

### UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>0718</b>	REPORT NO. CODE* <b>02</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>01</b>	CARRIER NUMBER <b>16928</b>	CARRIER NAME	PAYROLL STATE CODE* <b>07</b>	ADM. FILE NUMBER					
POLICY NUMBER <b>99887</b>		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR <b>07 01 13</b>		CLAIM NO. <b>789749</b>	STAT CODE* <b>0</b>	DATE ATTNY DISC MO. DAY YR	LOSS CONDITIONS ACT TYPE RCOV CLM SETTL <b>01 01 01 01 00</b>			JURIS STATE	MCO TYPE <b>00</b>
INSURED NAME <b>Steve Ho Corp</b>					ACC. DATE MO DAY YR <b>08 01 13</b>	DATE OF DEATH MO DAY YR <b>08 01 13</b>	DATE REPORTED MO DAY YR <b>08 01 13</b>	DATE OF BIRTH MO DAY YR <b>07 25 48</b>	SURG CODE	ATTNY CODE*		
WORKER LAST NAME <b>Stevens</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>475</b>	INJURY DESC. CODE* →	PART <b>90</b>	NATURE <b>13</b>	CAUSE <b>75</b>	OCCUPATION <b>Shup Builder</b>	DATE CLOSED MO YR	RESERVE CODE* <b>00</b>	LUMP 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>01 01 80</b>					
<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>XXX</b>	<b>XXX</b>			CODE	DATE OF BIRTH MO DAY YR <b>05 01 48</b>					
2. SCHEDULED INDEMNITY						<b>2</b>				Paid to valuation date <b>126.143 x 316.68 = 39947</b>		
3. NON-SCHEDULED INDEMNITY			<b>XXX</b>	<b>XXXX</b>						Future payments		
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY										316.68 x 52 x 12.419 = 204508		
5. VOCATIONAL REHABILITATION TOTAL INCURRED												
6. CLAIMANT LEGAL EXPENSE						7. PENSION INDEM. PAID TO VAL. DATE			39947			
PHYSICIAN PAID			TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID						
HOSPITAL PAID			PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			204508			
APP. MED. EVAL. PAID			PERM. TOTAL PAID			10. FUNERAL ALLOWANCE			3500			
DEFENSE MED. EVAL PAID			DEATH PAID			11. LUMP SUM REMARRIAGE			270			
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM			12. TOTAL INCURRED INDEM..(SUM 1-11)			248225			
LEGAL EXP. - DEFENSE			V.R. PAID			13. TOTAL INCURRED MEDICAL			0			
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			22786			
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			0			
			V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.						

\*SEE MANUAL FOR CODING