

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 02	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 Corp							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* 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			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR									
2. SCHEDULED INDEMNITY									1	03	15	49	Paid to valuation date 117.429 x 306.00 = 35933						
3. NON-SCHEDULED INDEMNITY				XXX	XXXX								Future payments						
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 16.542 = 263216						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			35933							
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			263216							
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)			299149							
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL			27500							
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			18715							
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			20000							
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING