

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 46122	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00		
INSURED NAME PAZ Industries 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 04 01 61		SURG CODE 1	ATTNY CODE* 3
WORKER LAST NAME Jones		WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	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 09 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 1	DATE OF BIRTH MO DAY YR 04 01 61			Paid to valuation date					
2. SCHEDULED INDEMNITY													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 16.175 = 257377					
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.				257377					
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)				277355					
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL				13000					
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				20871					
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				6000					
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING