

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0655	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 99622	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 845	STAT CODE*	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00		
INSURED NAME Doelron Erections, Inc.						ACC. DATE MO DAY YR 02 01 14			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 14			DATE OF BIRTH MO DAY YR 05 01 66		SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe		WORKERS SEX M	AVG. WEEKLY WAGE 500	INJURY DESC. CODE* →	PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR 01 01 80					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY									1	05	01	66	Paid to valuation date					
									2	07	01	68	47.714 x 333.35 = 15905					
3. NON-SCHEDULED INDEMNITY				X X X	XXXX								Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													(333.35 x 52 x 32.459) +					
5. VOCATIONAL REHABILITATION TOTAL INCURRED													(250.00 x 52 x 9.942) = 691897					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				15905					
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				691897					
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)				707802					
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL				25000					
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				17201					
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				12000					
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING