

### UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13			CLAIM NO. 789803		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00	
INSURED NAME Steve Ho Corporation							ACC. DATE MO DAY YR 10 01 13			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 13			DATE OF BIRTH MO DAY YR 03 15 49		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →		PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP CODE 00	FRAUD CODE 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			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR									
2. SCHEDULED INDEMNITY									1	03	15	49	Paid to valuation date 65.286 x 306 = 19978						
3. NON-SCHEDULED INDEMNITY				X X X	XXXX								Future payments						
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 17.313 = 275484						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				19978						
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				275484						
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)				295462						
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				8008						
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				15000						
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.										

\*SEE MANUAL FOR CODING