

### UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>0659</b>	REPORT NO. CODE* <b>01</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>01</b>	CARRIER NUMBER <b>99998</b>	CARRIER NAME						PAYROLL STATE CODE* <b>07</b>	ADM. FILE NUMBER						
POLICY NUMBER <b>111222</b>		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR <b>07 01 13</b>			CLAIM NO. <b>68235</b>	STAT CODE* <b>0</b>	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE <b>01 01 01 01 00</b>					JURIS STATE <b>07</b>	MCO TYPE <b>00</b>	
INSURED NAME <b>Bob's Roofing</b>						ACC. DATE MO DAY YR <b>11 01 13</b>			DATE OF DEATH MO DAY YR <b>11 01 13</b>			DATE REPORTED MO DAY YR <b>11 01 13</b>			DATE OF BIRTH MO DAY YR <b>12 01 63</b>		SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Harris</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>395</b>	INJURY DESC. CODE* →		PART <b>90</b>	NATURE <b>13</b>	CAUSE <b>25</b>	OCCUPATION <b>Roofer</b>				DATE CLOSED MO YR		RESERVE CODE* SUM	FRAUD CODE <b>00</b>	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			
<b>BENEFITS OTHER THAN PENSION</b>								<b>PENSION BENEFITS</b>										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY			<b>X X X</b>	<b>X X X</b>					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY									<b>2</b>	<b>09</b>	<b>01</b>	<b>74</b>	Paid to valuation date					
									<b>4</b>	<b>12</b>	<b>01</b>	<b>97</b>	60.857 x 276.50 = 16827					
3. NON-SCHEDULED INDEMNITY				<b>X X X</b>	<b>XXXX</b>				<b>4</b>	<b>05</b>	<b>01</b>	<b>99</b>	Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													(263.35 x 52 x 18.261= 250070) +					
5. VOCATIONAL REHABILITATION TOTAL INCURRED													(13.15 x 47.714) = 250697					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				16827					
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				250697					
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE				3500					
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE				4514					
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)				275538					
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL				500					
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				6799					
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				500					
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

\*SEE MANUAL FOR CODING