Deductible Applicable Before Experience Modification

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

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small Deductible Premium Credit or Large Deductible Premium Credit. Small or Large Deductible Premium Credits include either of the following statistical codes in Pennsylvania:

9664

The resulting assessment charge is reported on lines "J" through "K" under Code 0938 and is not to be used in any premium calculations.

											POLICY	y inform	ATION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Da	ate Polic	cy Expiration D	ite Expo	s. State	State Effective Da	nte Certi	ficate No.	Card	d Serial No	0.		Risk ID Nu	umber		Page No.	Last	Page No.
01				00200	V	VC1234	156789		10	/01/99	1	0/01/00		37													
Insured	l's Name:	: A. B	. C. IN	IC.							L					I		ı			F.E.I	.N.			Pending F	ile No.	
	l's Addres																				12345	6789	,				
Mod Effec	tive Date	Rate Effe	ctive Date		Po	licy Condition	ns				olicy Type I D	De	duct. D	educt.	Deductible Amou	ınt Per 📗 🛭	Deductible Am	ount	Reserve			r Carrier U			For Bu	ureau Use	
				3 Yr F/R Multistate Policy Policy		Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.		Non- T Std.	rpe P	ercent	Claim/Accide	ent	Aggregate	:									
10/0	1/99	10/0	1/99	N Y		N	N	N	N	01	01 (01 00	000														
		E	XPOSUF	RE INFORMATION	N										LOSS IN	IFORMAT	ION										
Upd Type	Exp. Cov.	Clas	is Code	Exposure Amount	Manual Rate	Prem	nium Rate	*Upd Type	Claim Nur	mber	Acc. Date No. Clain		rred Indemnity	In	curred Medical	Class Code	Injury	Status			Loss	Conditio	ins		Jurisdic State	Cat. No.	MCO Type
	01	0	665	255000	7.84		19992												A	ct	Туре	Recov	Cov	Settl			
	01	0	000	200000	7.04		19992		Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Ded	uct	Paid Indem	nity	Paid N	edical
	01	0	953	48000	.24		115	-	Claimant's Atto	rnev Fees	Fmployer's	s Attorney Fees	+-			Revers	sed for Future	Use						ALAE Pa	id	ALAE Ir	curred
	01	9	664				3277			,		, , , , ,															
								*Upd Type	Claim Nur	nber	Acc. Date No. Claim		rred Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Condition	ns		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subie	ct Premium			16830												Ac	:t	Туре	Recov	Cov	Settl			
		Evi	norionco						Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Ded	uct	Paid Indem	nity	Paid M	edical
	B.	Mo	d (XX.XX	(X)			0.930	-	Claimant's Atto	rnov Foos	Fmnlover's	s Attorney Fees	1			Povers	sed for Future	Ilso						ALAE Pa	id	ALAE Ir	ıcıırrad
	C.	Tot	al Modif	ied Premium			15652		Olamant 3 Atto	incy rees	Employers	3 Automicy 1 cc.				Kevers	scu ioi i utuic	030						ALALTO	iu .	ALAL II	icuircu
								*Upd Type	Claim Nur	nber	Acc. Date No. Claim		rred Indemnity	Inc	curred Medical	Class Code	Injury	Status				Condition			Jurisdic State	Cat. No.	MCO Type
	D.	0	887				3913												Ac	t	Туре	Recov	Cov	Settl			
					٥٢				Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Ded	uct	Paid Indem	nity	Paid N	edical
	E.	9	890		.05		587	-	Claimant's Atto	rney Fees	Employer's	s Attorney Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE Ir	curred
	F.	9	046		.25		2935		01.1.11		4 6			<u> </u>													
								*Upd Type	Claim Nur	nber	Acc. Date No. Claim		rred Indemnity	Inc	curred Medical	Class Code	Injury	Status	Ac	+		Condition Recov	Cov	Settl	Jurisdic State	Cat. No.	MCO Type
	G.	Total	Standard Ex		Total Standard Pre	mium													-		Туре	Kecov	COV	Setti			
				303000			8217		Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Ded	uct	Paid Indem	nity	Paid N	edical
	H.	00	63_	Premium Discou	nt Amt.		351																				
		0	900	Expense Constai	nt Amt		160		Claimant's Atto	rney Fees	Employer's	s Attorney Fees				Revers	sed for Future	Use						ALAE Pa	ıd	ALAE Ir	icurred
	1.	1		poi.iso ooiistai			100	*Upd	Claim Nur	nber	Acc. Date		rred Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Condition	ns		Jurisdic State	Cat. No.	MCO
	_							Туре			IVO. CIAIN	113				code			Ac	t	Туре	Recov	Cov	Settl	State	NO.	Туре
	J.	(1938		.0138		359		Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription	Ц,	Voc.	Lump	Fraud	Ded	uct	Paid Indem	nity	Paid M	edical
	K.								Claimants		F						d for F	Uee						A/ AF 5		A1 A5 :	d
	ı								Claimant's Atto	mey rees	Employer's	s Attorney Fees				Revers	sed for Future	use						ALAE Pa	iu	ALAE Ir	currea
									D			1.1N. O		T-1-1/		LOSS TOT				F. 1.			D.::1:			10	
									Reserved for F	uture Use	То	otal No. Claims		ı otal İncurr	ed Indemnity	Total Incur	rred Medical	Resi	erved for	ruture l	use	rotal	Paid Inder	mnity	Tot	al Paid Med	ical
		+							Tot. Claimant's	Attny. Fees	Tot. Emp	ployer's Attny.	Fees			Reserved for	Future Use	ı				Tota	al ALAE P	aid	Tota	I ALAE Incu	rred
		-				•																					

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Section VI

Illustration 22 – Anniversary-Rated Policy with Employer Assessment

In this illustration it is assumed that more than one experience modification applies during the policy period and that an Employer Assessment is applicable.

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

Calculation of the Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small or Large Deductible Premium Credit. Small or Large Deductible Premium Credits include either of the following Statistical codes in Pennsylvania:

9663 or 9664

The resulting assessment charge shall be reported on lines "J" through "K" under Code 0938, and is not to be used in any premium calculations.

As with most pricing programs in the Commonwealth of Pennsylvania (i.e., Construction Credit - 9046, Merit Rating Credit - 9885, etc.), the Employer Assessment charge is applicable as of anniversary rating date. This means that any policy with an effective or anniversary date of 10/01/99 or later is subject to the Employer Assessment charge 0938.

Example: A policy with a 09/01/99 effective date and a 12/01/99 anniversary rating date would have an assessment charge applicable to only the 12/01/99 - 09/01/00 portion of the policy.

Note: Since the expense constant (0900), minimum premium (0990), premium discount (0063/0064), etc. are all used in the calculation of the Employer Assessment (0938), it will be necessary to pro-rate these items and show each of the split portion premiums separately on anniversary-rated risks. Failure to do so will result in the issuance of error criticisms.

										DOLIOV II	IFODMA	TION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Da	POLICY IN Policy Ex	AFORIMA piration Date		State	State Effective Da	ite Cer	tificate No.	Caro	d Serial No).	R	Risk ID Nu	mber	Pag	e No.	Last Pa	ige No.
01	NO.	туре	Kpt. IIIu.	00200	W	C123456789		10	/01/99	10/	01/00	37	7													
Insured	's Name	: A. B	. C. IN	IC.				•				1	1		1		1			F.E.I.	N.		ı	Pending File	No.	
Insured	's Addre	SS:																		12345	6789					
Mod Effect	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		cy Conditions Stimated Retro	Canceled	MCO		olicy Type I D Plan Non-	Dedu Typ			Deductible Amou		Deductible Am Aggregate		Reserved	d	For	Carrier U	se		For Bure	au Use	
10/01	1/00	10/0	1/99	Policy Policy		xposure Policy	Mid-Term	Indicator	Type Cov.	Ind. Std. 01	_			1000		1.999-1-										
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Туре	Exp. Cov.	. Clas	s Code	Exposure Amount	Manual Rate	Premium Rate	Туре			No. Claims					Code			Ac	ct	Туре	Recov	Cov	Settl	State	No.	Туре
	01	0	565	255000	7.84	19992		Socia	al Security N	Number	Part	Nature	Cause	1 (Occupation De	scription	<u> </u>	Voc.	Lump	Fraud	Dedu	ct	Paid Indemnity		Paid Med	dical
	01	0	953	48000	.24	115									•				•				_		A1 A5 1	
	01	9	664			3277		Claimant's Atto	orney Fees	Employer's Atte	orney Fees				Reve	rsed for Future	use						ALAE Paid		ALAE Inco	Irrea
						*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status			Loss (Conditions	5		risdic tate	Cat. No.	MCO Type	
	A.	Tot	al Subje	ct Premium		16830												Act	t	Type I	Recov	Cov	SettI			
	В.		d (XX.X)			0.930		Socia	ial Security N	Number	Part	Nature	Cause		Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemnity		Paid Med	lical
	C.	Tot	al Modif	ied Premium		15652		Claimant's Atto	rney Fees	Employer's Atte	orney Fees			•	Reve	rsed for Future	Use						ALAE Paid		ALAE Incu	urred
	U.	101	ai wouii	ieu Freiiliuili		13032	*Upd	Claim Nur	mber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status			Loss (Conditions	5		risdic tate	Cat. No.	MCO
						2010	Туре			No. Claims					Code			Act	t	Туре	Recov	Cov	Settl	tate	NO.	Туре
	D		387		95	3913		Socia	ial Security N	Number	Part	Nature	Cause		Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemnity		Paid Med	dical
	E.	9	390		.05	587	1	Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Reve	rsed for Future	Use						ALAE Paid		ALAE Incu	urred
	F.	9	046		.25	2935	*Upd	Claim Nun	mher	Acc. Date/	Incurr	ed Indemnity	Inci	ırred Medical	Class	Injury	Status				0 !!!		Liu	risdic	Cat.	MCO
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	G.	Total	Standard Ex	posure	Total Standard Prem	nium																				
	Н.	00	63	Premium Discour	at Amt	261		Soci	al Security N	lumber	Part	Nature	Cause		Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemnity		Paid Med	lical
	п.	- 00	03_	r tellilalli Discoul	it Aint.	201	-	Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Reve	rsed for Future	Use						ALAE Paid		ALAE Incu	urred
	l.	0	900	Expense Constar	nt Amt	119	*Upd	Claim Nun	mhor	Acc. Date/	Incurr	ed Indemnity	Inci	ırred Medical	Class	Injury	Status						1 10	risdic	Cat.	MCO
							Туре	Claim Nui	ilibei	No. Claims	moun	ed indemnity	IIIC	irred wedicar	Code	injury	Status	Act	t		Conditions Recov	Cov		tate	No.	Туре
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	K.								ial Security N			Nature	oause		•			.00.	Lump	rraud	Dedu					
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								Reserved for F	uture Use	Total N	lo. Claims	Tr	otal Incurre	d Indemnity	LOSS TO	TALS urred Medical	Res	served for F	Future II	se.	Total P	aid Indemr	nity	Total	Paid Medic	al
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								Tot. Claimant's A	Attny. Fees	Tot. Employe	er's Attny. Fe	es		I	Reserved for	r Future Use	•				Total	ALAE Paid	d	Total A	LAE Incurre	ed

										POLIOVI															
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Dat	POLICY IN te Policy Ex	IFORMA piration Date		State	State Effective Da	ite Cer	tificate No.	Caro	d Serial No.		Ri	isk ID Numb	oer	Page No.	Las	st Page No.
01	NO.	туре	Kpt. IIId.	00200	W	C123456789		10	/01/99	10/	01/00	37	7												
Insured	's Name	: A. B	s. C. II	NC.																F.E.I.N	٧.		Pendin	g File No.	
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Mod Effect	tive Date	Rate Effe	ctive Date		Polic	cy Conditions			Po	olicy Type I D	Dedu	ct. Ded	luct.	Deductible Amou	int Per	Deductible Am	ount	Reserved			Carrier Use	1	For	Bureau Use	
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07/01	1/00	07/0	1/00	N Y		N N	N	N	01	01 01	030)1		1000											
			XPOSU	RE INFORMATION										LOSS IN	IFORMAT	TION									
Upd Type	Exp. Cov	. Cla	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status			Loss (Conditions		Jurisdic State	Cat. No.	MCO Type
	01	0	665	255000	7.54	19227												Act	Ту	pe F	Recov	Cov	Settl		
	01		953	48000	.20	96		Soci	al Security N	lumber	Part	Nature	Cause	(Occupation De	scription		Voc. L	ump	Fraud	Deduct	Pa	aid Indemnity	Paid	Medical
	01		664	40000	.20	2126		Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Reve	rsed for Future	Use		I				ALAE Paid	ALAE	Incurred
	- 01	7	004			2120	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status			Loss C	onditions		Jurisdic State	Cat.	MCO Type
	A.	To	tal Subje	ect Premium		17197												Act	Ту	oe R	tecov	Cov	Settl		,,,,,
		Εv	norionco	`				Socia	al Security N	lumber	Part	Nature	Cause		Dccupation De	scription		Voc. L	.ump	Fraud	Deduct	Pa	aid Indemnity	Paid	Medical
	B.	Mo	d (XX.X)	XX)		0.953	-	Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Reve	rsed for Future	Use						ALAE Paid	ALAE	Incurred
	C.	То	tal Modit	fied Premium		16389	*Upd	Claim Nun	nher	Acc. Date/	Incurre	ed Indemnity	Inci	ırred Medical	Class	Injury	Status	1					Jurisdic	Cat.	MCO
							Туре	Ciamirida	inder	No. Claims	incurre	ou muchimity	mod	inca wealear	Code	injury	Status	Act	Ту		conditions Recov	Cov	State Settl	No.	Туре
	D.	9	887			4097		Socia	al Security N	lumber	Part	Nature	Cause	1 (Occupation De	scription		Voc. L	ump	Fraud	Deduct	Pa	aid Indemnity	Paid	Medical
	E.	9	046		.30	3688	_	Claimant's Atto		Employer's Atte						rsed for Future							ALAE Paid		Incurred
	F.							oluman 37tto		Employer 57kk					Nove	issa ioi i ataio	030						TETE T did	, nene	mourou
							*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status				conditions		Jurisdic State	Cat. No.	MCO Type
	G.	Tota	Standard Ex		Total Standard Prem													Act	Ту	oe R	Recov	Cov	Settl		
				ANANAN		16871		Socia	al Security N	lumber	Part	Nature	Cause		Occupation De	scription		Voc. L	ump	Fraud	Deduct	Pa	aid Indemnity	Paid	Medical
	H.	00	063_	Premium Discour	nt Amt.	90				1														41.45	Incurred
	I.	0	900	Expense Constar	nt Amt	41		Claimant's Atto	mey rees	Employer's Atte	orney rees				Reve	rsed for Future	use						ALAE Paid	ALAE	incurred
							*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status				conditions		Jurisdic State	Cat. No.	MCO Type
	J.	0	938		.0375	401												Act	Ту	oe R	lecov	Cov	Settl		
	Κ.							Socia	al Security N	lumber	Part	Nature	Cause	(Occupation De	scription		Voc. L	ump	Fraud	Deduct	Pa	aid Indemnity	Paid	Medical
	ıx.							Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Reve	rsed for Future	Use				1		ALAE Paid	ALAE	Incurred
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								Reserved for F	uture Use	Total N	lo. Claims	To	otal Incurre	d Indemnity	Total Incu	ırred Medical			for Future Use Total Paid I		d Indemnity	′ [otal Paid Me	edical	
								Tot. Claimant's A	Attny. Fees	Tot. Employe	er's Attny. Fe	es			Reserved for	r Future Use					Total A	Total ALAE Paid Total ALAE Incurred			

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Section VI

Illustration 23 – Anniversary Rated Policy with the Premium Charge for Terrorism Risk Insurance Act of 2002 – Certified Losses and the Employer Assessment

In this illustration it is assumed that more than one experience modification applies during the policy period and that an Employer Assessment and premium charge for the Terrorism Risk Insurance Act of 2002 are applicable.

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

The premium charge for the Terrorism Risk Insurance Act of 2002 – Certified Losses, **Code 9740**, 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 the Terrorism Risk Insurance Act of 2002 – Certified Losses (Code 9740). The resulting premium charge should be reported on lines "J" through "K" under Code 9740, and is to be used in the calculation of the Employer Assessment Code 0938.

Calculation of the Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small or Large Deductible Premium Credit and includes premiums generated by the application of the Terrorism Risk Insurance Act of 2002 – Certified Losses (Code 9740). Small or Large Deductible Premium Credits include either of the following Statistical codes in Pennsylvania: 9663 or 9664.

The Employer Assessment charge shall also be reported on lines "J" through "K" under Code 0938, but is not to be used in any premium calculations.

As with most pricing programs in the Commonwealth of Pennsylvania (i.e., Construction Credit - 9046, Merit Rating Credit - 9885, etc.), the Employer Assessment charge and the Terrorism Risk Insurance Act of 2002 – Certified Losses are applicable as of each risk's Anniversary Rating Date.

Example: A policy with a 09/01/99 effective date and a 12/01/99 anniversary rating date would have an assessment charge applicable to only the 12/01/99 - 09/01/00 portion of the policy.

Note: Since the expense constant (0900), minimum premium (0990), premium discount (0063/0064), and any premiums charged for the Terrorism Risk Insurance Act of 2002 – Certified Losses (Code 9740) etc., are all used in the calculation of the Employer Assessment (0938) it will be necessary to pro-rate these items and show each of the split portion premiums separately on anniversary rated risks. Failure to do so will result in the issuance of error criticisms.

SECTION VII

GLOSSARY OF TERMS

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

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SECTION VII -- GLOSSARY

Bureau Data Card

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

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

Bureau Loss Costs

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

Bureau Rating Values

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

Carrier Rate

The amount per unit of exposure which an insurance carrier charges for workers compensation and employers liability insurance.

Carrier Rating Value

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

Contract Medical

An agreement between an insurance carrier and one or more doctors, which specifies that in return for stipulated sum of money, the doctor(s) will provide medical services for treatment of occupational injuries sustained by employees of a particular risk being insured by the carrier.

Correction Report

A report, which is required to correct an error of any kind on a previously filed report.

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Cumulative Injury

An injury, which results in a disability or death and is not traceable to a definite compensable accident occurring during the employees present or past employment. The injury is understood to have occurred from and has been aggravated by an employment-related repetitive activity. For example, a cement mason, carpet installer or tile man presents a claim for injury to the knee caused by repetitive bending and kneeling on the job.

Employers Liability

If an injured employee is not covered under any workers compensation law, he or she may seek recovery by suing the employer under employers liability.

Expense Constant

A premium charge which may apply to a policy in addition to the premium inclusive of loss constants. The expense constant covers expenses such as those issuing recording and auditing, which are common to all workers compensation policies regardless of size.

Experience Modification

An adjustment to premium for a given risk merited by loss ratios that are higher or lower than expected.

Rated Risk

A risk, which has an experience modification.

Non-Rated Risk

A risk, which has no experience modification.

Exposure

The extent of exposure to loss as measured by payroll, or, for per capita classes, man-weeks.

Loss Constant

An amount, which may be added to the premium on policies on small risks to compensate for their higher loss ratio.

Loss Cost

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

Loss Ratio

The ratio of losses to premiums.

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Page 3 GLOSSARY

Man-Year

One employee working for one year. For example, an employee working for one year is insured for one man-year. An employee working for nine months is insured for .8 man-years.

Merit Rating

The plan is intended to grant premium discounts or assess premium surcharges to employers, which do not qualify under the uniform Experience Rating Plan.

Minimum Premium

The lowest premium amount for which a single risk can be insured for a policy period. Minimum premiums are not subject to experience modifications or rate deviations.

Non-Rateable Element

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

Occupational Disease --

Occupational disease -- is any abnormal condition caused be repeated exposure extending over a period of time to a disease producing agent or agents present in the workers' occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment. --For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica.

Per Capita Classification

A classification where the exposure base is the number of employees rather than payroll.

Premium Discount

For policies with a total standard premium in excess of a specified amount, the premium discount recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

Provision for Claim Payment

Historical aggregate losses projected through development to their ultimate value and through trending to a future point in time, but excluding all loss adjustment or claim management expenses, other operating expenses, assessments, taxes, and profit or contingency allowances. In this Plan, the term "loss cost" is synonymous with "provision for claim payment."

Effective: October 1, 2005 Section VII
Page 4 GLOSSARY

Rating Value

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

Reinsurance

Acceptance by an insurer (called a reinsurer) of all or part of the risk of loss of another insurer.

Scheduled Indemnity

Benefits determined from a schedule of awards based on injury as required by law.

Schedule Rating Plan

The loss and/or expense components of an insured risk's premium may, at the option of the underwriting carrier, be adjusted in accordance with provisions of this plan to reflect defined characteristics of the risk which, in the sole judgment of the underwriting carrier, are not adequately reflected in prior experience of the insured risk.

Second Injury Fund

When a previously injured worker returns to work and is injured again in such a way that the combined effects of the injuries constitutes a more serious injury (and thus has higher benefits) than the two injuries considered separately, the difference in benefits is paid by the Second Injury Fund. For example, if a worker is injured and loses an arm, then returns to work and is subsequently re-injured losing his other arm, the second injury fund will pay the difference between the benefits for the loss of both arms and the combined benefits when the loss of each arm is considered separately.

Subrogation

A recovery action in which losses incurred by a carrier due to the injury of an employee are reimbursed either in part or in whole by a third party deemed primarily responsible for the injury.

Subsequent Report

A report, which updates the loss information and is filed as of the second, third, fourth, fifth, sixth, seventh, eighth, ninth and/or tenth valuation date. (Refer to Section IV, Item A.1. for valuation dates)

Supplemental Non-Rateable Loading

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

Effective: October 1, 2005 Section VII
Page 5 GLOSSARY

Vocational Rehabilitation

The costs involved in retraining an injured worker to return to work at the same or a different job.

Voluntary Compensation Insurance

An employer may purchase a voluntary compensation policy to insure against claims filed by employees who are not covered under any workers compensation law. Such insurance provides benefits similar to those provided under workers compensation.

SECTION VIII

SAMPLE FORMS

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2005 Page 1 Section VIII Sample Forms

SECTION VIII - SAMPLE FORMS

Form <u>Number</u>	<u>Description</u>	
NC2957	Unit Statistical Report	2
NC2913	Supplemental Loss Report	3
NC-1047	Individual Case Report	4
NC2400	Letter of Transmittal Hard Copy	5
NC-302	Summary Report – Three - Year Fixed Rate Policies	6

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LETTER OF TRANSMITTAL FOR REPORTING UNIT STATISTICAL REPORTS--HARD COPY

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I am transmitting herewith, in accordance with the app	roved Workers Compensation Statistical Plan, unit report	rts shown below.
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NC2400(00261)

SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES

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NC-302

SECTION IX

ELECTRONIC SUBMISSION

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2005 Section IX

Page 1 ELECTRONIC SUBMISSION

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. Pennsylvania has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule. Carriers desiring a copy of the Workers Compensation Data Specifications Manual may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).

SECTION X

PREMIUM ALGORITHM

PENNSYLVANIA
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2005 Section X

Page 1 PREMIUM ALGORITHM

SECTION X - ALGORITHM

Pennsylvania Premium Algorithm Preface:

Optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.

The computation of workers compensation premium includes a broad complement of potential rating values, pricing programs and other similar or related variables. To the extent that these component parts of premium determination may be applied in a prescribed sequence and using defined formulas and/or relationships, several potential benefits arise including the following:

- Competitive differences within the marketplace can be more clearly defined and consistently applied;
- Similarly-situated risks can receive comparable treatment with respect to specific rating values, pricing
 programs or other factors, increasing the equity of the marketplace;
- Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;
- In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

Effective Date: October 1, 2005

Section X

Page 2 PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	XXXX	(1)	Carrier value
(2)	Exposure	XXXX	(2)	Risk characteristic
(3)	Carrier Rating Value	XXXX	(3)	Carrier value
(4)	Classification Manual Premium	7000	(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	XXXX	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	XXXX	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	XXXX	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non- Ratable Classification exposure]

Effective Date: October 1, 2005

Section X

Page 3 PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	XXXX	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal]

Effective Date: October 1, 2005

Section X PREMIUM ALGORITHM

Page 4

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x[(-52) expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	(54)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	[(54)+(56)+(58)+(60)]x[(61)-1.0000] if $(61)>0$, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)>[(54)+(56)+(58)+(60)+(62)+ (64)], (65)-[(54)+(56)+(58)+(60)+(62)+(64)], otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	[(54)+(56)+(58)+(60)+(62)+(66)]
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on [(54)+(56)+(58)+(60)+(62)+(66)]
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism Premium Charge	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Total Policy Premium Subject to Employer Assessment		(71)	(64)+(67)-(68)+(69)+(70)
(72)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(72)	Bureau value for the specific purpose of computing employer assessments
(73)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(73)	[(71)-(11)-(58)]x(72) NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments



Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor One South Penn Square • Philadelphia, PA 19107-3577 (215)568-2371 • FAX (215)564-4328 • www.pcrb.com

March 17, 2005

BUREAU CIRCULAR NO. 1497

To All Members of the Bureau:

Re: ADDITIONAL INFORMATION ON REVISIONS TO PENNSYLVANIA STATISTICAL PLAN MANUAL ANNOUNCED MARCH 15, 2005

Bureau Circular No. 1496 announced approved revisions to the Pennsylvania Statistical Plan Manual. These revisions included Sections I – General Rules/Definitions and II – Reporting Requirements effective October 1, 2005 and Sections III – Individual Case Reports, IV – Codes, VI – Examples, and VIII – Sample Forms effective October 1, 2005 on an OPTIONAL basis and MANDATORY effective April 1, 2006.

However, Bureau Circular No. 1496 did not include the text of approved revisions. The Manual revisions for these changes are attached hereto for your immediate use. The Statistical Plan Manual will be updated on our website (www.pcrb.com) at a future date.

Questions about the Pennsylvania Statistical Plan should be directed to Bonnie Piacentino, Director – Statistical Reporting, at Extension 4456.

Timothy L. Wisecarver President

kg DCirc

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

PENNSYLVANIA STATISTICAL PLAN MANUAL

Mandatory Effective October 1, 2005

SECTION I - GENERAL RULES/DEFINITIONS

Items A. and B. remain unchanged.

C. Fine System for [Late Unit Reports] Statistical Reporting

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

SCHEDULE OF STATISTICAL PLAN FINES

Notice	Non-Rated Units	Rated Units
1 st 2 nd 3 rd 4 th 5 th 6 th 7 th	\$ 0 \$ 5 \$ 5 \$ 15 \$25 \$40 \$50	\$ 0 \$ 5 \$ 100 \$ 100 \$ 250 \$ 500 \$ 750 \$1,000
more	***	4 1,000

Above fine schedule approved by the Pennsylvania Insurance Department on October 19, 1990.1

1. Timeliness

Initial unit statistical data must be valued as of the 18th month after the policy effective date and reported by the end of the 20th month after the policy effective date. Subsequent reports, if applicable, must be valued and reported at successive 12-month intervals up to and including a 10th report, which would be valued as of the 126th month after the policy effective date and reported by the end of the 128th month after the policy effective date.

2. Completeness

Submissions are expected to contain all required information as detailed in this Plan. Submissions, whether made in hardcopy or electronically, that, upon a cursory review by the Bureau, do not satisfy basic reporting requirements will not be accepted, will be promptly returned to the carrier and will be considered as missing until a complete submission is provided. An example of an incomplete submission would be the submission of a unit statistical report(s) without exposure data in order to meet the unit statistical reporting due date.

3. Quality

Carriers are notified in writing when a unit statistical report contains errors. Carriers are subsequently notified via e-mail on an as needed basis, as well as in writing on a quarterly basis, of any error(s) remaining outstanding and requiring a correction report(s).

The timely issuance of experience ratings is an important element of the workers compensation pricing process. The Bureau strives to promulgate experience ratings for member carriers and employers 60 days in advance of policy effective dates. Experience

ratings can only be calculated in compliance with this objective when unit statistical reports are received in a timely, complete and accurate manner. Unit statistical reports with critical errors that remain uncorrected for extended periods of time will be treated like missing data. "Critical" errors are defined as those errors and/or discrepancies that impact or impede experience rating calculations and/or that may significantly affect loss cost relativities between classifications.

By action of the Governing Board, effective October 1, 2003 the Bureau began to subject unit statistical report(s) with critical errors remaining uncorrected for an extended period of time and causing a delinquent experience rating(s) to the Schedule of Statistical Plan Fines, as outlined below in Section 4. Assessment Schedule, in accordance with the following procedures.

Bureau staff will identify unit statistical reports with critical errors that have overdue experience ratings and notify the carrier via certified mail that, despite numerous previous attempts to secure corrections, errors on the unit remain unresolved.

Carriers will be warned that failure to respond in 30 days may result in fine amounts up to a maximum of \$1,000 per unit per month unless a satisfactory response is received. If the error remains uncorrected after the initial 30-day period, the carrier will receive a final warning, which is coincident to Notice 1 on the Assessment Schedule, advising that at the end of the next 30 days the unit statistical report will become subject to the Schedule of Statistical Plan Fines and will appear on statistical reporting listings or invoices unless all critical errors have been resolved. Errors remaining uncorrected after the final warning period will become subject to the Schedule of Statistical Plan Fines and will appear on statistical reporting listings or invoices consistent with that Schedule.

4. Assessment Schedule

Assessments for missing unit statistical reports, incomplete unit statistical reports and/or critical errors will be charged according to the schedule shown below. This schedule was approved for application to missing unit statistical reports by the Pennsylvania Insurance Department on October 19, 1990 and was approved for application to missing unit statistical reports, incomplete unit statistical reports and/or critical errors on March 9, 2005.

SCHEDULE OF STATISTICAL PLAN FINES

Notice	Non-Rated Units	Rated Units
$ \frac{1^{\text{st}}}{2^{\text{nd}}} \\ \frac{2^{\text{nd}}}{3^{\text{rd}}} \\ \frac{4^{\text{th}}}{5^{\text{th}}} \\ \frac{5^{\text{th}}}{7^{\text{th}}} \\ 8^{\text{th}} - 24^{\text{th}} $	9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$ 0 \$ 5 \$ 100 \$ 100 \$ 250 \$ 500 \$ 750 \$1,000

The assessment schedule will apply for a maximum 24-month period per unit. Thus, a single non-rated unit statistical report that remains outstanding for 24 months will accrue fines totaling \$945, and a single rated unit statistical report that remains outstanding for 24 months will accrue fines totaling \$18,705.

5. Notification of Missing Units and Assessments

<u>Companies will receive notices of overdue unit statistical reports to be mailed to the companies by the Bureau at the end of each month when unit statistical reports are due.</u>

Notices 1 through 24 will be issued in the form of a listing or invoice. A 25th notice will be issued in the form of a Bureau letter detailing the missing unit statistical reports and reminding the carrier of their obligation to provide this data so that it may be included in the summarized data used to establish loss costs for each employer classification in the state, as well as in the individual employer loss experience which is the basis for experience rating and merit rating.

During the period that assessments are accruing, the Bureau will not initiate additional interim contacts apart from the monthly listings or invoices. It is the carriers' responsibility to be aware that fines are accruing and a submission is required.

The Bureau produces listings and provides online access to listings alerting carriers to the unit statistical reports expected to be filed. These listings contain state, policy number, named insured, effective date, and expiration date. Carriers can use these listings to identify which unit statistical reports that are due to be reported prior to submission.

6. Appeal of Assessments

Carriers will have up to 90 days after their receipt of a Bureau invoice to appeal any assessment. Any appeal of fines must be made in writing, must include the invoice number in question and must set forth all factors which the carrier wishes to be considered in the review of the appeal. Appeal must be sent to:

PCRB
Statistical Reporting – Appeals
The Widener Building, 6th Floor
One South Penn Square
Philadelphia, PA 19107

Appeals of assessments for missing unit statistical reports should be supported by documentation showing the date(s) the unit statistical reports were submitted to the Bureau. Documentation for the timing of electronic submission may include copies of IBBSnet receipt confirmations, CDX ETR logs or a Bureau-generated e-mail indicating that the submission file in question was received.

For diskette or hardcopy reporting, submission documentation may include courier mail receipts or facsimile transmission receipts.

Items D. through **K**. remain unchanged.

L. Loss Rules

Numbers 1. through 7. remain unchanged.

8. Correction and Subsequent Reports

- a. Any second, third...... previous report.
- b. Correction Reports
 - (1) A correction report must be filed when any of the following occur between valuation dates:

Items (a) through (c) remain unchanged

(d) The claim should have been reported with a catastrophe code.

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, Item C, Loss Information Codes, Number 3, Loss Conditions, Type of Recovery for a complete list of codes.

Numbers (2) and (3) remain unchanged.

Item c. remains unchanged.

9. Medical or Legal Expense

Medical or legal expenses incurred for the benefit of the carrier to secure evidence for presentation before an official body shall be treated as adjusting expenses and not reported except as respects Part II allocated loss adjustment expense as explained in Item L. 7. of this section.

The following are a few examples that should be charged to expense rather than to losses:

- 1. Medical examination of a claimant on behalf of the carrier to determine [liability] compensability
- 2. Cost of securing birth and death certificates
- 3. Cost of performing autopsies
- 4. Impartial examinations by industrial board for the purpose of hearing and determining questions of compensability
- 5. Expert testimony of physicians on behalf of the carriers or fees paid to the claimant's physician called in by the carrier

NOTE: When the claimant calls the employee.

Number **10**. remains unchanged.

Item M. remains unchanged.

N. General Rules and Definitions

Numbers 1. through 13. remain unchanged.

14. Expenses -- Included in Losses

Items a. and b. remain unchanged.

c. Impartial Examinations by Industrial Board. Expenses for impartial examinations ordered by an industrial board to determine necessary treatment or to determine the extent or continuation of disability are to be considered as incurred losses and reported on the unit report.

Items d. through f. remain unchanged.

SECTION II – REPORTING REQUIREMENTS

Item A. remains unchanged.

B. Exposure Amount

Numbers 1. through 3. remain unchanged.

4. Exposure Amount

The lines referenced in the following paragraphs, Items 4 through 10, pertain to the hard copy Unit Statistical Report.

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

[a] <u>b.</u> Payrolls reported must	are available.
[b] <u>c.</u> Payrolls must be	experience modification.
[c]d.The total payroll for	last unit card.
[d]e.The payroll exposures	Standard Exposure.
[e]f. The Manual rules	captioned "D," "E" or "F."
[f]g.The Manual rules provide	to the payroll.

Numbers 5. through 10. remain unchanged.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Mandatory Effective April 1, 2006 Optional October 1, 2005

SECTION III – INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

Item Number 1. remains unchanged.

2.	Genera	al Instructions for ReportingUNIT REPORT.	
	Items a. through y. remain unchanged.		
	Z.	Workers Sex. Report the one-position code indicating the injured workers sex.	
	[z] <u>aa</u> .	Average Weekly Wage. Enter whole dollar.	
	[aa] <u>bb</u> .	Injury Description Code. Thisthe injury.	
	[bb] <u>cc</u> .	Occupation. Givethe accident.	
	[cc] <u>dd</u> .	Date Closed. Enter	
	[dd] <u>ee</u> .	Reserve Type Code. Report	
	[ee] <u>ff</u> .	Lump Sum Indicator. Reportsum payment.	
	[ff] <u>gg</u> .	Fraud. Report the code	
	[gg] <u>hh</u> .	Social Security Number. ThisSecurity Administration.	
	[hh] <u>ii</u> .	Date Single Sum Paid. Enter	
	[ii] <u>jj</u> .	Employment Status. Report	
	[jj] <u>kk</u> .	Year Last Exposed. Reportdetermine benefit.	
	[kk] <u>ll</u> .	Date of Hire. (Not applicable in Pennsylvania)	

Item Number 3. remains unchanged.

4. Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.

Items a. through f. remain unchanged.

g. Data Provider Comments. Report any information relevant to the reserve or pension calculation. This text may be used for any commentary on the claim that may eliminate verification requests from the Bureau. As examples, data providers may at their option provide and/or explain the pension value, weekly benefit, or duration of dependent child's benefits, etc.

Item Number 5. remains unchanged.

SECTION IV - CODES

Items A. through C. remain unchanged

D. Individual Case Report Codes

Number 1. through 11. remain unchanged.

12. Workers Sex

Code	Description
M	Male
<u>F</u>	<u>Female</u>

[12] <u>13.</u> Beneficiary

Code list remains unchanged.