

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**FOR REPORTING**

**STATISTICAL AND INDIVIDUAL CASE REPORT DATA**

**WORKERS COMPENSATION STATISTICAL REPORTING SPECIFICATIONS (WCSTAT)  
FOR REPORTING STATISTICAL AND INDIVIDUAL CASE REPORT DATA**

**CONTENTS**

|   | SECTION | PAGE |
|---|---------|------|
| INDEX .....   |         | i    |
| WCSTAT CONTACT PAGE .....   | :       | i    |
| INSURER PREPARATION OF UNIT REPORT AND ICR DATA.....                                  | 1       | :    |
| Tape Specifications .....   | 1       | :    |
| General Record Specifications .....   | 1       | :    |
| Where to Submit States.....   | 1       | :    |
| DATA ELEMENT COMPARISON OF UNIT REPORT DATA .....                                     | 2       | :    |
| WORKERS COMPENSATION DATA REPORTING SPECIFICATIONS<br>FOR UNIT REPORTS AND ICRS ..... | 3       | :    |
| Link Data.....  | 3       | :    |
| Header Record .....   | 3       | :    |
| Name Record.....  | 3       | :    |
| Address Record .....  | 3       | :    |
| Exposure Record .....   | 3       | :    |
| Loss Record.....  | 3       | :    |
| Unit Total Record.....  | 3       | :    |
| ICR Record 7-A .....  | 3       | :    |
| ICR Record 7-B .....  | 3       | :    |
| ICR Record 7-C .....  | 3       | :    |
| ICR Record 7-D .....  | 3       | :    |
| ICR Record 7-E .....  | 3       | :    |
| ICR Record 7-F.....   | 3       | :    |
| ICR Record 7-G .....  | 3       | :    |
| ICR Record 7-H .....  | 3       | :    |
| ICR Record 7-I.....   | 3       | :    |
| ICR Record 7-J.....   | 3       | :    |

**CONTENTS (Cont'd)**

|  | <b>SECTION</b> | <b>PAGE</b> |
|--|----------------|-------------|
| Submission Control Record.....         | 3              | : 19        |
| DCO DIFFERENCES IN SPECIFICATIONS..... | 4              | : 1         |
| APPENDIX.....                          | 5              | : 1         |
| EXAMPLES.....                          | 6              | : 1         |

WCSTAT INDEX

| TOPIC/FIELD NAME  | PAGE NUMBER | TOPIC/FIELD NAME  | PAGE NUMBER |
|---|-------------|---|-------------|
| <b>A</b>  |             |   |             |
| Accident Date   | 3:7-1       | Closed Date   | 3:9-3       |
| Act—Loss Condition Codes                                      | 3:9-2       | Correction Sequence Number                                  | 3:2-3       |
| Address of Insured  | 3:7-3       | Correction Type Code  | 3:3-3       |
| Address Record  | 3:9-3       | <b>D</b>  |             |
| Aggregate—Deductible Amount                                   | 3:5         | Data Element Comparison                                     | 2:2-1       |
| ALAE Incurred Total   | 3:5         | Deceased Date   | 3:9-2       |
| ALAE Paid Total   | 3:3-6       | Deductible Amount—Aggregate                                 | 3:3-6       |
| Allocated Loss Adjustment Expense (ALAE) —<br>Incurred Amount | 3:8-4       | Deductible Amount Per Claim/Accident                        | 3:3-6       |
| Allocated Loss Adjustment Expense (ALAE) —<br>Paid Amount     | 3:8-4       | Deductible Percent Factor                                   | 3:3-6       |
| Annuity Purchase Amount                                       | 3:7-7       | Deductible Reimbursement Amount                             | 3:7-7       |
| ASWG Tape Submission Code                                     | 3:18        | Deductible Type Code  | 3:3-5       |
| ASWG Unit Submission Code                                     | 3:19        | Defense Amount—Legal Expense                                | 3:15        |
| Attorney Disclosure Form Received Date                        | 3:3-9       | Dependency—Beneficiary Code                                 | 3:13-1      |
| Attorney or Authorized Representative Code                    | 3:9-5       | Detail Record Count Total                                   | 3:13-2      |
|   | 3:17-2      |   | 3:19        |
|   | 3:17-2      | <b>E</b>  |             |
| <b>B</b>  |             |   |             |
| Beneficiary Birth Date  | 3:13-1      | Employee Leasing Code                                       | 3:3-2       |
| Beneficiary Code—Dependency                                   | 3:13-2      | Employer's Attorney Fees Incurred Amount                    | 3:7-7       |
| Beneficiary Code—Relationship                                 | 3:13-1      | Employer's Attorney Fees Total                              | 3:8-4       |
| Birth Date  | 3:13-2      | Employers Liability or Other Indemnity Incurred             | 3:11-1      |
| Body Member Code—Scheduled Indemnity                          | 3:13-1      | Employment Status Code                                      | 3:16-1      |
| Body Part—Injury Description Code                             | 3:13-2      | Evaluation Amount—Vocational Rehabilitation                 | 3:15        |
|   | 3:9-2       | Expense Constant Amount                                     | 3:6-4       |
|   | 3:10-2      | Experience Modification Factor                              | 3:6-1       |
|   | 3:10-1      | Experience Modification Effective Date                      | 3:6-2       |
|   |             | Exposure—Other Than Payroll Total                           | 3:8-1       |
|   |             | Exposure—Payroll Total                                      | 3:8-1       |
|   |             | Exposure Amount   | 3:6-2       |
|   |             | Exposure Coverage Code                                      | 3:6-1       |
|   |             | Exposure Coverage Code (Act)                                | 3:6-4       |
|   |             | Exposure Record   | 3:6-1       |
|   |             | Exposure State Code   | 3:2-1       |
| <b>C</b>  |             |   |             |
| Card Serial Number  | 3:3-9       | <b>F</b>  |             |
| Carrier Code  | 3:2-1       | Federal Employer Identification Number (FEIN)               | 3:3-3       |
| Carrier Name  | 3:14        | Fraudulent Claim Code                                       | 3:7-6       |
| Catastrophe Number  | 3:7-2       |   | 3:9-5       |
| Cause—Injury Description Code                                 | 3:7-5       | Funeral Allowance Amount                                    | 3:11-1      |
| Cause of Injury—Injury Description Code                       | 3:10-1      | <b>G</b>  |             |
| Claim Count   | 3:7-1       | General Record Specifications                               | 1:3         |
| Claim Count Total   | 3:8-2       | <b>H</b>  |             |
| Claim Number  | 3:7-2       | Header Record   | 3:3-1       |
|   | 3:9-1       | Hire Date   | 3:16-1      |
|   | 3:10-1      | <b>I</b>  |             |
|   | 3:11-1      | ICR Record 7-A  | 3:9-1       |
|   | 3:12-1      | ICR Record 7-B  | 3:10-1      |
|   | 3:13-1      | ICR Record 7-C  | 3:11-1      |
|   | 3:14        | ICR Record 7-D  | 3:12-1      |
|   | 3:15        | ICR Record 7-E  | 3:13-1      |
|   | 3:16-1      | ICR Record 7-F  | 3:14        |
|   | 3:17-1      | ICR Record 7-G  | 3:15        |
|   | 3:18        | ICR Record 7-H  | 3:16-1      |
|   | 3:7-2       | ICR Record 7-I  | 3:17-1      |
| Claim Status Code   | 3:7-7       | ICR Record 7-J  | 3:18        |
| Claimant's Attorney Fees Incurred Amount                      | 3:8-4       | ICR Total   | 3:19        |
| Claimant's Attorney Fees Total                                | 3:15        | Incurred Allocated Loss Adjustment Expense (ALAE)<br>Amount | 3:7-7       |
| Claimant Amount—Legal Expense                                 | 3:6-1       |   |             |
| Classification Code   | 3:7-1       |   |             |
|   | 3:9-1       |   |             |

**WCSTAT INDEX**

| TOPIC/FIELD NAME  | PAGE NUMBER | TOPIC/FIELD NAME  | PAGE NUMBER |
|---|-------------|---|-------------|
| Incurring Cost of Temporary Indemnity Total   | 3:10-1      |   |             |
| Incurring Indemnity Total   | 3:8-2       | <b>M</b>  |             |
| Incurring Indemnity Amount  | 3:7-2       | Managed Care Organization Type Code                                     | 3:7-5       |
| Incurring Medical Amount  | 3:7-3       |   | 3:9-5       |
| Incurring Loss Total—Nonscheduled Indemnity   | 3:11-1      | Manual/Charged Rate   | 3:6-3       |
| Incurring Loss Total—Scheduled Indemnity  | 3:10-2      | Medical Incurred Total  | 3:12-1      |
| Incurring Medical Total   | 3:8-3       | Method of Settlement Code   | 3:9-3       |
| Indemnity Amount—Vocational Rehabilitation  | 3:15        |   |             |
| Indemnity Incurred Total  | 3:12-1      | <b>N</b>  |             |
| Injury Code (Injury Type)   | 3:7-2       | Name of Insured   | 3:4         |
|   | 3:9-2       |   | 3:13-2      |
| Injury Description Code (Part, Nature, Cause)   | 3:7-5       | Name Record   | 3:4         |
| Injury Description Code—Body Part   | 3:10-1      | Nature—Injury Description Code  | 3:7-5       |
| Injury Description Code—Cause   | 3:7-5       | Nature of Injury—Injury Description Code                                | 3:10-1      |
| Injury Description Code—Cause of Injury   | 3:10-1      | No. of Weeks for Temporary Benefit                                      | 3:10-2      |
| Injury Description Code—Nature of Injury  | 3:10-1      | Non-Standard Type—Policy Type ID Code                                   | 3:3-4       |
| Injury Description Code—Part  | 3:7-5       | Nonscheduled Indemnity—Incurred Loss Total                              | 3:11-1      |
| Injury Description Code—Nature  | 3:7-5       | Nonscheduled Indemnity—Percentage Disability                            | 3:11-1      |
|   |             | Number of Weeks—Scheduled Indemnity                                     | 3:10-2      |
| <b>J</b>  |             |   |             |
| Jurisdiction Differences in Specifications  | 4:2-1       | <b>O</b>  |             |
| Jurisdiction State Code   | 3:7-4       | Occupation Description  | 3:7-5       |
|   | 3:9-5       | Original Administration Number Identifier                               | 3:3-2       |
|   |             |   |             |
| <b>L</b>  |             | <b>P</b>  |             |
| Last Page Serial Number   | 3:3-9       | Page Number   | 3:3-9       |
| Legal Expense—Claimant Amount   | 3:15        | Paid Allocated Loss Adjustment Expense (ALAE)<br>Amount                 | 3:7-7       |
| Legal Expense—Defense Amount  | 3:15        | Paid Applicant’s Medical Evaluations Costs to<br>Valuation Date Amount  | 3:17-1      |
| Link Data   | 3:2-1       | Paid Death Benefits to Valuation Date Amount                            | 3:16-2      |
|   | 3:3-1       | Paid Defense Medical Evaluations to Valuation<br>Date Amounts           | 3:17-2      |
|   | 3:4         | Paid Hospital Costs to Valuation Amount                                 | 3:15        |
|   | 3:5         | Paid Indemnity Amount   | 3:7-6       |
|   | 3:6-1       | Paid Indemnity Total  | 3:8-3       |
|   | 3:7-1       | Paid Independent/Agreed Medical Evaluations to<br>Valuation Date Amount | 3:17-2      |
|   | 3:8-1       | Paid Medical Amount   | 3:7-7       |
|   | 3:9-1       | Paid Medical Total  | 3:8-4       |
|   | 3:10-1      | Paid Permanent Partial Benefits to Valuation Date<br>Amount             | 3:16-2      |
|   | 3:11-1      | Paid Permanent Total Benefits to Valuation Date<br>Amount               | 3:16-2      |
|   | 3:12-1      | Paid Physician Costs to Valuation Date Amount                           | 3:17-1      |
|   | 3:13-1      | Paid Single Sum Settlement Amount to Valuation<br>Date Amount           | 3:17-1      |
|   | 3:14        | Paid Temporary Disability Benefits to Valuation<br>Date Amount          | 3:16-2      |
|   | 3:15        | Paid to Valuation Date Amount—Pension Indemnity<br>Benefits             | 3:11-1      |
|   | 3:16-1      | Paid Total Indemnity to Valuation Date Amount                           | 3:12-1      |
|   | 3:17-1      | Paid Vocational Rehabilitation Benefits to Valuation<br>Date Amount     | 3:16-2      |
|   | 3:18        | Part—Injury Description Code  | 3:7-5       |
|   | 3:2-1       | Pending File Number   | 3:4-3       |
| Link Data Record  |             | Pension Indemnity Benefits—Paid to Valuation<br>Date Amount             | 3:11-1      |
| Loss Condition Codes (Act, Type of Loss, Type of<br>Recovery, Type of Claim, and Type of<br>Settlement) | 3:7-3       | Pension Indemnity Amount Previously Reserved,<br>Not Paid               | 3:12-2      |
|   | 3:9-3       | Percentage Disability—Nonscheduled Indemnity                            | 3:11-1      |
| Loss Condition Codes—Act  | 3:7-3       | Percentage Disability—Scheduled Indemnity                               | 3:7-8       |
|   | 3:9-4       |   | 3:10-1      |
| Loss Condition Codes—Type of Claim  | 3:7-4       |   | 3:10-2      |
|   | 3:9-4       | Plan Indicator—Policy Type ID Codes                                     | 3:3-4       |
| Loss Condition Codes—Type of Loss   | 3:7-4       | Policy Conditions Code  | 3:3-1       |
|   | 3:9-4       |   |             |
| Loss Condition Codes—Type of Recovery   | 3:7-4       |   |             |
|   | 3:9-4       |   |             |
| Loss Condition Codes—Type of Settlement   | 3:7-4       |   |             |
|   | 3:9-4       |   |             |
| Loss Coverage Code  | 3:7-1       |   |             |
|   | 3:9-2       |   |             |
| Loss Record   | 3:7-1       |   |             |
| Lump Sum Indicator  | 3:7-6       |   |             |
|   | 3:9-5       |   |             |
| Lump Sum Remarriage Payment Amount  | 3:11-2      |   |             |



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National Council on Compensation Insurance, Inc.  
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New York Compensation Insurance Rating Board  
Vice President, IT or  
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**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**SECTION 1**

**INSURER PREPARATION OF UNIT REPORT AND ICR DATA**

**TAPE SPECIFICATIONS**

1. Tape must be wound on reels in lengths of not less than 600 feet nor more than 2,400 feet.
2. Tape reel or cartridge must be file protected prior to shipment to the rating organization/statistical agent/jurisdiction.
3. Reflective spots must be present and properly located.
4. Tape reels and cartridges must be packed properly to avoid damage in shipment.
5. Data must be reported on appropriate track record modes.

The following table shows the acceptable characteristics.

| Trackage | Density (BPI) | Labels   | Parity | Data |
|----------|---------------|----------|--------|------|
| 9        | 1,600, 6,250* | Standard | Odd    | Odd  |

\* The use of 9-track tapes with 6,250 BPI odd parity is preferred.

6. Preferably, data may be submitted via tape cartridges (3,480).
7. Data is to be reported in 250-byte record images, as shown in the Record Layout Chart using EBCDIC.
8. Data must be blocked 20, i.e., 5,000 characters per block. The final block may be a "short block"; do not fill with padding. There is to be no record mark at the end of a record, nor a group mark at the end of a block.
9. Data submitted on cartridge must be noncompressed for all rating organizations, except for DE, MA and PA, which can accept noncompressed or compressed (using IDRC or ICRC).
10. In addition to its external physical label, each tape, diskette or cartridge shall contain "Third Generation Computer" type internal labels generated as "Standard Labels" by IBM 360 DOS or OS operating systems.
11. The Submission Control Record, only one per submission, **must** be the last data record on the last tape or cartridge.
12. All tapes, diskettes or cartridges shall have an external label showing the following information:
  - a. Carrier or Group Name
  - b. Transmittal Date
  - c. Operating system used to create this tape
  - d. Number of tracks on tape
  - e. Density of tape
  - f. Parity of tape
  - g. Data set name on internal label
  - h. Serial number
  - i. Sequence number
  - j. Effective month and year of primary data being submitted on tape
  - k. Transmittal (Letter) Serial #

**NOTE:** Although magnetic tape is the predominant transfer method, other electronic data submission options are available in some jurisdictions. Contact jurisdiction for details.

**NOTE:** Wisconsin will no longer accept tape submissions. Effective 1-1-05, Compensation Data Exchange (CDX) is the only option for submitting data in Wisconsin.

## GENERAL RECORD SPECIFICATIONS

This section applies to the preparation and transmittal of statistical data electronically for ratemaking and experience rating by those insurers who wish to do so.

### 1. Data Field Formats

Unless otherwise specified, the following field formats shall apply:

Data is to be reported by policy by state as provided in the Statistical Plan of the appropriate jurisdiction.

Electronic submissions shall consist of up to seven data record types.

All fields are in character mode, unsigned and unpacked.

All records are fixed in length.

All numeric (N) data fields are to be right-justified, left zero-filled **unless otherwise specified**. These fields should be zero-filled if not applicable or not available unless otherwise indicated.

All alpha (A) and alphanumeric (AN) data fields are to be left-justified, right blank-filled **unless otherwise specified**. These fields should be blank if not applicable or not available unless otherwise indicated.

### 2. Record Type Descriptions

#### Header Record—Record Type Code 1

Contains indicative information regarding the policy.  
This record type is required.

#### Risk Name Record—Record Type Code 2

This record type is required.

#### Risk Address Record—Record Type Code 3

This record type is optional, but desired.

#### Exposure Record—Record Type Code 4

Provides detailed exposure data.

**NOTE:** DE, MN, NCCI, PA, WI—There cannot be more than one exposure record per unit for any class code with the same rate, experience modification factor, rating effective date and exposure coverage code.

#### Loss Record—Record Type Code 5

Provides detailed loss data.

#### Unit Total Record—Record Type Code 6

Provides total reporting data for each unit report.

OPTIONAL: NCCI

The record will reflect only the “revised” or current amounts as they would appear on a unit report. Previously reported totals will not be included in the tape record.

#### Individual Case Report (ICR) Records—Record Type Code 7

Sub-Record Type Codes A through J.

NOT APPLICABLE: CA if filing expanded ASWG

NOT APPLICABLE: MI, MN, NC, WI

OPTIONAL: NCCI

**GENERAL RECORD SPECIFICATIONS (CONT'D)**

**NOTE:** When no payroll is generated on the 1st Unit Report, the total record will contain zero amounts, with the exception of the record count field.

The minimum records required for a 1st Report or exposure correction are:

- Record Type Code 1—Header Record
- Record Type Code 2—Risk Name Record
- Record Type Code 4—Exposure Record
- Record Type Code 6—Unit Total Record—OPTIONAL: NCCI

The minimum records required for subsequent report or loss correction are:

- Record Type Code 1—Header Record
- Record Type Code 2—Risk Name Record
- Record Type Code 5—Loss Record
- Record Type Code 6—Unit Total Record—OPTIONAL: NCCI

**ELECTRONIC SUBMISSION UNIT REPORT RECORD SET MATRIX**

The chart below lists the unit report record types (Header Record, Name Record, Address Record, etc.) that are required for each unit report type (e.g., 1st report, subsequent report, correction report, etc.) for reporting unit statistical data in the ASWG format.

| Unit Report Type  | Header Record (Type 1) | Name Record (Type 2)   | Address Record (Type 3)    | Exposure Record (Type 4)   | Loss Record (Type 5)   | Total Record (Type 6)                               | ICR (Type 7)  |
|---|------------------------|------------------------|----------------------------|--|--|---|---|
| 1st Reports   | Must have 1 and only 1 | Must have 1 and only 1 | <b>Optional:</b> All DCOs* | At least 1 required; no maximum<br><br><b>See note 4-1:</b> DE, MN, NJ, PA, WI<br><b>See note 4-2:</b> NCCI<br><b>See note 4-3:</b> TX | Required only if loss data must be reported in accordance with the Jurisdictional Statistical Plan; no maximum | No more than 1 allowed<br><br><b>Optional:</b> NCCI | Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum<br><br><b>N/A:</b> CA (if ASWG), MI, MN, NC, WI<br><b>Optional:</b> NCCI |
| 1st Replacement Reports<br><br><b>N/A:</b> DE, NJ, NY, PA<br><b>NCCI:</b> Contact NCCI for reporting requirements | Must have 1 and only 1 | Must have 1 and only 1 | <b>Optional:</b> All DCOs* | At least 1 required; no maximum  | Required only if loss data must be reported in accordance with the Jurisdiction; no maximum                    | No more than 1 allowed<br><br><b>Optional:</b> NCCI | Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum<br><br><b>N/A:</b> CA (if ASWG), MI, MN, NC, WI<br><b>Optional:</b> NCCI |
| Subsequent Reports  | Must have 1 and only 1 | Must have 1 and only 1 | <b>Optional:</b> All DCOs* | None allowed   | At least 1 required; no maximum  | No more than 1 allowed<br><br><b>Optional:</b> NCCI | Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum<br><br><b>N/A:</b> CA (if ASWG), MI, MN, NC, WI<br><b>Optional:</b> NCCI |

| Unit Report Type   | Header Record (Type 1) | Name Record (Type 2)  | Address Record (Type 3)    | Exposure Record (Type 4)        | Loss Record (Type 5)            | Total Record (Type 6)                               | ICR (Type 7)   |
|--|------------------------|---|----------------------------|---------------------------------|---------------------------------|---|--|
| Subsequent Replacement Report<br><br><b>NA:</b> NCCI, NJ, NY | Must have 1 and only 1 | Must have 1 and only 1  | <b>Optional:</b> All DCOs* | None allowed                    | At least 1 required; no maximum | No more than 1 allowed                              | Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum<br><br><b>N/A:</b> CA (if ASWG), MI, MN, NC, WI |
| Correction Reports—<br>Correction Type H (Header)            | Must have 1 and only 1 | None required*<br><br><b>Must have 1 and only 1:</b> DE, MA, MI, NJ, NY, PA, WI | <b>Optional:</b> All DCOs* | None allowed                    | None allowed                    | None allowed  | None allowed   |
| Correction Reports—<br>Correction Type E (Exposure)          | Must have 1 and only 1 | Must have 1 and only 1  | <b>Optional:</b> All DCOs* | At least 1 required; no maximum | None allowed                    | No more than 1 allowed<br><br><b>Optional:</b> NCCI | None allowed   |
| Correction Reports—<br>Correction Type L (Loss)              | Must have 1 and only 1 | Must have 1 and only 1  | <b>Optional:</b> All DCOs* | None allowed                    | At least 1 required; no maximum | No more than 1 allowed<br><br><b>Optional:</b> NCCI | None allowed<br><br><b>Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum:</b> MA, NJ              |
| Correction Reports—<br>Correction Type M (Multiple)          | Must have 1 and only 1 | Must have 1 and only 1  | <b>Optional:</b> All DCOs* | None required; no maximum       | None required; no maximum       | No more than 1 allowed<br><br><b>Optional:</b> NCCI | None allowed<br><br><b>Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum:</b> MA, NJ              |

| Unit Report Type   | Header Record (Type 1)                                 | Name Record (Type 2)                                   | Address Record (Type 3)                         | Exposure Record (Type 4)   | Loss Record (Type 5)   | Total Record (Type 6)  | ICR (Type 7)  |
|--|--|--|---|--|--|--|---|
| Correction Reports—<br>Correction Type T (Totals)  | Must have 1 and only 1                                 | Must have 1 and only 1                                 | <b>Optional:</b> All DCOs*                      | None required; no maximum<br><br><b>None allowed:</b> MI, NJ, WI   | None required; no maximum<br><br><b>None allowed:</b> MI, NJ, WI   | No more than 1 allowed<br><br><b>Optional:</b> NCCI<br><br><b>Must have 1 and only 1:</b> NJ       | None allowed<br><br><b>Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum:</b> MA,              |
| Correction Reports—<br>Correction Type A (Aggravated Inequity)<br><b>N/A:</b> CA, DE, NJ, NY, PA | Must have 1 and only 1                                 | Must have 1 and only 1                                 | <b>Optional:</b> All DCOs*                      | None allowed   | At least 1 required; no maximum<br><br><b>See note 5-1:</b> NCCI   | No more than 1 allowed<br><br><b>Optional:</b> NCCI  | None allowed  |
| Correction Reports—<br>Correction Type C (ICRs)<br><br><b>N/A:</b> MI, NC, NCCI, NJ, NY, MN, WI  | Must have 1 and only 1                                 | Must have 1 and only 1                                 | <b>Optional:</b> All DCOs*                      | None allowed   | None allowed   | No more than 1 allowed   | At least 1 set of 10 records required; no maximum   |
| Correction Replacement Report<br><br><b>NA:</b> NCCI, NJ, NY                                     | <b>All Correction Types:</b><br>Must have 1 and only 1 | <b>All Correction Types:</b><br>Must have 1 and only 1 | <b>All Correction Types:</b> Optional All DCOs* | <b>Correction Type</b><br><b>E:</b> At least 1 required; no maximum<br><b>H, L, A, C:</b> None allowed<br><b>M, T:</b> None required; no maximum<br><b>None allowed:</b> WI (T), | <b>Correction Type</b><br><b>L, A:</b> At least 1 required; no maximum<br><b>H, E, C:</b> None allowed<br><b>M, T:</b> None required; no maximum<br><b>None allowed:</b> WI (T), | <b>Correction Type</b><br><b>H:</b> None allowed<br><b>E, L, M, T, A:</b> No more than one allowed | <b>Correction Type</b><br><b>C:</b> At least one set of 10 records required; no maximum<br><br><b>N/A:</b> MI, NC, NCCI, NJ, NY, MN, WI |

\* If reported, no more than 1 allowed.

4-1: DE, MN, NJ, PA, WI — There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, experience modification, rate effective date, exposure coverage code and experience modification effective date.

4-2: NCCI — There cannot be more than one exposure record per unit for any classification code with the same rate effective date, exposure act/exposure coverage code and experience modification effective date.

4-3: Texas — There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, rate effective date, exposure act/exposure coverage code and experience modification effective date.

5-1: NCCI — If correction is due to Aggravated Inequity, may use Code "L" or "A"

### Submission Control Record (Electronic Data Reporting Only)—Record Type Code 9

Provides the total number of records (excluding Record Type Code 9) unit reports, and ICRs contained in a submission. Only one Submission Control Record (Record Type Code 9) is allowed per submission, regardless of the number of electronic files for the submission, and it must be the last record on the last file. This record type is required.

In order to reduce the number of tapes, diskettes, etc., to be handled, a submission may contain all unit report levels for all the insurers within a carrier group. Data for more than one state may be reported within the same submission to NCCI.

## WHERE TO SUBMIT STATES

|                 |  |
|-----------------|--|
| California      | Workers' Compensation Insurance Rating Bureau of California                              |
| Delaware        | Delaware Compensation Rating Bureau  |
| Massachusetts†  | Workers' Compensation Rating & Inspection Bureau of Massachusetts                        |
| Michigan        | Compensation Advisory Organization of Michigan   |
| Minnesota†      | Minnesota Workers' Compensation Insurers Association, Inc.                               |
| New Jersey      | Compensation Rating and Inspection Bureau of New Jersey                                  |
| New York†       | New York Compensation Insurance Rating Board   |
| North Carolina* | National Council on Compensation Insurance, Inc. or North Carolina Rate Bureau           |
| Pennsylvania    | Pennsylvania Compensation Rating Bureau  |
| Texas**         | National Council on Compensation Insurance, Inc.   |
| Wisconsin††     | Wisconsin Compensation Rating Bureau or National Council on Compensation Insurance, Inc. |

\* Although reporting for this state can be either through NCCI or the North Carolina Rate Bureau, the Statistical Plan for this state is the Statistical Plan to be used to identify this state's actual, special, unique and/or exception reporting requirements.

\*\* Although reporting for these states is through NCCI, the Statistical Plan for each of these states is the Statistical Plan to be used to identify each of these states' actual, special, unique and/or exception reporting requirements.

† If Interstate Rated, report to both the independent jurisdiction and to NCCI.

†† If Interstate Rated, WCRB will file the unit report with NCCI on behalf of the data provider. Although reporting for this state can be either through the Wisconsin Compensation Rating Bureau or NCCI, the Statistical Plan this state is the Statistical Plan to be used to identify this state's actual, special, unique and/or exception reporting requirements.

**NOTE:** States not listed above are to be reported to NCCI following NCCI's Statistical Plan Manual reporting requirements.

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**SECTION 2**

**DATA ELEMENT COMPARISON OF UNIT REPORT DATA**

**DATA ELEMENT COMPARISON**

| <b>DATA ELEMENT*</b>   | <b>ELECTRONIC</b> | <b>HARD COPY</b> |
|--|-------------------|------------------|
| <b>Link and Header Information</b>                                 |                   |                  |
| Report Number  | 1 AN              | 2 N              |
| Correction Sequence Number   | 1 AN              | 2 N              |
| Correction Type  | 1 A               | 1 A              |
| Replacement Report Code  | 1 AN              | 1AN              |
| Carrier Code   | 5 N               | 5 N              |
| Policy Number  | 18 AN             | 18 AN            |
| Policy Effective Date  | 6 N               | 6 N              |
| Policy Expiration Date   | 6 N               | 6 N              |
| Exposure State Code  | 2 N               | 2 N              |
| State Effective Date   | 6 N               | 6 N              |
| Unit/Certificate Number Identifier                                 | 6 N               | 6 N              |
| Card Serial Number   | N/A               | 7 N              |
| Risk ID Number   | 9 AN              | 9 AN             |
| Page Number  | N/A               | 4 N              |
| Last Page Number   | N/A               | 4 N              |
| Employee Leasing Code (Previously known as Resubmission Indicator) | 1 A               | N/A              |
| Federal Employer ID Number   | 9 N               | 9 N              |
| Original Administration Number Identifier                          | 10 AN             | 10 AN            |
| Mod Effective Date   | 6 N               | 6 N              |
| Rate Effective Date  | 6 N               | 6 N              |
| Policy Cond.—Three Year Fixed Rate Policy Indicator                | 1 A               | 1 A              |
| Policy Cond.—Multistate Policy Indicator                           | 1 A               | 1 A              |
| Policy Cond.—Interstate Rated Policy Indicator                     | 1 A               | 1 A              |
| Policy Cond.—Estimated Exposure Indicator                          | 1 A               | 1 A              |
| Policy Cond.—Retrospective Rated Indicator                         | 1 A               | 1 A              |
| Policy Cond.—Canceled Mid-Term Indicator                           | 1 A               | 1 A              |
| Policy Cond.—Managed Care Organization Indicator                   | 1 A               | 1 A              |
| Policy Type ID Code—Type of Coverage                               | 2 N               | 2 N              |
| Policy Type ID Code—Plan Indicator                                 | 2 N               | 2 N              |
| Policy Type ID Code—Non-Standard Indicator                         | 2 N               | 2 N              |
| Deductible Type  | 4 N               | 4 N              |
| Deductible Percent   | 2 N               | 2 N              |
| Deductible Amount Per Claim/Accident                               | 9 N               | 9 N              |
| Deductible Amount Aggregate  | 9 N               | 9 N              |
| Previous Report Level Code/Report Number                           | 2 N               | N/A              |
| Previous Correction Sequence Number                                | 1 AN              | N/A              |
| Previous Carrier Code  | 5 N               | N/A              |
| Previous Policy Number Identifier                                  | 18 AN             | N/A              |
| Previous Policy Effective Date                                     | 6 N               | N/A              |
| Previous Exposure State Code                                       | 2 N               | N/A              |
| Previous Unit/Certificate Number Identifier                        | 7 AN              | N/A              |
| Revised Report Number  | N/A               | 2 N              |
| Revised Correction Sequence Number                                 | N/A               | 2N               |
| Revised Carrier Code   | N/A               | 5 N              |
| Revised Policy Number  | N/A               | 18 AN            |

\* Data element names are listed as they appear on the hard copy Unit Statistical Report. Naming conventions may be slightly different than the electronic data elements.

DATA ELEMENT COMPARISON (CONT'D)

| DATA ELEMENT*   | ELECTRONIC | HARD COPY |
|---|------------|-----------|
| <b>Link and Header Information (cont'd)</b>                       |            |           |
| Revised Policy Effective Date                                     | N/A        | 6 N       |
| Revised Exposure State  | N/A        | 2 N       |
| Revised Unit/Certificate Number Identifier                        | N/A        | 6 N       |
| Reserved for Insurer Use  | 12 AN      | 12 AN     |
| Reserved for Jurisdiction Use                                     | 7 N        | 7 N       |
| ASWG Unit Submission Indicator                                    | 1 AN       | 1 AN      |
| Reserved for BEEP Use Edit Bypass Code                            | 1 AN       | N/A       |
| <b>Name Information</b>   |            |           |
| Insured Name  | 79 AN      | 79 AN     |
| <b>Address Information</b>  |            |           |
| Insured Address   | 79 AN      | 79 AN     |
| <b>Exposure Information</b>                                       |            |           |
| Update Type   | 1 A        | 1 A       |
| Exposure Coverage Code (Act)                                      | 2 N        | 2 N       |
| Class Code  | 4 N        | 4 N       |
| Exposure Amount   | 10 N       | 10 N      |
| Manual Rate   | 7 N        | 7 N       |
| Premium Amount  | 9 N        | 9 N       |
| Total Subject Premium   | 10 N       | 10 N      |
| Experience Modification   | 4 N        | 5 N       |
| Total Modified Premium  | N/A        | 10 N      |
| Total Standard Exposure   | 11 N       | 11 N      |
| Total Standard Premium  | 11 N       | 11 N      |
| Premium Discount  | N/A        | 9 N       |
| Expense Constant  | N/A        | 9 N       |
| Split Period Code   | 1 N        | N/A       |
| <b>Loss Information</b>   |            |           |
| Update Type   | 1 A        | 1 A       |
| Claim Number  | 12 AN      | 12 AN     |
| Accident Date (both Acc. Date/# of Claims on hard copy)           | 6 N        | 6 N       |
| Number of Claims (reported in Acc. Date/# of Claims on hard copy) | 4 N        | 4N        |
| Incurred Indemnity  | 9 N        | 9 N       |
| Incurred Medical  | 9 N        | 9 N       |
| Class Code  | 4 N        | 4 N       |
| Injury Type   | 2 N        | 2 N       |
| Claim Status  | 1 N        | 1 N       |
| Loss Conditions—Act   | 2 N        | 2 N       |
| Loss Conditions—Type of Loss                                      | 2 N        | 2 N       |
| Loss Conditions—Type of Recovery                                  | 2 N        | 2 N       |
| Loss Conditions—Type of Coverage                                  | 2 N        | 2 N       |
| Loss Conditions—Type of Settlement                                | 2 N        | 2 N       |
| Jurisdiction State  | 2 N        | 2 N       |
| Catastrophe Code  | 2 N        | 2 N       |
| Managed Care Organization Type                                    | 2 N        | 2 N       |

\* Data element names are listed as they appear on the hard copy Unit Statistical Report. Naming conventions may be slightly different than the electronic data elements.

**DATA ELEMENT COMPARISON (CONT'D)**

| DATA ELEMENT*                                  | ELECTRONIC | HARD COPY |
|--|------------|-----------|
| <b>Loss Information (cont'd)</b>               |            |           |
| Social Security Number                         | 9 N        | 9 N       |
| Injury Description Code                        | 6 N        | 6 N       |
| Occupation Description                         | 18 AN      | 18 AN     |
| Vocational Rehabilitation Indicator            | 1 A        | 1 A       |
| Lump Sum Indicator                             | 1 A        | 1 A       |
| Fraudulent Claim Indicator                     | 2 N        | 1 N       |
| Paid Indemnity                                 | 9 N        | 9 N       |
| Paid Medical                                   | 9 N        | 9 N       |
| Claimant's Attorney Fees Incurred              | 9 N        | 9 N       |
| Employer's Attorney Fees Incurred              | 9 N        | 9 N       |
| Deductible Reimbursement Amount                | 9 N        | 9 N       |
| Weekly Wage Amount                             | 5 N        | 5 N       |
| Scheduled Indemnity Percent of Disability      | 3 N        | 3 N       |
| Total Incurred Vocational Rehabilitation Costs | 7 N        | 7 N       |
| Gross Incurred Amount                          | 9 N        | 9 N       |
| Allocated Loss Adjustment Expense—Paid         | 9 N        | 9 N       |
| Allocated Loss Adjustment Expense—Incurred     | 9 N        | 9 N       |
| Total Number of Claims                         | 5 N        | 5 N       |
| Total Incurred Indemnity                       | 10 N       | 10 N      |
| Total Incurred Medical                         | 10 N       | 10 N      |
| Total Paid Indemnity                           | 10 N       | 10 N      |
| Total Paid Medical                             | 10 N       | 10 N      |
| Total Claimant's Attorney Fees                 | 10 N       | 10 N      |
| Total Employer's Attorney Fees                 | 10 N       | 10 N      |
| Total ALAE—Paid                                | 10 N       | 10 N      |
| Total ALAE—Incurred                            | 10 N       | 10 N      |

\* Data element names are listed as they appear on the hard copy Unit Statistical Report. Naming conventions may be slightly different than the electronic data elements.

**Not Applicable for Electronic Submission**

Card Serial Number  
Page Number  
Last Page Number  
Total Modified Premium  
Premium Discount\*  
Expense Constant\*

\* These elements are reported on electronic submissions with the appropriate statistical code, however, there is no specified field.

**Not Applicable on Hard Copy**

Unit Report Resubmission Code  
Split Period Code

## DATA ELEMENT COMPARISON (CONT'D)

### Fields Not Available on Current Hard Copy Form

Use Reserved for Future Use located on the third line of the loss record to report the following loss data elements, separated by a vertical line:

- Weekly Wage Amount
- Scheduled Indemnity—Percentage of Disability
- Total Incurred Vocational Rehabilitation Amount
- Gross Incurred Amount

Use the Reserved area on the header to indicate pre-ASWG, expanded or ASWG units. Refer to the appropriate Statistical Plans.

### Accident Date/Number of Claims

Accident date and number of claims share the same field on the hard copy form. These data elements have separate fields on the electronic format.

### Use of Shading on Hard Copy Forms

Shading is used in the update type column to demonstrate the appropriate placement of the update type code. The loss and mod records require only one update type, but without the shading there are three available spaces for the code. The second and third line of the loss record are shaded to indicate that the loss update type should be on the first line. Exposure lines A and C are shaded to indicate that the mod update type should be reported on line B.

The loss amounts contained on the third line of the hard copy form are shaded to facilitate the summation of losses. Since ALAE Paid and ALAE Incurred are directly beneath Paid Indemnity and Paid Medical, the shading provides a visual separation.

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**SECTION 3**

**WORKERS COMPENSATION DATA REPORTING SPECIFICATIONS  
FOR UNIT REPORTS AND ICRS**

**LINK DATA**

Link data is critical when matching records for a given unit report and ICR. Complete link records are required for all WCSTAT records, excluding Record 9.

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1         | <b>CARRIER CODE</b><br>Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.<br><br>Electronic reporting—this field is the most current/correct value for this data element.<br><br>Hard copy reporting—use this field to report the value that was originally reported for this data element.  | (N)   | 1–5      | 5     |
| 2         | <b>POLICY NUMBER IDENTIFIER</b><br>Report the number identifier that uniquely identifies the policy under which experience occurred. This number identifier must be identical to the number identifier set forth on the policy Information Page or as endorsed. The complete policy number identifier must remain the same throughout the life of the policy and for all experience reporting. Letters are permitted in this field, but not embedded blanks or marks of punctuation.<br><br>Electronic reporting—this field is the most current/correct value for this data element.<br><br>Hard copy reporting—use this field to report the value that was originally reported for this data element.   | (AN)  | 6–23     | 18    |
| 3         | <b>RESERVED FOR FUTURE USE</b>   |       | 24       | 1     |
| 4         | <b>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b><br>For policies that use a unit or certificate number identifier as part of the policy number, report the numeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.<br><br>Electronic reporting—this field is the most current/correct value for this data element.<br><br>Hard copy reporting—use this field to report the value that was originally reported for this data element.  | (N)   | 25–30    | 6     |
| 5         | <b>EXPOSURE STATE CODE</b><br>Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.<br><br>Electronic reporting—this field is the most current/correct value for this data element.<br><br>Hard copy reporting—use this field to report the value that was originally reported for this data element.  | (N)   | 31–32    | 2     |
| 6         | <b>POLICY EFFECTIVE DATE</b><br>Report the month, day and year that the policy became effective. This date must be identical to the date set forth in Item 2 of the policy Information Page or as endorsed.<br>For interstate policies endorsed after the policy effective date to provide coverage for an additional state, report the effective date of the policy.<br>For the second and third periods of three-year variable rate policies, report the effective date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the first period, report the policy effective date as shown on the policy Information Page, or as endorsed. In the event that the policy contains a Policy Period Endorsement, then the effective date must coincide with the dates indicated on the schedule of that endorsement. | (N)   | 33–38    | 6     |

**LINK DATA (CONT'D)**

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

**6 POLICY EFFECTIVE DATE (Cont'd)**

For the second period of extended-term policies, report the effective date as the date the second period began as shown in the Policy Period Endorsement.

Electronic reporting—this field is the most current/correct value for this data element. Format: YYYYMMDD.

Hard copy reporting—use this field to report the value that was originally reported for this data element. Format: MM/DD/YY.

**7 REPORT LEVEL CODE/REPORT NUMBER**

(AN) 39 1

Report the code that corresponds to the report level based on the loss valuation date.

Electronic reporting:

| Code | Report Level   | Loss Valuation Schedule                       |
|------|----------------|---|
| 1    | First Report   | Valued 18 months from policy effective month  |
| 2    | Second Report  | Valued 30 months from policy effective month  |
| 3    | Third Report   | Valued 42 months from policy effective month  |
| 4    | Fourth Report  | Valued 54 months from policy effective month  |
| 5    | Fifth Report   | Valued 66 months from policy effective month  |
| 6 *  | Sixth Report   | Valued 78 months from policy effective month  |
| 7 *  | Seventh Report | Valued 90 months from policy effective month  |
| 8 *  | Eighth Report  | Valued 102 months from policy effective month |
| 9 *  | Ninth Report   | Valued 114 months from policy effective month |
| A*   | Tenth Report   | Valued 126 months from policy effective month |

The above character array will accommodate up to 35 report levels when using "A" through "Z" in lieu of "10" through "35". Report "1" through "9" and then "A" through "Z" as the report number in those jurisdictions requiring more than 9 report levels.

This field is the most current/correct value for this data element.

Hard copy reporting:

| Code | Report Level   | Loss Valuation Schedule                       |
|------|----------------|---|
| 1    | First Report   | Valued 18 months from policy effective month  |
| 2    | Second Report  | Valued 30 months from policy effective month  |
| 3    | Third Report   | Valued 42 months from policy effective month  |
| 4    | Fourth Report  | Valued 54 months from policy effective month  |
| 5    | Fifth Report   | Valued 66 months from policy effective month  |
| 6 *  | Sixth Report   | Valued 78 months from policy effective month  |
| 7 *  | Seventh Report | Valued 90 months from policy effective month  |
| 8 *  | Eighth Report  | Valued 102 months from policy effective month |
| 9 *  | Ninth Report   | Valued 114 months from policy effective month |
| 10 * | Tenth Report   | Valued 126 months from policy effective month |

Report in this field the 2-digit value that was originally reported for this data element.

For hard copy, it is acceptable to suppress leading zeros of the Report Number.

\* **NOTE:** Refer to the Statistical Plan of each rating/statistical organization for the number of report levels to be submitted for each policy.

**LINK DATA (CONT'D)**

| Field No. | Field Title/Description           | Class | Position | Bytes |
|-----------|-----------------------------------|-------|----------|-------|
| 8         | <b>CORRECTION SEQUENCE NUMBER</b> | (AN)  | 40       | 1     |

Report the number that corresponds to the number of correction reports submitted within a particular report level.

Exposure and loss corrections on the same report level must be numbered consecutively.

**NOTE:** CA only—This field is used to determine if the report is sent as a correction. The sequence of the correction is not stored or used for processing.

Electronic reporting—Report “1” through “9” and then “A” through “Z” as a correction number within a particular report level. This number sequence will accommodate up to 35 corrections. Report “0” for noncorrections.

This field is the most current/correct value for this data element.

Electronic example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3. This is the revised correction sequence number on header corrections to change the correction sequence number.

Hard copy reporting—Report the sequential number that corresponds to the number of correction reports submitted within a particular report level. Report blanks for original report level submissions.

Use this field to report the value that was originally reported for this data element.

Hard copy example: Third correction to a first report = Report Number 01, Correction Sequence Number 03.

For hard copy it is acceptable to suppress leading zeros of the Correction Sequence Number.

**HEADER RECORD**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>  |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Report "1".  | (N)   | 41       | 1     |
| 10        | <b>POLICY CONDITIONS CODE</b><br><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format. | (N)   | 42-53    | 12    |

Report the policy conditions described in the Statistical Plan by entering "1" in the position designated for the applicable conditions listed below:

| Type of Policy              | Condition Code | Position |  |
|-----------------------------|----------------|----------|--|
| Excess Coverage             | 90             | 42       | NOT APPLICABLE: CA, DE, MA, MI, NC, NJ, PA, WI |
| Interstate Rated            | 91             | 43       | NOT APPLICABLE: CA, DE, MI, NJ, PA             |
| Assigned Risk*              | 92             | 44       | NOT APPLICABLE: CA, NY                         |
| Cancelled Policy            | 93             | 45       | NOT APPLICABLE: CA                             |
| Estimated Audit             | 94             | 46       | NOT APPLICABLE: CA                             |
| Disease B Only              | 95             | 47       | NOT APPLICABLE: CA, DE, MA, NJ, NY, PA, WI     |
| Excluding Disease           | 96             | 48       | NOT APPLICABLE: CA, DE, MA, NJ, NY, PA, WI     |
| Clerical Error              | 97             | 49       | NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY,    |
| Retrospective Rated         | 98             | 50       |  |
| No Excess Payroll           | 99             | 51       | NOT APPLICABLE: NC, WI                         |
| Large Risk—Large Deductible | 88             | 52       | NJ Only; OPTIONAL: NCCI                        |
| Approved Managed Care (MCO) | 89             | 53       | NJ Only; OPTIONAL: NCCI                        |

\* For MA, see MA Statistical Plan for coding.

|    |  |     |       |   |
|----|--|-----|-------|---|
| 11 | <b>RESERVED FOR FUTURE USE</b>   |     | 54    | 1 |
| 12 | <b>POLICY EXPIRATION OR CANCELLATION DATE</b><br>Report the month, day and year upon which the policy expired. | (N) | 55-60 | 6 |

For mid-term cancelled policies, report the cancellation date as the expiration date.

For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page.

For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. In the event the policy contains a Policy Period Endorsement, then the expiration date must coincide with the date indicated in the schedule of that endorsement.

For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement.

Electronic reporting—format: YYMMDD.

Hard copy reporting—format: MM/DD/YY.

HEADER RECORD (CONT'D)

| Field No. | Field Title/Description   | Class | Position    | Bytes |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
|-----------|---|-------|-------------|-------|---------------------------|----|---|-----|--|----|------------------------|----|--|----|---|----|----------------------------|----|-------------------|-----|-------|---|
| 13        | <b>RISK ID NUMBER</b><br>Report the Risk (Experience Rating) Identification Number assigned by NCCI or report the risk identification number given by the independent jurisdiction assigned to the state where applicable.<br><br>For interstate risks, report the NCCI assigned number.<br>For intrastate risks, report the jurisdiction assigned number.<br>For nonrated risks, this field is optional.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA, MN, NC, NCCI, WI   | (AN)  | 61–69       | 9     |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 14        | <b>RESERVED FOR FUTURE USE</b>  |       | 70          | 1     |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 15        | <b>ORIGINAL ADMINISTRATION NUMBER IDENTIFIER (NCCI AND WI ONLY)</b><br>Report the Original Administration Number Identifier assigned by NCCI when the Replacement Report Code (Position 105) is “R” and the intent of the insurer is to replace a previously reported unit report.  | (AN)  | 71–80       | 10    |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 16        | <b>TERM CODE</b><br><br><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Non-three-year fixed rate</td> </tr> <tr> <td>3</td> <td>Three-year fixed rate</td> </tr> </tbody> </table>   | Code  | Description | 1     | Non-three-year fixed rate | 3  | Three-year fixed rate                     | (N) | 81   | 1  |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| Code      | Description   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 1         | Non-three-year fixed rate   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 3         | Three-year fixed rate   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 17        | <b>EMPLOYEE LEASING CODE (NCCI ONLY)</b><br>Report an “E” in this field for Employee Leasing policy; otherwise, leave this field blank.<br><br>Electronic field only.<br><br>(Previously known as Unit Report Resubmission Indicator.)  | (A)   | 82          | 1     |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 18        | <b>POLICY TYPE IDENTIFICATION CODE (NCCI ONLY)</b><br><br><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.<br>Report the code that corresponds to the type of policy being reported:<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Standard Policy—Voluntary</td> </tr> <tr> <td>02</td> <td>Standard Policy—Small Premium Policy Plan</td> </tr> <tr> <td>03</td> <td>Standard Policy—Employers Rejected Risk Fund</td> </tr> <tr> <td>04</td> <td>Group Policy—Voluntary</td> </tr> <tr> <td>05</td> <td>Group Policy—Small Premium Policy Plan</td> </tr> <tr> <td>06</td> <td>Group Policy—Employers Rejected Policy Plan</td> </tr> <tr> <td>07</td> <td>Self-Insurance Policy Plan</td> </tr> <tr> <td>08</td> <td>State Fund Policy</td> </tr> </tbody> </table> | Code  | Description | 01    | Standard Policy—Voluntary | 02 | Standard Policy—Small Premium Policy Plan | 03  | Standard Policy—Employers Rejected Risk Fund | 04 | Group Policy—Voluntary | 05 | Group Policy—Small Premium Policy Plan | 06 | Group Policy—Employers Rejected Policy Plan | 07 | Self-Insurance Policy Plan | 08 | State Fund Policy | (N) | 83–84 | 2 |
| Code      | Description   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 01        | Standard Policy—Voluntary   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 02        | Standard Policy—Small Premium Policy Plan   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 03        | Standard Policy—Employers Rejected Risk Fund  |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 04        | Group Policy—Voluntary  |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 05        | Group Policy—Small Premium Policy Plan  |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 06        | Group Policy—Employers Rejected Policy Plan   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 07        | Self-Insurance Policy Plan  |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 08        | State Fund Policy   |       |             |       |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |
| 19        | <b>RESERVED FOR FUTURE USE</b>  |       | 85–104      | 20    |                           |    |   |     |  |    |                        |    |  |    |   |    |                            |    |                   |     |       |   |

HEADER RECORD (CONT'D)

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 20        | <b>REPLACEMENT REPORT CODE</b><br><del>This data element is applicable to 1st Reports only, and indicates that a unit report should "replace" what the jurisdiction has in its records. Report an "R" to identify a Replacement Report being submitted to NCCI in response to an NCCI URQ Error List, and the Original Administration Number Identifier Position 71-80 must also be reported; otherwise, leave this field blank. MA: Field must be blank for all reports other than replacement reports. May be used for any report level. May be used to replace a unit report that has a status of accepted, rejected or failed. A replacement USR may be used instead of a correction report. Submission of a replacement will delete previously reported unit statistical reports from the Bureau's database.</del><br>MI: Report an "R" to identify a Replacement Report being submitted in response to an Error Report.<br><del>NCCI: This data element is applicable to 1st Reports only, and indicates that a unit report should "replace" what the jurisdiction has in its records. Report an "R" to identify a Replacement Report being submitted to NCCI in response to an NCCI URQ Error List, and the Original Administration Number Identifier Position 71-80 must also be reported; otherwise, leave this field blank.</del><br>WI: Report an "R" to identify a Replacement Report being submitted in response to a unit report that has been rejected by WCRB. The "R" is to be reported in the header record for any report that is being replaced. This filing instruction applies only to carriers approved to file directly with WCRB.<br><br>NOT APPLICABLE: CA, DE, MN, NC, NJ, NY, PA | (AN)  | 105      | 1     |
| 21        | <b>RESERVED FOR FUTURE USE</b><br><br><b>ASWG NOTE:</b> The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved For Future Use fields blank and zero-fill all (N) fields.   |       | 106-121  | 16    |
| 22        | <b>CORRECTION TYPE CODE</b><br>Report the 1-letter code that indicates the type of correction report being submitted. Applicable only to correction reports.<br><b>Code Description</b><br>H Header Record Correction (Including Link Data)<br>E Exposure Record Correction (First Reports Only)<br>L Loss Record Correction*<br>T Total Record Correction<br>M Corrections to Multiple Record Types<br>A Loss Record Corrections due to Aggravated Inequity N/A: CA, DE, NJ, NY, PA<br><br>* MA, MI, MN, NC, WI: If correction is due to Aggravated Inequity, use Code "A".<br>NCCI: If correction is due to Aggravated Inequity, may use Code "L" or Code "A".<br>C ICR Correction (MA only)   | (A)   | 122      | 1     |
| 23        | <b>STATE EFFECTIVE DATE</b><br>Report the Endorsement Effective Date if the state coverage was endorsed mid-term. Otherwise, zero-fill.<br><br>NOT APPLICABLE: CA, MI<br><br>Electronic reporting—format YYMMDD.   | (N)   | 123-128  | 6     |

Hard copy reporting—format MM/DD/YY.

**HEADER RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 24        | <b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b><br>Report the Federal Employer Identification Number of the insured as shown on the policy Information Page. The primary FEIN is used when multiple FEIN numbers are on the policy.<br><br>NOT APPLICABLE: MN, NJ<br><br>OPTIONAL: CA, MI, NC, NCCI, WI  | (N)   | 129–137  | 9     |
| 25        | <b>RESERVED FOR FUTURE USE</b>  |       | 138–145  | 8     |
| 26        | <b>POLICY CONDITION INDICATORS</b><br>Report "Y" (Yes) or "N" (No) for each policy condition: three year fixed rate indicator, multistate policy indicator, interstate rated indicator, estimated exposure indicator, retrospective rated indicator, cancelled mid-term indicator and managed care organization indicator as defined below.<br><br>*Three-Year Fixed Rate Policy (Y/N) OPTIONAL: CA<br>*Multistate Policy (Y/N) OPTIONAL: CA<br>*Interstate Rated Policy (Y/N) OPTIONAL: CA<br>Estimated Exposure Indicator (Y/N)<br>*Retrospective Rated Policy (Y/N) OPTIONAL: CA<br>*Cancelled Mid-Term Policy (Y/N) OPTIONAL: CA<br>Managed Care Organization (MCO) Policy (Y/N) OPTIONAL: CA<br><br>NOT APPLICABLE: NJ | (A)   | 146–152  | 7     |
| 27        | <b>RESERVED FOR FUTURE USE</b>  |       | 153–156  | 4     |
| 28        | <b>POLICY TYPE ID CODES</b><br>Report the three 2-digit codes that correspond to the type of coverage, plan indicator and nonstandard provisions of the policy.<br><br>NOT APPLICABLE: NJ   | (N)   | 157–162  | 6     |

| TYPE OF COVERAGE (157–158) |   | PLAN CODE(159–160) |   | NON-STANDARD TYPE (161–162) |   |
|----------------------------|---|--------------------|---|-----------------------------|---|
| Code                       | Description   | Code               | Description   | Code                        | Description   |
| 01                         | Standard Workers Compensation Policy                  | 01                 | Voluntary Policy  | 01                          | Nonstandard Code does not apply                                   |
| 02                         | Alternative Workers Compensation Coverage (NCCI only) | 02                 | Normal Assigned Risk Policy—including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06<br>NOT APPLICABLE: NY, CA | 02                          | Excluding Medical<br>NOT APPLICABLE: CA, DE, MA, MI, NCCI, PA, WI |
| 03                         | Group Policy (NCCI only)                              | 03                 | Reserved for Future Use   | 03                          | Reserved for Future Use   |
| 04                         | Reserved for Future Use                               | 04                 | Reserved for Future Use   | 04                          | Reserved for Future Use   |
| 05                         | Large Risk Rated Option (MA only)                     | 05                 | Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)  | 05                          | Excess Policy (CA, NCCI only)                                     |
|                            |   | 06                 | Assigned Risk Policy written under MA Mandatory Direct Assigned Risk Program (MA only)  | 06                          | Excess Medical (NY only)  |
|                            |   |                    |   | 07                          | Reserved for Future Use   |

HEADER RECORD (CONT'D)

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY TYPE ID CODES (CONT'D)

| TYPE OF COVERAGE (157–158) |   | PLAN CODE(159–160) |             | NON-STANDARD TYPE (161–162) |   |
|----------------------------|---|--------------------|-------------|-----------------------------|---|
| Code                       | Description   | Code               | Description | Code                        | Description   |
| 09                         | Nonstandard Workers Compensation Coverage (used only in conjunction with other than Code 01 in Positions 161–162 of this field)<br>NOT APPLICABLE: CA, MI, WI |                    |             | 08                          | Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others<br>NOT APPLICABLE: CA, , MI, MN, NY, WI, OPTIONAL: NC, NCCI |
|                            |   |                    |             | 09                          | Voluntary Coverage not mandatory by State Act NOT APPLICABLE: CA, MA, MI, MN, NJ, NY, WI  |
|                            |   |                    |             | 99                          | Self-Insured Groups<br>NOT APPLICABLE: CA, DE, MI, MN, NJ, NY, NCCI, PA, WI   |

SEE APPENDIX FOR DEFINITIONS OF POLICY TYPE ID CODE VALUES.

For hard copy it is acceptable to suppress leading zeros of each portion of the Policy Type ID Code.

|    |  |     |         |   |
|----|--|-----|---------|---|
| 29 | <b>RESERVED FOR FUTURE USE</b>   |     | 163–164 | 2 |
| 30 | <b>DEDUCTIBLE TYPE CODE</b><br>Report the two 2-digit codes that identify the type of deductible being reported. | (N) | 165–168 | 4 |

For example, Deductible Type Code 0103 indicates that the deductible amount applies to medical losses only on a per policy basis.

| First Two Positions (165–166) |                              | Second Two Positions (167–168) |  |
|-------------------------------|------------------------------|--------------------------------|--|
| Code                          | Description                  | Code                           | Description  |
| 00                            | No Deductible                | 00                             | No Deductible  |
| 01                            | Medical Losses Only          | 01                             | Per Claim  |
| 02                            | Indemnity Losses Only        | 02                             | Per Accident   |
| 03                            | Medical and Indemnity Losses | 03                             | Per Policy (Aggregate)   |
|                               |                              | 04                             | Percent of Claim Cost (N/A: NC)  |
|                               |                              | 05                             | Percent of Premium (N/A: NC)   |
|                               |                              | 06                             | Coinsurance Percent With Per Claim Limit                                     |
|                               |                              | 07                             | Coinsurance Percent With Per Claim and Coinsurance Limit (N/A: NC)           |
|                               |                              | 08                             | Coinsurance Percent With Per Accident and Coinsurance Limit (N/A: NC)        |
|                               |                              | 09                             | Per Accident and Policy Aggregate Limit                                      |
|                               |                              | 10                             | Per Claim and Policy Aggregate (N/A: MN)                                     |
|                               |                              | 11                             | Coinsurance Percent With Per Claim and Policy Aggregate Limits (N/A: MN, NC) |
|                               |                              | 12                             | Variable (N/A: MN, NCCI, NC)   |

SEE APPENDIX FOR DEFINITIONS OF DEDUCTIBLE TYPE CODE VALUES.

NOT APPLICABLE: CA, MI, NJ, WI

For hard copy it is acceptable to suppress leading zeros of each portion of the Deductible Type Code.

HEADER RECORD (CONT'D)

| Field No.   | Field Title/Description  | Class | Position | Bytes |
|---|--|-------|----------|-------|
| 31  | <b>DEDUCTIBLE PERCENT FACTOR</b><br>Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program.<br><br>Applicable only when the second position of Deductible Type Code is 04 through 08 or 11.<br><br>NOT APPLICABLE: CA, MA, MI, NC, NJ, WI   | (N)   | 169-170  | 2     |
| 32  | <b>DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT</b><br>Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the deductible program.<br><br>NOT APPLICABLE: CA, MI, NJ, WI  | (N)   | 171-179  | 9     |
| 33  | <b>DEDUCTIBLE AMOUNT—AGGREGATE</b><br>Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.<br><br>NOT APPLICABLE: CA, MI, NJ, WI  | (N)   | 180-188  | 9     |
| <b>NOTE: POSITIONS 189-230 ARE TO BE USED ONLY WHEN CORRECTING LINK RECORD DATA</b>                         |  |       |          |       |
| <b>NOTE: EACH FIELD HAS BEEN IDENTIFIED AS BEING APPLICABLE TO EITHER ELECTRONIC OR HARD COPY REPORTING</b> |  |       |          |       |
| 34  | <b>PREVIOUS REPORT LEVEL CODE/REPORT NUMBER</b><br>Report the report number code that was previously reported.<br><br>NOT APPLICABLE: MN<br><br>Electronic field only.<br><br><b>NOTE:</b> This is a 2-digit field.  | (N)   | 189-190  | 2     |
|   | <b>REVISED REPORT LEVEL CODE/REPORT NUMBER</b><br>Report the revised report number code immediately below the report number code field on the unit report.<br><br>NOT APPLICABLE: MN<br><br>Hard copy field only.<br><br><b>NOTE:</b> This is a 2-digit field. For hard copy, it is acceptable to suppress leading zeros of the Revised Report Number. |       |          |       |
| 35  | <b>RESERVED FOR FUTURE USE</b>   |       | 191      | 1     |

HEADER RECORD (CONT'D)

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 36        | <p><b>PREVIOUS CORRECTION SEQUENCE NUMBER</b><br/>Report the correction sequence number that was previously reported.</p> <p>NOT APPLICABLE: MN, NCCI</p> <p>Electronic field only.</p> <p><b>NOTE:</b> This is a 1-digit field.</p> <p><b>REVISED CORRECTION SEQUENCE NUMBER</b><br/>Report the revised correction sequence number immediately below the correction sequence number field on the unit report.</p> <p>NOT APPLICABLE: MN, NCCI</p> <p>Hard copy field only.</p> <p><b>NOTE:</b> This is a 2-digit field. For hard copy, it is acceptable to suppress leading zeros of the Revised Correction Sequence Number.</p> | (AN)  | 192      | 1     |
| 37        | <p><b>PREVIOUS CARRIER CODE</b><br/>Report the carrier code that was previously reported.</p> <p>NOT APPLICABLE: MN</p> <p>Electronic field only.</p> <p><b>REVISED CARRIER CODE</b><br/>Report the revised carrier code immediately below the carrier code field on the unit report.</p> <p>NOT APPLICABLE: MN</p> <p>Hard copy field only.</p>  | (N)   | 193–197  | 5     |
| 38        | <p><b>PREVIOUS POLICY NUMBER IDENTIFIER</b><br/>Report the policy number identifier that was previously reported.</p> <p>NOT APPLICABLE: MN</p> <p>Electronic field only.</p> <p><b>REVISED POLICY NUMBER IDENTIFIER</b><br/>Report the revised policy number identifier immediately below the policy number field on the unit report.</p> <p>NOT APPLICABLE: MN</p> <p>Hard copy field only.</p>   | (AN)  | 198–215  | 18    |

HEADER RECORD (CONT'D)

| Field No. | Field Title/Description  | Class | Position    | Bytes |              |       |                |      |     |   |
|-----------|--|-------|-------------|-------|--------------|-------|----------------|------|-----|---|
| 39        | <b>PREVIOUS POLICY EFFECTIVE DATE</b><br>Report the policy effective date that was previously reported.<br><br>NOT APPLICABLE: MN<br><br>Electronic reporting—format: YYYYMMDD.<br><br>Electronic field only.  | (N)   | 216–221     | 6     |              |       |                |      |     |   |
|           | <b>REVISED POLICY EFFECTIVE DATE</b><br>Report the revised policy effective date immediately below the policy effective on the unit report.<br><br>NOT APPLICABLE: MN<br><br>Hard copy reporting—format: MM/DD/YY.<br><br>Hard copy field only.  |       |             |       |              |       |                |      |     |   |
| 40        | <b>PREVIOUS EXPOSURE STATE CODE</b><br>Report the exposure state code that was previously reported.<br><br>NOT APPLICABLE: MN<br><br>Electronic field only.  | (N)   | 222–223     | 2     |              |       |                |      |     |   |
|           | <b>REVISED EXPOSURE STATE CODE</b><br>Report the revised exposure state code immediately below the exposure state code field on the unit report.<br><br>NOT APPLICABLE: MN<br><br>Hard copy field only.  |       |             |       |              |       |                |      |     |   |
| 41        | <b>PREVIOUS UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b><br>Report the unit/certificate number identifier that was previously reported.<br><br>Electronic field only.  | (AN)  | 224–230     | 7     |              |       |                |      |     |   |
|           | <b>REVISED UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b><br>Report the revised unit/certificate number identifier immediately below the unit/certificate number identifier field on the unit report.<br><br>Hard copy field only.   |       |             |       |              |       |                |      |     |   |
| 42        | <b>RESERVED FOR INSURER USE</b>  |       | 231–242     | 12    |              |       |                |      |     |   |
| 43        | <b>RESERVED FOR JURISDICTION USE</b>   |       | 243–248     | 6     |              |       |                |      |     |   |
| 44        | <b>RESERVED FOR BEEP USE EDIT BYPASS CODE</b><br>BEEP (Bureau Entry & Edit Package) uses this field to indicate when a unit statistical report has been forced onto the submission file without passing all of the validations.<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Forced leave</td> </tr> <tr> <td>Blank</td> <td>No edit bypass</td> </tr> </tbody> </table> | Code  | Description | F     | Forced leave | Blank | No edit bypass | (AN) | 249 | 1 |
| Code      | Description  |       |             |       |              |       |                |      |     |   |
| F         | Forced leave   |       |             |       |              |       |                |      |     |   |
| Blank     | No edit bypass   |       |             |       |              |       |                |      |     |   |
|           | Refer to the Statistical Plan of each rating/statistical organization for use of this code.<br><br>NOT APPLICABLE: MN, NJ, NC, NCCI, WI  |       |             |       |              |       |                |      |     |   |

**HEADER RECORD (CONT'D)**

| Field No. | Field Title/Description          | Class | Position | Bytes |
|-----------|----------------------------------|-------|----------|-------|
| 45        | <b>ASWG UNIT SUBMISSION CODE</b> | (AN)  | 250      | 1     |

For electronic reporting this field is the ASWG code. The following values apply:

| Code  | Description                    |
|-------|--------------------------------|
| A     | ASWG Format                    |
| E     | Expanded ASWG report (CA only) |
| Blank | Pre-ASWG                       |

For hard copy units an "X" in the reserved field identifies a pre-ASWG unit statistical report. An "E" in the reserved field identifies an Expanded ASWG unit statistical report (CA only). On the supplemental loss form the "X" or "E" is placed between the title and the body of the form, except for CA reports using the supplemental loss form. The "X" or "E" is placed in "Reserved For Future Use" under loss totals.

**NOTE:** CA—While all required fields for reporting unit statistical report data are identified on the unit statistical report record layout, the applicability will depend on the reporting option selected. Please review the California Workers Compensation Uniform Statistical Reporting Plan—1995 for specific reporting requirements.

**H Card Serial Number**

Report the card serial number. Must be sequential with each transmittal submission. No gaps between numbers are allowed within any given submission. The numbering may, at the insurer's option, be continual from submission to submission as long as the requirement of continuity within each submission is met.

This is a 7-digit field. Leading zeros may be suppressed.

Hard copy field only.

H—Refer to the hard copy example (Section 6) for placement of this data element.

NOT APPLICABLE: NC

**H\* Page Number**

Report the page number of multiple page hard copy unit reports. It is not required on single page unit reports.

This is a 4-digit field. Leading zeros may be suppressed.

Example: page 1 of X.

Hard copy field only.

H\*—Refer to the hard copy example (Section 6) for placement of this data element.

**H\*\* Last Page Number**

Report the last page number of multiple page hard copy unit reports. Not required on single page unit reports.

This is a 4-digit field. Leading zeros may be suppressed.

Example: page X of 10.

Hard copy field only.

H\*—Refer to the hard copy example (Section 6) for placement of this data element.

**H\* PENDING FILE NUMBER**

Report the Original Administration Number Identifier assigned by NCCI in this field when the Replacement Report Code is "R" and the intent of the insurer is to replace a previously reported unit report.

\*Refer to the hard copy example (Section 6) for placement of this data element.

**NAME RECORD**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>   |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "2".  | (N)   | 41       | 1     |
| 10        | <b>INSURED NAME</b><br>Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy Information Page or as endorsed.<br><br>Maximum size of risk name is 79 characters including spaces and punctuation marks.<br><br><b>NOTE:</b> MA—Only Positions 42-86 of the first name record are entered into this jurisdiction's database and printed out on their unit cards.<br><br><b>NOTE:</b> NCCI, NJ—Only Positions 42-91 of the first name record are printed on the units produced from these jurisdictions' systems. | (AN)  | 42-120   | 79    |
| 11        | <b>RESERVED FOR FUTURE USE</b>   |       | 121-250  | 130   |

THIS NAME RECORD IS REQUIRED FOR ALL JURISDICTIONS.

**ADDRESS RECORD**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>  |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "3".   | (N)   | 41       | 1     |
| 10        | <b>INSURED ADDRESS</b><br>Report the street address, city, state and zip code of the insured as shown in Item 1 of the policy Information Page or as endorsed.<br><br>Maximum size of this field is 79 characters including spaces and punctuation marks. | (AN)  | 42-120   | 79    |
|           | <b>NOTE:</b> NCCI, NJ—Only Positions 42-91 are printed on the unit reports produced from these jurisdictions' systems.  |       |          |       |
| 11        | <b>RESERVED FOR FUTURE USE</b>  |       | 121-250  | 130   |

THIS ADDRESS RECORD IS OPTIONAL WITH ALL JURISDICTIONS.

**EXPOSURE RECORD**

| Field No. | Field Title/Description               | Class | Position | Bytes |
|-----------|---------------------------------------|-------|----------|-------|
| 1–8       | <b>LINK DATA</b>                      |       | 1–40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "4". | (N)   | 41       | 1     |
| 10        | <b>RESERVED FOR FUTURE USE</b>        |       | 42       | 1     |
| 11        | <b>CLASSIFICATION CODE</b>            | (N)   | 43–46    | 4     |

Report the 4-digit classification code corresponding to the classification assigned to the insured according to the rules of the manual for Workers Compensation or the statistical code defined by the jurisdiction.

**NOTE:** DE, MN, NJ, PA, WI—There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, experience modification, rate effective date, exposure coverage code and experience modification effective date.

**NOTE:** NCCI – There cannot be more than one exposure record per unit for any classification code with the same rate effective date, exposure act/exposure coverage code and experience modification effective date.

**NOTE:** Texas – There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, rate effective date, exposure act/exposure coverage code and experience modification effective date.

|    |                                 |     |    |   |
|----|---------------------------------|-----|----|---|
| 12 | <b>RESERVED FOR FUTURE USE</b>  |     | 47 | 1 |
| 13 | <b>PREVIOUSLY REPORTED CODE</b> | (N) | 48 | 1 |

**ASWG NOTE:** This field is not applicable when reporting in an ASWG format.

The codes in this position are to indicate the "Previous" or "Revised" side of any correction report.

| Code | Description                 |
|------|-----------------------------|
| 1    | Data as previously reported |
| 0    | Revised data                |

Electronic field only.

**NOTE:** On original first reports, this field is always entered as zero.

|    |  |     |       |   |
|----|--|-----|-------|---|
| 14 | <b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b> | (N) | 49–50 | 2 |
|----|--|-----|-------|---|

**ASWG NOTE:** This field is not applicable when reporting in an ASWG format.

Report the 2-digit exposure coverage code for each classification as per the Statistical Plan.

|    |                                       |     |       |   |
|----|---------------------------------------|-----|-------|---|
| 15 | <b>EXPERIENCE MODIFICATION FACTOR</b> | (N) | 51–54 | 4 |
|----|---------------------------------------|-----|-------|---|

Report the factor based on the past experience of the insured that is used to modify an insured's premium. Multiple experience modification factors may apply.

Electronic reporting—Report the experience modification factor that applies to the exposure reported in this detail record. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. Use "0000" for nonrated exposures.

**Example:**

Modification 1.260 would be reported in this field as 1260.

Electronic reporting format—XXXX.

**EXPOSURE RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
|           | Hard copy reporting—This is a 5-digit field.<br>Hard copy reporting format—XX.XXX.<br>For hard copy, it is acceptable to suppress leading zeros of the Experience Modification Factor.  |       |          |       |
|           | If a change in experience modification factor occurs subsequent to the policy effective date due to an Anniversary Rating Date change, the payrolls, authorized rates, and corresponding premiums must be split and reported on separate pages of the hard copy unit report.  |       |          |       |
| 16        | <b>EXPERIENCE MODIFICATION EFFECTIVE DATE</b><br>Refer to specific jurisdictions for requirements.  | (N)   | 55–60    | 6     |
|           | Normally, this is the effective date of the policy. However, if the experience modification changes in accordance with Experience Rating Manual rules, this is the effective date of the experience modification that applies to the exposure reported in this detail record. Report this date in YYMMDD format.<br><br>For electronic reporting, this is required on all exposure records. Format: YYMMDD.<br><br>For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.  |       |          |       |
| 17        | <b>RATE EFFECTIVE DATE</b><br>Refer to specific jurisdictions for requirements.   | (N)   | 61–66    | 6     |
|           | Normally, this is the effective date of the policy. However, if the rate changes in accordance with Ratemaking Manual rules, this is the rate effective date that applies to the classification code and exposure reported in this detail record.<br><br><b>NOTE:</b> MN only—The date reported must be prior or on the effective date of the policy. No midterm rate adjustments are allowed in Minnesota.<br><br>For electronic reporting, this is required on all exposure records. Format: YYMMDD.<br><br>For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.   |       |          |       |
| 18        | <b>EXPOSURE AMOUNT</b><br>The basis for determining premium on a per classification level.<br>Exposure amount is normally on a payroll basis.<br>Exceptions include per capita, seat surcharge, etc.<br>Refer to Statistical Plans for classification code exceptions.  | (N)   | 67–76    | 10    |
|           | Payroll Exposure Amount:<br>Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.<br><br>Non-Payroll Exposure:<br>Report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point. For non-payroll exposure amounts, there is an assumed decimal point between Positions 75 and 76.<br><br>Electronic example: The decimal point is assumed between positions 75 and 76. To report one and one-half per capita exposure, enter a “15” in the exposure amount field.<br><br>Hard copy example: To report one and one half per capita exposure use “1.5” in the exposure amount field. |       |          |       |

**EXPOSURE RECORD (CONT'D)**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 19        | <b>PREMIUM AMOUNT</b><br>Report the premium amount corresponding to each classification.<br><br>The premium amount for payroll classes is the result of multiplying the exposure by the manual/charged rate divided by 100. Enter the premium amount developed by extension of payroll or other exposure amount at the authorized rate to the nearest whole dollar.<br><br>For non-exposure classifications the premium is defined by the classification/statistical code. For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate.<br><br><b>NOTE:</b> This field is not applicable for CA as of the first 1995 Normal Anniversary Date. | (N)   | 77-85    | 9     |
| 20        | <b>MANUAL/CHARGED RATE</b><br>Report the charge per unit of exposure for each classification.<br><br>Please contact the DCO for instructions for this field.<br><br>Assumed decimal point between Positions 89 and 90 for electronic reporting only.<br><br>NOT APPLICABLE: CA<br><br>Electronic reporting example: A rate of 1.24 would be reported in this field as 0001240.<br><br>Hard copy reporting example: A rate of 1.24 would be reported in this field as 0001.240.<br><br>For hard copy, it is acceptable to suppress the leading zeros of the Manual/Charged Rate.  | (N)   | 86-92    | 7     |
| 21        | <b>SPLIT PERIOD CODE</b><br>Use to indicate change in manual/charged rates or modification factors during life of policy. For policies with no change in manual/charged rates or modification factors, zero-fill. For policies with changes in manual/charged rates or modification factors, report "0" for the first period, "1" for the second period, "2" for the third period, etc., through "9".<br><br>Electronic field only.<br><br>NOT APPLICABLE: CA, NJ (Split period codes 2-9)   | (N)   | 93       | 1     |
| 22        | <b>RESERVED FOR FUTURE USE</b>   |       | 94-110   | 17    |
| 23        | <b>RATING TIER ID CODE (NCCI ONLY)</b><br>Report the appropriate rating tier ID code (RTI) on all classification codes for policies with an effective date of 09/01/92 and after.  | (N)   | 111-112  | 2     |
| 24        | <b>RESERVED FOR FUTURE USE</b><br><br><b>ASWG NOTE:</b> The remainder of this record contains fields applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.  |       | 113-120  | 8     |

**EXPOSURE RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 25        | <b>UPDATE TYPE CODE</b><br>Report the 1-letter code that identifies the activity of an exposure record. | (A)   | 121      | 1     |

| Method 1—Common to all Jurisdictions and Insurers |                     | Method 2—Jurisdictions may offer as optional reporting to insurers |               |
|---|---------------------|--|---------------|
| Code  | Description         | Code   | Description   |
| P   | Previously Reported | A  | Add Record    |
| R   | Revised             | C  | Change Record |
|   |                     | D  | Delete Record |

**NOTE:** On original first reports, this field is always R or A.

|    |  |     |         |   |
|----|--|-----|---------|---|
| 26 | <b>RESERVED FOR FUTURE USE</b>   |     | 122     | 1 |
| 27 | <b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b><br>Report the 2-digit code indicating the Act (Law) or coverage under which the exposure for this record's classification code is associated. | (N) | 123–124 | 2 |

| Code | Description   |
|------|---|
| 00   | For Use With Statistical Codes* N/A NC  |
| 01   | State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act |
| 02   | USL&HW "F" or USL&HW Coverage on Non-F-Classes  |
| 03   | Federal Coal Mine Health and Safety Act Only (NCCI and WI only)                       |
| 04   | Federal Coal Mine Health and Safety Act and/or the State Act (NCCI and WI only)       |
| 05   | Oil and Other Minerals Over Water (NCCI only)   |
| 06   | Excluding Medical (MN, NC, and NCCI only)   |
| 07   | Excess Benefits Coverage (NCCI only)  |
| 08   | Reserved For Future Use   |
| 09   | Endorsed Maritime Coverage (NCCI only)  |
| 10   | Voluntary Compensation Coverage (DE and PA only)                                      |

SEE APPENDIX FOR DEFINITIONS OF EXPOSURE ACT/EXPOSURE COVERAGE CODE VALUES.

Hard copy format: Leading zero may be suppressed.

**\*NOTE:** An exposure act/exposure coverage code is required for all exposure records. Statistical codes can be coded to 00 (except NC), or the Type of Act (law) governing the policy.

|    |                                |  |         |     |
|----|--------------------------------|--|---------|-----|
| 28 | <b>RESERVED FOR FUTURE USE</b> |  | 125–250 | 126 |
|----|--------------------------------|--|---------|-----|

**E\* PREMIUM DISCOUNT AMOUNT**  
The premium adjustment amount resulting from the application of the premium discount plan reported under Statistical Code 0063 (stock company) or Statistical Code 0064 (non-stock company).

This is a 9-digit field. Leading zeros may be suppressed.

Hard copy field only.

E\*—Refer to hard copy example (Section 6) for placement of this data element.

**E\*\* EXPENSE CONSTANT AMOUNT**  
The premium adjustment amount resulting from the application of the expense constant amount.

This is a 9-digit field. Leading zeros may be suppressed.

Hard copy field only.

E\*\*—Refer to hard copy example (Section 6) for placement of this data element.

**LOSS RECORD**

| Field No.  | Field Title/Description  | Class | Position | Bytes |      |             |   |                             |   |              |
|--|--|-------|----------|-------|------|-------------|---|-----------------------------|---|--------------|
| 1–8  | <b>LINK DATA</b>   |       | 1–40     | 40    |      |             |   |                             |   |              |
| 9  | <b>RECORD TYPE CODE</b><br>Enter "5".  | (N)   | 41       | 1     |      |             |   |                             |   |              |
| 10   | <b>RESERVED FOR FUTURE USE</b>   |       | 42       | 1     |      |             |   |                             |   |              |
| 11   | <b>CLASSIFICATION CODE</b><br>Report the appropriate 4-digit classification code where the payroll or other exposure amount of the claimant was reported.  | (N)   | 43–46    | 4     |      |             |   |                             |   |              |
| 12   | <b>RESERVED FOR FUTURE USE</b>   |       | 47       | 1     |      |             |   |                             |   |              |
| 13   | <b>PREVIOUSLY REPORTED CODE</b>  | (N)   | 48       | 1     |      |             |   |                             |   |              |
| <p><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.</p> <p>The codes in this position are used to indicate the "Previous" or "Revised" side of any subsequent or loss correction report.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Data as previously reported</td> </tr> <tr> <td>0</td> <td>Revised data</td> </tr> </tbody> </table> <p>Electronic field only.</p> <p><b>NOTE:</b> On original first reports, this field is always entered as zero.</p> |  |       |          |       | Code | Description | 1 | Data as previously reported | 0 | Revised data |
| Code   | Description  |       |          |       |      |             |   |                             |   |              |
| 1  | Data as previously reported  |       |          |       |      |             |   |                             |   |              |
| 0  | Revised data   |       |          |       |      |             |   |                             |   |              |
| 14   | <b>LOSS COVERAGE CODE</b>  | (N)   | 49–50    | 2     |      |             |   |                             |   |              |
| <p><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.</p> <p>Report the 2-digit code that identifies whether the loss is covered under the State Act, USL&amp;HW Act, Employers Liability, Radiation (CA only), Other State Benefits, or Admiralty or FELA Benefits (NOT APPLICABLE: CA) and that further identifies the basis of liability as either trauma, disease, cumulative injury, liability-over, or subrogation. Refer to the appropriate Statistical Plan for applicable codes.</p>  |  |       |          |       |      |             |   |                             |   |              |
| 15   | <b>CLAIM COUNT</b><br>Report the claim count as defined by the respective statistical plan. This field is never left blank or zero-filled for grouped claims. Report the number of claims in the grouping. | (N)   | 51–54    | 4     |      |             |   |                             |   |              |
| <p><b>NOTE:</b> CA—Zeros are accepted for claims with claim numbers.</p> <p>For electronic reporting, individually listed claims are reported as either "0001" or "0000."</p> <p><b>NOTE:</b> NCCI, NJ, WI—Must be "0001" for individually listed claims (claim number and accident date reported).</p> <p>For hard copy reporting, the grouped claim count is reported in the Accident Date/Number of Claims field. Report the number of claims in the grouping. Claim Count is not reported for individually listed claims on hard copy.</p>                     |  |       |          |       |      |             |   |                             |   |              |
| 16   | <b>ACCIDENT DATE</b><br>Report the month, day and year on which the injury occurred.   | (N)   | 55–60    | 6     |      |             |   |                             |   |              |
| <p>For electronic reporting, this field applies only to individually listed losses. Leave blank when reporting grouped losses. Format: YY/MM/DD.</p> <p>For hard copy reporting, accident date is not reported in the Accident Date/Number of Claims field if the insurer elects the claim grouping option. Applies only to individually listed losses. Format: MM/DD/YY.</p>  |  |       |          |       |      |             |   |                             |   |              |

**LOSS RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position    | Bytes |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
|-----------|---|-------|-------------|-------|------------|----|----------------------------|----|--|----|--|----|--|-----|---------------------|----|--|----|----------------------------|----|--|-----|-------|---|
| 17        | <b>CLAIM NUMBER</b><br>Report the alphanumeric number that uniquely identifies the claim (excluding blanks). The complete claim number must remain the same throughout the life of the claim. Claim number is not reported if the insurer elects the claim grouping option.<br>Claim number of every individually listed loss must be reported as right-justified and with leading blanks if claim number is less than 12 positions. Letters are permitted, but not embedded blanks or marks of punctuation. Leave blank when reporting grouped losses. Refer to the Statistical Plan for reporting requirements.<br><b>NOTE:</b> CA has historically stored only 11 positions of the claim number due to storage capacity. The first position of this field is truncated during processing.  | (AN)  | 61–72       | 12    |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 18        | <b>CLAIM STATUS CODE</b><br>Report the 1-digit code that indicates the status of the claim:<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Open Claim</td> </tr> <tr> <td>1</td> <td>Closed Claim</td> </tr> <tr> <td>2</td> <td>Reopened Claim (N/A: CA, DE, MA, MI, NJ, PA, WI)</td> </tr> <tr> <td>3</td> <td>Resolved Claim (CA only)</td> </tr> <tr> <td>4</td> <td>Open Claim—Payment not made or initiated (MI only)</td> </tr> </tbody> </table>  | Code  | Description | 0     | Open Claim | 1  | Closed Claim               | 2  | Reopened Claim (N/A: CA, DE, MA, MI, NJ, PA, WI)                               | 3  | Resolved Claim (CA only)   | 4  | Open Claim—Payment not made or initiated (MI only) | (N) | 73                  | 1  |  |    |                            |    |  |     |       |   |
| Code      | Description   |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 0         | Open Claim  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 1         | Closed Claim  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 2         | Reopened Claim (N/A: CA, DE, MA, MI, NJ, PA, WI)  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 3         | Resolved Claim (CA only)  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 4         | Open Claim—Payment not made or initiated (MI only)  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 19        | <b>WEEKLY WAGE AMOUNT (CA ONLY)</b><br>Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Not the maximum or minimum weekly earnings specified in the Labor Code.) Report whole dollars only.   | (N)   | 74–78       | 5     |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 20        | <b>INJURY CODE (INJURY TYPE)</b><br>Report the 2-digit code that identifies under which provision of the law benefits are paid or expected to be paid.<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Death</td> </tr> <tr> <td>02</td> <td>Permanent Total Disability</td> </tr> <tr> <td>03</td> <td>Major Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NJ, NY, NC, PA, WI</td> </tr> <tr> <td>04</td> <td>Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NJ, NY, NC, PA, WI</td> </tr> <tr> <td>05</td> <td>Temporary Total or Temporary Partial Disability</td> </tr> <tr> <td>06</td> <td>Medical Claims Only</td> </tr> <tr> <td>07</td> <td>Contract Medical or Hospital Allowance – N/A: WI</td> </tr> <tr> <td>08</td> <td>Compromise Death (CA only)</td> </tr> <tr> <td>09</td> <td>Permanent Partial Disability—N/A: CA, MI, NJ</td> </tr> </tbody> </table> | Code  | Description | 01    | Death      | 02 | Permanent Total Disability | 03 | Major Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NJ, NY, NC, PA, WI | 04 | Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NJ, NY, NC, PA, WI | 05 | Temporary Total or Temporary Partial Disability    | 06  | Medical Claims Only | 07 | Contract Medical or Hospital Allowance – N/A: WI | 08 | Compromise Death (CA only) | 09 | Permanent Partial Disability—N/A: CA, MI, NJ | (N) | 79–80 | 2 |
| Code      | Description   |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 01        | Death   |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 02        | Permanent Total Disability  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 03        | Major Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NJ, NY, NC, PA, WI  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 04        | Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NJ, NY, NC, PA, WI  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 05        | Temporary Total or Temporary Partial Disability   |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 06        | Medical Claims Only   |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 07        | Contract Medical or Hospital Allowance – N/A: WI  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 08        | Compromise Death (CA only)  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 09        | Permanent Partial Disability—N/A: CA, MI, NJ  |       |             |       |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |
| 21        | Hard copy reporting—Leading zero may be suppressed.<br><b>CATASTROPHE NUMBER</b><br>Report all claims (two or more) resulting from one accident through the catastrophe number. If there is more than one catastrophe under the policy, each succeeding catastrophe number should be designated by means of a separate sequential number, “2”, “3”, etc., up to and including “10”. After number “10” is assigned the next number in the sequence will reprocess to number “1”. Numbers “11” through “99” are reserved for ISO assigned catastrophe codes. A separate series of catastrophe numbers, beginning with “1”, shall be used for each policy. Each succeeding catastrophe number shall be increased by 1.<br>Refer to the Statistical Plan for exact criteria used in the reporting of catastrophe losses.<br>Hard copy reporting—Leading zero may be suppressed.   | (N)   | 81–82       | 2     |            |    |                            |    |  |    |  |    |  |     |                     |    |  |    |                            |    |  |     |       |   |

**LOSS RECORD (CONT'D)**

| Field No.  | Field Title/Description   | Class  | Position   | Bytes       |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
|--|---|--|--|-------------|-------------------------|----|---|----|---|----|---|-------------|---|---------------------|------------|---------|---------------|--|---------------|-----|-----|---|
| 22   | <b>INCURRED INDEMNITY AMOUNT</b><br>Report the whole dollar amount of incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work including compensation paid to the deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers' liability losses and expenses as of the loss valuation date.<br><b>NOTE:</b> Allocated Loss Adjustment Expenses for other than employers liability coverage must be excluded from indemnity loss amounts.  | (N)  | 83-91  | 9           |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 23   | <b>INCURRED MEDICAL AMOUNT</b><br>Report the whole dollar amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.  | (N)  | 92-100   | 9           |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 24   | <b>SOCIAL SECURITY NUMBER</b><br>Report the injured worker's Social Security Number assigned by the Social Security Administration.<br>CA: Enter "000000000" if not available.<br>NOT APPLICABLE: MI, NCCI, NJ, NY, WI<br>OPTIONAL: DE, NC, PA  | (N)  | 101-109  | 9           |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 25   | <b>RESERVED FOR FUTURE USE</b><br><br><b>ASWG NOTE:</b> The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.  |  | 110-120  | 11          |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 26   | <b>UPDATE TYPE CODE</b><br>Report the 1-letter code that identifies the activity of a loss record.<br><br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><b>Method 1—Common to all Jurisdictions and Insurers</b></td> <td style="width: 50%; text-align: center;"><b>Method 2—Jurisdictions may offer as optional reporting to Insurers.</b></td> </tr> <tr> <td style="text-align: center;"><b>Code</b></td> <td style="text-align: center;"><b>Code</b></td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">A</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td></td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;">Description</td> <td style="text-align: center;">Description</td> </tr> <tr> <td style="text-align: center;">Previously Reported</td> <td style="text-align: center;">Add Record</td> </tr> <tr> <td style="text-align: center;">Revised</td> <td style="text-align: center;">Change Record</td> </tr> <tr> <td></td> <td style="text-align: center;">Delete Record</td> </tr> </table><br><b>NOTE:</b> On original first reports, this field is always R or A.<br><br>CA NOTE: For grouped claims, when no CLAIM NUMBER [Positions 55-60] is supplied other than blanks or zeros, but a count value other than blanks or zeros is supplied in the CLAIM COUNT [Positions 49-50], UPDATE TYPE CODE C may not be used for loss corrections. Either a P and R or an A and D pair of loss records must be submitted for grouped claim loss corrections. | <b>Method 1—Common to all Jurisdictions and Insurers</b> | <b>Method 2—Jurisdictions may offer as optional reporting to Insurers.</b> | <b>Code</b> | <b>Code</b>             | P  | A   | R  | C   |    | D   | Description | Description   | Previously Reported | Add Record | Revised | Change Record |  | Delete Record | (A) | 121 | 1 |
| <b>Method 1—Common to all Jurisdictions and Insurers</b> | <b>Method 2—Jurisdictions may offer as optional reporting to Insurers.</b>  |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| <b>Code</b>  | <b>Code</b>   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| P  | A   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| R  | C   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
|  | D   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| Description  | Description   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| Previously Reported                                      | Add Record  |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| Revised  | Change Record   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
|  | Delete Record   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 27   | <b>RESERVED FOR FUTURE USE</b>  |  | 122  | 1           |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 28   | <b>LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPES OF SETTLEMENT)</b><br>Report the five 2-digit codes that correspond to the act, type of loss, type of recovery, type of claim, and type of settlement.<br><br>Hard copy reporting—Leading zero may be suppressed. This field should contain the loss coverage codes for non-ASWG units.  | (N)  | 123-132  | 10          |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
|  | <b>ACT—LOSS CONDITION CODES</b>   | (N)  | 123-124  | 2           |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
|  | <table border="0"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Description</th> </tr> <tr> <td>00</td> <td>Reserved For Future Use</td> </tr> <tr> <td>01</td> <td>State Act or Federal Act Excluding USL&amp;HW and Federal Coal Mine Health and Safety Act</td> </tr> <tr> <td>02</td> <td>USL&amp;HW "F" Coverage or USL&amp;HW Coverage on Non-F-Classes</td> </tr> <tr> <td>03</td> <td>Federal Coal Mine Health and Safety Act Only (NCCI and WI only)</td> </tr> <tr> <td>04</td> <td>Federal Coal Mine Health and Safety Act and/or the State Act (NCCI and WI only)</td> </tr> </table>   | Code   | Description  | 00          | Reserved For Future Use | 01 | State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act | 02 | USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes | 03 | Federal Coal Mine Health and Safety Act Only (NCCI and WI only) | 04          | Federal Coal Mine Health and Safety Act and/or the State Act (NCCI and WI only) |                     |            |         |               |  |               |     |     |   |
| Code   | Description   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 00   | Reserved For Future Use   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 01   | State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 02   | USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 03   | Federal Coal Mine Health and Safety Act Only (NCCI and WI only)   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |
| 04   | Federal Coal Mine Health and Safety Act and/or the State Act (NCCI and WI only)   |  |  |             |                         |    |   |    |   |    |   |             |   |                     |            |         |               |  |               |     |     |   |

05 Oil and Other Minerals Over Water (NCCI only)

**LOSS RECORD (CONT'D)**

| Field No. | Field Title/Description  | Class | Position    | Bytes |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|-----------|--|-------|-------------|-------|---------------------------------|----|--|----|--|----|---|----|--|----|---|----|-------------------------------|----|-------------------------------|----|-------------------------------|--|--|--|
| 28        | <b>LOSS CONDITION CODES (CONT'D)</b>   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <b>TYPE OF LOSS—LOSS CONDITION CODES</b>   | (N)   | 125–126     | 2     |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Trauma</td> </tr> <tr> <td>02</td> <td>Occupational Disease</td> </tr> <tr> <td>03</td> <td>Cumulative Injury Other Than Disease</td> </tr> </tbody> </table>   | Code  | Description | 01    | Trauma                          | 02 | Occupational Disease                         | 03 | Cumulative Injury Other Than Disease                   |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| Code      | Description  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 01        | Trauma   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 02        | Occupational Disease   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 03        | Cumulative Injury Other Than Disease   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <b>TYPE OF RECOVERY—LOSS CONDITION CODES</b>   | (N)   | 127–128     | 2     |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>No Recovery</td> </tr> <tr> <td>02</td> <td>Second Injury Fund Only—N/A: CA</td> </tr> <tr> <td>03</td> <td>Subrogation Only (Third Party)</td> </tr> <tr> <td>04</td> <td>Subrogation with Second Injury Fund (Third Party)—N/A: CA</td> </tr> <tr> <td>05</td> <td>Joint Coverage—Without Subrogation (CA, MA, NC only)</td> </tr> <tr> <td>06</td> <td>Joint Coverage—With Subrogation (CA, NC only)</td> </tr> </tbody> </table>  | Code  | Description | 01    | No Recovery                     | 02 | Second Injury Fund Only—N/A: CA              | 03 | Subrogation Only (Third Party)                         | 04 | Subrogation with Second Injury Fund (Third Party)—N/A: CA | 05 | Joint Coverage—Without Subrogation (CA, MA, NC only) | 06 | Joint Coverage—With Subrogation (CA, NC only) |    |                               |    |                               |    |                               |  |  |  |
| Code      | Description  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 01        | No Recovery  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 02        | Second Injury Fund Only—N/A: CA  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 03        | Subrogation Only (Third Party)   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 04        | Subrogation with Second Injury Fund (Third Party)—N/A: CA  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 05        | Joint Coverage—Without Subrogation (CA, MA, NC only)   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 06        | Joint Coverage—With Subrogation (CA, NC only)  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <b>TYPE OF CLAIM—LOSS CONDITION CODES</b>  | (N)   | 129–130     | 2     |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Workers Compensation Only</td> </tr> <tr> <td>02</td> <td>Employers Liability Only N/A: WI</td> </tr> <tr> <td>03</td> <td>Workers Compensation including Employers Liability</td> </tr> <tr> <td>04</td> <td>Liability Over—N/A: CA, NJ, WI</td> </tr> <tr> <td>05</td> <td>Excess Benefits (NCCI only)</td> </tr> <tr> <td>06</td> <td>Excess Special Compensation (NCCI only)</td> </tr> </tbody> </table>   | Code  | Description | 01    | Workers Compensation Only       | 02 | Employers Liability Only N/A: WI             | 03 | Workers Compensation including Employers Liability     | 04 | Liability Over—N/A: CA, NJ, WI                            | 05 | Excess Benefits (NCCI only)                          | 06 | Excess Special Compensation (NCCI only)       |    |                               |    |                               |    |                               |  |  |  |
| Code      | Description  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 01        | Workers Compensation Only  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 02        | Employers Liability Only N/A: WI   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 03        | Workers Compensation including Employers Liability   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 04        | Liability Over—N/A: CA, NJ, WI   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 05        | Excess Benefits (NCCI only)  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 06        | Excess Special Compensation (NCCI only)  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <b>TYPE OF SETTLEMENT—LOSS CONDITION CODES</b>   | (N)   | 131–132     | 2     |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Claim Not Subject to Settlement</td> </tr> <tr> <td>01</td> <td>Noncompensable, Previously Alleged (CA only)</td> </tr> <tr> <td>03</td> <td>Stipulated Award (Insurer/Claimant Settlement)—N/A: MA</td> </tr> <tr> <td>04</td> <td>Findings and Award (Judicial Award)—N/A: MA, NY</td> </tr> <tr> <td>05</td> <td>Dismissal or Take Nothing (Noncompensable)</td> </tr> <tr> <td>06</td> <td>Compromise Settlement—N/A: MA, NY</td> </tr> <tr> <td>07</td> <td>No Safety Devices (NCCI only)</td> </tr> <tr> <td>08</td> <td>Exemplary Damages (NCCI only)</td> </tr> <tr> <td>09</td> <td>All Other Settlements—N/A: NJ</td> </tr> </tbody> </table> | Code  | Description | 00    | Claim Not Subject to Settlement | 01 | Noncompensable, Previously Alleged (CA only) | 03 | Stipulated Award (Insurer/Claimant Settlement)—N/A: MA | 04 | Findings and Award (Judicial Award)—N/A: MA, NY           | 05 | Dismissal or Take Nothing (Noncompensable)           | 06 | Compromise Settlement—N/A: MA, NY             | 07 | No Safety Devices (NCCI only) | 08 | Exemplary Damages (NCCI only) | 09 | All Other Settlements—N/A: NJ |  |  |  |
| Code      | Description  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 00        | Claim Not Subject to Settlement  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 01        | Noncompensable, Previously Alleged (CA only)   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 03        | Stipulated Award (Insurer/Claimant Settlement)—N/A: MA   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 04        | Findings and Award (Judicial Award)—N/A: MA, NY  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 05        | Dismissal or Take Nothing (Noncompensable)   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 06        | Compromise Settlement—N/A: MA, NY  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 07        | No Safety Devices (NCCI only)  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 08        | Exemplary Damages (NCCI only)  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 09        | All Other Settlements—N/A: NJ  |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | SEE APPENDIX FOR LOSS CONDITION CODES VALUE DEFINITIONS.   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 29        | <b>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT (CA ONLY)</b><br>Report the whole dollar amount for the incurred amount of vocational rehabilitation benefits including vocational rehabilitation indemnity, evaluation and training.   | (N)   | 133–139     | 7     |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
| 30        | <b>JURISDICTION STATE CODE</b><br>Report the 2-digit state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state code is different from the exposure state code.   | (N)   | 140–141     | 2     |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |
|           | OPTIONAL: NC   |       |             |       |                                 |    |  |    |  |    |   |    |  |    |   |    |                               |    |                               |    |                               |  |  |  |

**LOSS RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position    | Bytes |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|-----------|---|-------|-------------|-------|---|----|--|----|---|----|---|----|--|----|---|----|---|--|--|--|
| 31        | <b>MANAGED CARE ORGANIZATION TYPE CODE</b><br>Report the 2-digit code that corresponds to the type of organization that will administer the applicable medical losses of this claim.  | (N)   | 142-143     | 2     |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>The claim is not administered by an approved/certified managed care organization.</td> </tr> <tr> <td>01</td> <td>The claim's medical losses are administered by an approved/certified managed care organization not specifically identified by Codes 02-06 below.<br/>NOT APPLICABLE: CA, MA</td> </tr> <tr> <td>02</td> <td>The claim's medical losses are administered by a Health Maintenance Organization.<br/>NOT APPLICABLE: CA, MI, MN, NJ</td> </tr> <tr> <td>03</td> <td>The claim's medical losses are administered by a Preferred Provider Organization.<br/>NOT APPLICABLE: CA, MI, MN, NJ</td> </tr> <tr> <td>04</td> <td>The claim's medical losses are administered by an Exclusive Provider Organization.<br/>NOT APPLICABLE: CA, MA, MI, MN, NJ</td> </tr> <tr> <td>05</td> <td>The claim's medical losses are administered by an Independent Practice Association.<br/>NOT APPLICABLE: CA, MA, MI, MN, NJ</td> </tr> <tr> <td>06</td> <td>The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.<br/>NOT APPLICABLE: MA, MN, NJ, <u>WI</u></td> </tr> </tbody> </table> | Code  | Description | 00    | The claim is not administered by an approved/certified managed care organization. | 01 | The claim's medical losses are administered by an approved/certified managed care organization not specifically identified by Codes 02-06 below.<br>NOT APPLICABLE: CA, MA | 02 | The claim's medical losses are administered by a Health Maintenance Organization.<br>NOT APPLICABLE: CA, MI, MN, NJ | 03 | The claim's medical losses are administered by a Preferred Provider Organization.<br>NOT APPLICABLE: CA, MI, MN, NJ | 04 | The claim's medical losses are administered by an Exclusive Provider Organization.<br>NOT APPLICABLE: CA, MA, MI, MN, NJ | 05 | The claim's medical losses are administered by an Independent Practice Association.<br>NOT APPLICABLE: CA, MA, MI, MN, NJ | 06 | The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.<br>NOT APPLICABLE: MA, MN, NJ, <u>WI</u> |  |  |  |
| Code      | Description   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 00        | The claim is not administered by an approved/certified managed care organization.   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 01        | The claim's medical losses are administered by an approved/certified managed care organization not specifically identified by Codes 02-06 below.<br>NOT APPLICABLE: CA, MA  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 02        | The claim's medical losses are administered by a Health Maintenance Organization.<br>NOT APPLICABLE: CA, MI, MN, NJ   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 03        | The claim's medical losses are administered by a Preferred Provider Organization.<br>NOT APPLICABLE: CA, MI, MN, NJ   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 04        | The claim's medical losses are administered by an Exclusive Provider Organization.<br>NOT APPLICABLE: CA, MA, MI, MN, NJ  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 05        | The claim's medical losses are administered by an Independent Practice Association.<br>NOT APPLICABLE: CA, MA, MI, MN, NJ   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 06        | The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.<br>NOT APPLICABLE: MA, MN, NJ, <u>WI</u>   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | For hard copy it is acceptable to suppress leading zeros of the Managed Care Organization Type Code.  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 32        | <b>INJURY DESCRIPTION CODE (PART, NATURE, CAUSE)</b><br>Report the three 2-digit codes that represent the part of body, nature of injury, and cause of injury for a given claim.  | (N)   | 144-149     | 6     |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | <b>PART</b><br>Report the 2-digit code that represents the part of body for a given claim.  | (N)   | 144-145     | 2     |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | <b>NATURE</b><br>Report the 2-digit code that represents the nature of injury for a given claim.  | (N)   | 146-147     | 2     |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | <b>CAUSE</b><br>Report the 2-digit code that represents the cause of injury for a given claim.  | (N)   | 148-149     | 2     |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | Refer to Statistical Plan for applicable codes.   |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | NOT APPLICABLE: MI, NJ  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | NOTE: The expanded Part of Body codes provide additional codes, as requested by IAIABC, for exclusive use in reporting SROI only. The expanded Part of Body codes are to be reported in the SROI Permanent Impairment Body Part Code data element.  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
| 33        | <b>OCCUPATION DESCRIPTION</b><br>Report a narrative description of the regular occupation of the injured worker.  | (AN)  | 150-167     | 18    |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | NOT APPLICABLE: MI, MN, NJ, NY, WI  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |
|           | OPTIONAL: CA, MA, NCCI  |       |             |       |   |    |  |    |   |    |   |    |  |    |   |    |   |  |  |  |

**LOSS RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 34        | <b>VOCATIONAL REHABILITATION INDICATOR</b><br>Report the value that indicates the inclusion of vocational rehabilitation costs in the losses. | (A)   | 168      | 1     |

| Indicator | Description  |
|-----------|--|
| Y         | Claim includes Vocational Rehabilitation costs         |
| N         | Claim does not include Vocational Rehabilitation costs |

NOT APPLICABLE: NJ, NY

SEE APPENDIX FOR VOCATIONAL REHABILITATION INDICATOR DEFINITIONS.

|    |   |     |     |   |
|----|---|-----|-----|---|
| 35 | <b>LUMP SUM INDICATOR</b><br>Report the value that identifies a lump sum agreement for the claim. | (A) | 169 | 1 |
|----|---|-----|-----|---|

| Indicator | Description   |
|-----------|---|
| Y         | Claim has been settled by an agreement to a lump sum amount |
| N         | Claim has not been settled with a lump sum agreement        |

NOT APPLICABLE: CA, DE, MN, NJ, PA

OPTIONAL: NC

SEE APPENDIX FOR LUMP SUM INDICATOR DEFINITIONS.

|    |  |     |         |   |
|----|--|-----|---------|---|
| 36 | <b>FRAUDULENT CLAIM CODE</b><br>Report the 2-digit code that identifies the involvement of fraud in the claim. | (N) | 170–171 | 2 |
|----|--|-----|---------|---|

| Code | Description              |
|------|--------------------------|
| 00   | Not fraudulent           |
| 01   | Partially fraudulent     |
| 02   | Fully fraudulent—N/A: CA |

NOT APPLICABLE: MA, MI, MN, NJ, WI

SEE APPENDIX FOR FRAUDULENT CLAIM CODE DEFINITIONS.

Hard copy reporting—Leading zero may be suppressed.

|    |                                |  |         |   |
|----|--------------------------------|--|---------|---|
| 37 | <b>RESERVED FOR FUTURE USE</b> |  | 172–173 | 2 |
|----|--------------------------------|--|---------|---|

|    |  |     |         |   |
|----|--|-----|---------|---|
| 38 | <b>PAID INDEMNITY AMOUNT</b><br>Report the whole dollar amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses. | (N) | 174–182 | 9 |
|----|--|-----|---------|---|

**NOTE:** ALAE for other than employers liability coverage must be excluded from indemnity losses.

NOT APPLICABLE: CA, MI, NJ

OPTIONAL: NC

**LOSS RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 39        | <b>PAID MEDICAL AMOUNT</b><br>Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.<br><br>NOT APPLICABLE: CA, MI, NJ<br><br>OPTIONAL: NC  | (N)   | 183–191  | 9     |
| 40        | <b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT (MA ONLY)</b><br>Report the whole dollar amount paid plus outstanding reserves for claimant's legal representation during the settlement of the claim as of the loss valuation date.<br><br>OPTIONAL: DE, NC, NCCI, PA  | (N)   | 192–200  | 9     |
| 41        | <b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT (DE, MA, PA ONLY)</b><br>Report the whole dollar amount paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date.<br><br>OPTIONAL: NC, NCCI  | (N)   | 201–209  | 9     |
| 42        | <b>DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY)</b><br>Report the whole dollar amount of reimbursement received by the insurer by which the reported gross loss is to be reduced in order to conform to state requirements for net experience rating.<br><br>Electronic reporting—Report zeros if experience rating is to be calculated on gross losses.<br><br>Hard copy reporting—Report blank if experience rating is to be calculated on gross losses. | (N)   | 210–218  | 9     |
| 43        | <b>TOTAL GROSS INCURRED AMOUNT (CA ONLY)</b><br>Report the gross incurred only for subrogation, partially fraudulent, joint coverage, and compromised death claims. Report the amount in whole dollars. (Refer to the California Statistical Plan for gross amounts to be reported on each of these types of claims.)   | (N)   | 219–227  | 9     |
| 44        | <b>RESERVED FOR FUTURE USE</b>  |       | 228–229  | 2     |
| 45        | <b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b><br>Report the whole dollar amount of loss adjustment expense allocated and paid by an insurance company when handling a claim as of the loss valuation date.<br><br>NOT APPLICABLE: CA, MI, MN, NJ  | (N)   | 230–238  | 9     |
| 46        | <b>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b><br>Report the whole dollar amount of loss adjustment expense allocated and paid or reserved by an insurance company for this field when handling a claim as of the loss valuation date.<br><br>NOT APPLICABLE: CA, MI, MN, NJ<br><br>OPTIONAL: DE, MA, NC, NCCI, NY, PA, WI<br><br>APPLICABLE: NONE   | (N)   | 239–247  | 9     |

**LOSS RECORD (CONT'D)**

| Field No. | Field Title/Description                                       | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 47        | <b>SCHEDULED INDEMNITY—PERCENTAGE OF DISABILITY (CA ONLY)</b> | (N)   | 248–250  | 3     |

Report the permanent disability rating upon which the claim has been adjudicated, expressed as a percentage to the nearest whole percent. If the claim has not been adjudicated, the insurer's best estimate of the permanent disability rating shall be reported.

No implied decimal, whole percentage only.

**RESERVED FOR FUTURE USE AREA OF HARD COPY REPORT (LOSS  
DETAIL)**

Hard copy reporting only.

**NOTE:** The hard copy form is not being revised at this time to accommodate the newest data elements. The data required by California for filing in the expanded unit report option is to be placed in the "Reserved for Future Use" field on the third line of the loss record. The data elements lacking specific fields on the hard copy form are Average Weekly Wage, Scheduled Indemnity—Percent of Disability, Total Incurred Vocational Rehabilitation Costs and Total Gross Incurred amounts. These fields must be reported in the order described with a vertical line drawn between each field.

**UNIT TOTAL RECORD**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>  |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "6".<br><br>OPTIONAL: NCCI   | (N)   | 41       | 1     |
| 10        | <b>EXPOSURE—PAYROLL TOTAL</b>   | (N)   | 42-52    | 11    |
|           | A. <b>1st Report</b><br>Report the sum of all payroll exposure amounts to be included in standard exposure, with the exception of dollars attributed to non-ratable, occupational disease and catastrophe reserve classes where applicable and non-payroll amounts.   |       |          |       |
|           | B. <b>Exposure Correction Report</b><br>Report the revised exposure payroll total as defined above.   |       |          |       |
|           | C. <b>Subsequent Report or Loss Correction Report</b><br>This field will always contain zeros.  |       |          |       |
| 11        | <b>EXPOSURE—OTHER THAN PAYROLL TOTAL</b><br>For electronic reporting, there is an assumed decimal point between Positions 61 and 62.  | (N)   | 53-62    | 10    |
|           | <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.  |       |          |       |
|           | A. <b>1st Report</b><br>Report the total of non-payroll exposure amounts regardless of base.  |       |          |       |
|           | B. <b>Exposure Correction Report</b><br>Report the revised exposure other than payroll total.   |       |          |       |
|           | C. <b>Subsequent Report or Loss Correction Report</b><br>This field will always contain zeros.  |       |          |       |
| 12        | <b>SUBJECT PREMIUM TOTAL</b>  | (N)   | 63-72    | 10    |
|           | A. <b>1st Report</b><br>Report the sum of premium amounts subject to experience modification prior to the application of the modification factor.<br><br>Electronic reporting—This field is required.<br><br>Hard copy reporting—For risks not subject to experience modification, this field may be blank. |       |          |       |
|           | B. <b>Exposure Correction Report</b><br>Report the revised subject premium total.<br><br>Electronic reporting—This field is required.<br><br>Hard copy reporting—For risks not subject to experience modification, this field may be blank.   |       |          |       |
|           | C. <b>Subsequent Report or Loss Correction Report</b><br>This field will always contain zeros.  |       |          |       |
|           | <b>NOTE:</b> This field is not applicable for CA as of the first 1995 Normal Anniversary Date.  |       |          |       |

**UNIT TOTAL RECORD (CONT'D)**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| T*        | <b>TOTAL MODIFIED PREMIUM</b><br>Report the sum of the total subject premium multiplied by the experience modification factor.<br><br>Hard copy field only.<br><br><b>NOTE:</b> This is a 10-digit field.<br><br>T*—Refer to hard copy example (Section 6) for placement of this data element.   |       |          |       |
| 13        | <b>STANDARD PREMIUM TOTAL</b><br><br>A. <b>1st Report</b><br>Report the sum of all premium dollars, both subject to modification and not subject to modification, which are to be included in standard premium.<br><br><b>NOTE 1:</b> With the exception of CA, premium discount (0063/0064) and the expense constant (0900), if applicable, will not be reflected in any premium totals, but will be reported as a detail item as per the Statistical Plan.<br><br>CA—(1) on policies with Normal Anniversary Dates prior to 1/1/95, premium discount and expense constant are not permitted; (2) for policies with Normal Anniversary Dates on or after 1/1/95, premium discount and expense constant should be reflected in Final Premium (see <b>NOTE 2</b> ).<br><br><b>NOTE 2:</b> CA—This field shall be used to report final premium for policies with a Normal Anniversary Date of 1/1/95 and later. Final premium is to be reported as defined in the 1995 Uniform Statistical Reporting Plan.<br><br>B. <b>Exposure Correction Report</b><br>Report the revised standard premium total.<br><br>C. <b>Subsequent Report or Loss Correction Report</b><br>This field will always contain zeros. | (N)   | 73–83    | 11    |
| 14        | <b>CLAIM COUNT TOTAL</b><br>Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>A. <b>1st Report</b><br>Individually listed claims will be counted as one claim. Claims reported using the grouping option will include the number of claims grouped.<br><br>B. <b>Exposure Correction Report</b><br>This field will always contain zeros.<br><br>C. <b>Subsequent Report or Loss Correction Report</b><br>This field will contain the revised number of claims.<br><br>NOT APPLICABLE: CA   | (N)   | 84–88    | 5     |
| 15        | <b>INCURRED INDEMNITY AMOUNT TOTAL</b><br>Report the total of the incurred indemnity amounts for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>A. <b>1st Report</b><br>Report the total of the incurred indemnity amounts on this report.<br><br>B. <b>Exposure Correction Report</b><br>This field will always contain zeros.<br><br>C. <b>Subsequent Report or Loss Correction Report</b><br>This will be the revised incurred indemnity total.   | (N)   | 89–98    | 10    |

**UNIT TOTAL RECORD (CONT'D)**

| Field No. | Field Title/Description  | Class | Position    | Bytes |                               |   |                |     |     |   |
|-----------|--|-------|-------------|-------|-------------------------------|---|----------------|-----|-----|---|
| 16        | <b>INCURRED MEDICAL AMOUNT TOTAL</b><br>Report the total of the incurred medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>A. <b>1st Report</b><br>Report the total of the incurred medical amounts on this report.<br><br>B. <b>Exposure Correction Report</b><br>This field will always contain zeros.<br><br>C. <b>Subsequent Report or Loss Correction Report</b><br>Report the revised incurred medical total.  | (N)   | 99–108      | 10    |                               |   |                |     |     |   |
| 17        | <b>RECORDS IN UNIT REPORT TOTAL</b><br>Report the total number of records including the unit total record reported for this unit report, excluding any ICR records (type 7).<br><br>Electronic field only.<br><br>Example: 1 header, 1 name, 1 address, 1 exposure, 10 losses and<br>1 unit total = 15 records.<br><br><b>NOTE:</b> NCCI—For Exposure Correction Reports, this field must be zero-filled when Position 114 is “1” (Totals as previously reported). This field must contain the actual number of records which comprise the Exposure Correction Report when Position 114 is “0” (Revised Totals).   | (N)   | 109–113     | 5     |                               |   |                |     |     |   |
| 18        | <b>PREVIOUSLY REPORTED CODE (NCCI ONLY)</b><br><br><b>ASWG NOTE:</b> Under ASWG format, report this field as zero for all correction reports, including Exposure Correction. A previously reported total record for exposure corrections is not required for an ASWG format.<br><br>The code in this position is used to indicate the “Previous” or “Revised” totals on Exposure Correction Reports.<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Totals as previously reported</td> </tr> <tr> <td>0</td> <td>Revised totals</td> </tr> </tbody> </table><br>Electronic field only.<br><br><b>NOTE:</b> Do not submit a previously reported total record for original first, subsequent and Loss Correction reports (i.e., for anything but an Exposure Correction, report this field as zero). | Code  | Description | 1     | Totals as previously reported | 0 | Revised totals | (N) | 114 | 1 |
| Code      | Description  |       |             |       |                               |   |                |     |     |   |
| 1         | Totals as previously reported  |       |             |       |                               |   |                |     |     |   |
| 0         | Revised totals   |       |             |       |                               |   |                |     |     |   |
| 19        | <b>RESERVED FOR FUTURE USE</b><br><br><b>ASWG NOTE:</b> The remainder of this record contains fields that are only applicable when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.   |       | 115–122     | 8     |                               |   |                |     |     |   |
| 20        | <b>PAID INDEMNITY AMOUNT TOTAL</b><br>Report the total of the paid indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>NOT APPLICABLE: CA, MI, NJ<br><br>OPTIONAL: NC  | (N)   | 123–132     | 10    |                               |   |                |     |     |   |

**UNIT TOTAL RECORD (CONT'D)**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 21        | <b>PAID MEDICAL AMOUNT TOTAL</b><br>Report the total of the paid medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>NOT APPLICABLE: CA, MI, NJ<br><br>OPTIONAL: NC   | (N)   | 133-142  | 10    |
| 22        | <b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL (MA ONLY)</b><br>Report the total of the incurred claimant's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>OPTIONAL: DE, NCCI, NC, PA                                     | (N)   | 143-152  | 10    |
| 23        | <b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL (DE, PA, MA ONLY)</b><br>Report the total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>OPTIONAL: NCCI, NC                                     | (N)   | 153-162  | 10    |
| 24        | <b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE(ALAE) AMOUNT TOTAL</b><br>Report the total of the paid ALAE reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>NOT APPLICABLE: CA, MI, MN, NJ  | (N)   | 163-172  | 10    |
| 25        | <b>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL</b><br>Report the total of the incurred ALAE reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.<br><br>NOT APPLICABLE: CA, MI, MN, NJ<br><br>OPTIONAL: DE, MA, NCCI, NY, NC, PA, WI | (N)   | 173-182  | 10    |
| 26        | <b>RESERVED FOR FUTURE USE</b>  |       | 183-250  | 68    |

ICR RECORD 7-A

| Field No. | Field Title/Description  | Class | Position  | Bytes |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
|-----------|--|-------|---|-------|-------------|----|------------------|----|---|----|--------------------------|----|---------------------------|----|-------------------|----|--|----|-----------------------------|----|-----------------------------|----|--------------------------------|----|--|----|--------------------|----|--|----|-----------------------|----|--|----|----------------------|----|--|----|-----------------------|----|---------------------------------------|----|---|----|--|----|---------------------------------------|----|---------------------------|----|-----------------------------|----|---|--|--|----|--|--|--|--|
| 1-8       | <b>LINK DATA</b>   |       | 1-40  | 40    |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.<br>NOT APPLICABLE: MI, MN, NC, WI<br>OPTIONAL: NCCI   | (N)   | 41  | 1     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "A".  | (AN)  | 42  | 1     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.   | (AN)  | 43-54   | 12    |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 12        | <b>RESERVE TYPE CODE</b><br>Report the 2-digit code that identifies the type of reserve for this claim:  | (N)   | 55-56   | 2     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
|           | <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Standard Reserve</td> <td>11</td> <td>Hunter Claim Offset N/A: DE, MA, NJ, PA</td> </tr> <tr> <td>01</td> <td>Stacked Estimate N/A: MA</td> <td>11</td> <td>Other Age Accrual MA only</td> </tr> <tr> <td>02</td> <td>Volunteer N/A: MA</td> <td>12</td> <td>Expected Early Termination or Settlement of Benefits N/A: DE, MA, NJ, PA</td> </tr> <tr> <td>03</td> <td>Questionable Compensability</td> <td>12</td> <td>Hunter Claim Offset MA only</td> </tr> <tr> <td>04</td> <td>Second Injury Fund Involvement</td> <td>13</td> <td>Expected Extension of Benefits for Minor Beneficiary N/A: DE, MA, , PA</td> </tr> <tr> <td>05</td> <td>Partial Dependency</td> <td>13</td> <td>Expected Early Termination or Settlement of Benefits MA only</td> </tr> <tr> <td>06</td> <td>Still Exposed N/A: MA</td> <td>14</td> <td>Death Claim Without Apparent Beneficiaries N/A: DE, MA, , PA</td> </tr> <tr> <td>07</td> <td>Last Exposed N/A: MA</td> <td>14</td> <td>Expected Extension of Benefits for Minor Beneficiary MA only</td> </tr> <tr> <td>08</td> <td>Stacked Award N/A: MA</td> <td>15</td> <td>Expected Recovery N/A: DE, MA, NJ, PA</td> </tr> <tr> <td>09</td> <td>Other Pension Value N/A: DE, MA, NJ, PA</td> <td>15</td> <td>Death Claim Without Apparent Beneficiaries MA only</td> </tr> <tr> <td>10</td> <td>Other Age Accrual N/A: DE, MA, NJ, PA</td> <td>16</td> <td>Expected Recovery MA only</td> </tr> <tr> <td>10</td> <td>Other Pension Value MA only</td> <td>17</td> <td>Permanent Total Claim weighted with surviving spouse. N/A: DE, NJ, NY, PA</td> </tr> <tr> <td></td> <td></td> <td>99</td> <td>All Other Situations Impacting Pension Reserve N/A: DE, NJ, PA</td> </tr> </tbody> </table> | Code  | Description   | Code  | Description | 00 | Standard Reserve | 11 | Hunter Claim Offset N/A: DE, MA, NJ, PA | 01 | Stacked Estimate N/A: MA | 11 | Other Age Accrual MA only | 02 | Volunteer N/A: MA | 12 | Expected Early Termination or Settlement of Benefits N/A: DE, MA, NJ, PA | 03 | Questionable Compensability | 12 | Hunter Claim Offset MA only | 04 | Second Injury Fund Involvement | 13 | Expected Extension of Benefits for Minor Beneficiary N/A: DE, MA, , PA | 05 | Partial Dependency | 13 | Expected Early Termination or Settlement of Benefits MA only | 06 | Still Exposed N/A: MA | 14 | Death Claim Without Apparent Beneficiaries N/A: DE, MA, , PA | 07 | Last Exposed N/A: MA | 14 | Expected Extension of Benefits for Minor Beneficiary MA only | 08 | Stacked Award N/A: MA | 15 | Expected Recovery N/A: DE, MA, NJ, PA | 09 | Other Pension Value N/A: DE, MA, NJ, PA | 15 | Death Claim Without Apparent Beneficiaries MA only | 10 | Other Age Accrual N/A: DE, MA, NJ, PA | 16 | Expected Recovery MA only | 10 | Other Pension Value MA only | 17 | Permanent Total Claim weighted with surviving spouse. N/A: DE, NJ, NY, PA |  |  | 99 | All Other Situations Impacting Pension Reserve N/A: DE, NJ, PA |  |  |  |
| Code      | Description  | Code  | Description   |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 00        | Standard Reserve   | 11    | Hunter Claim Offset N/A: DE, MA, NJ, PA                                   |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 01        | Stacked Estimate N/A: MA   | 11    | Other Age Accrual MA only   |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 02        | Volunteer N/A: MA  | 12    | Expected Early Termination or Settlement of Benefits N/A: DE, MA, NJ, PA  |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 03        | Questionable Compensability  | 12    | Hunter Claim Offset MA only   |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 04        | Second Injury Fund Involvement   | 13    | Expected Extension of Benefits for Minor Beneficiary N/A: DE, MA, , PA    |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 05        | Partial Dependency   | 13    | Expected Early Termination or Settlement of Benefits MA only              |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 06        | Still Exposed N/A: MA  | 14    | Death Claim Without Apparent Beneficiaries N/A: DE, MA, , PA              |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 07        | Last Exposed N/A: MA   | 14    | Expected Extension of Benefits for Minor Beneficiary MA only              |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 08        | Stacked Award N/A: MA  | 15    | Expected Recovery N/A: DE, MA, NJ, PA                                     |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 09        | Other Pension Value N/A: DE, MA, NJ, PA  | 15    | Death Claim Without Apparent Beneficiaries MA only                        |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 10        | Other Age Accrual N/A: DE, MA, NJ, PA  | 16    | Expected Recovery MA only   |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 10        | Other Pension Value MA only  | 17    | Permanent Total Claim weighted with surviving spouse. N/A: DE, NJ, NY, PA |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
|           |  | 99    | All Other Situations Impacting Pension Reserve N/A: DE, NJ, PA            |       |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 13        | <b>YEAR LAST EXPOSED</b><br>Format: YYYY.<br>NOT APPLICABLE: CA, NY<br>OPTIONAL: MA  | (N)   | 57-60   | 4     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 14        | <b>RESERVED FOR FUTURE USE</b>   |       | 61-68   | 8     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 15        | <b>CLASSIFICATION CODE</b><br>Report the appropriate 4-digit classification code in accordance with the appropriate Statistical Plan instructions.<br><br>OPTIONAL: CA   | (N)   | 69-72   | 4     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |
| 16        | <b>RESERVED FOR FUTURE USE</b>   |       | 73  | 1     |             |    |                  |    |   |    |                          |    |                           |    |                   |    |  |    |                             |    |                             |    |                                |    |  |    |                    |    |  |    |                       |    |  |    |                      |    |  |    |                       |    |                                       |    |   |    |  |    |                                       |    |                           |    |                             |    |   |  |  |    |  |  |  |  |

ICR RECORD 7-A (CONT'D)

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 17        | <b>INJURY CODE</b>  | (N)   | 74-75    | 2     |
|           | <b>Code Description</b>   |       |          |       |
|           | 01 Death  |       |          |       |
|           | 02 Permanent Total Disability   |       |          |       |
|           | 03 Major Permanent Partial Disability (CA, NJ only)   |       |          |       |
|           | 04 Minor Permanent Partial Disability (CA, NJ only)   |       |          |       |
|           | 05 Temporary Total or Temporary Partial Disability N/A: MA  |       |          |       |
|           | 06 Medical Claims Only N/A: MA  |       |          |       |
|           | 07 Contract Medical or Hospital Allowance N/A: MA   |       |          |       |
|           | 08 Compromise Death (CA only)   |       |          |       |
|           | 09 Permanent Partial Disability—N/A: CA, MA, NJ   |       |          |       |
|           | OPTIONAL: CA  |       |          |       |
| 18        | <b>LOSS COVERAGE CODE</b>   | (N)   | 76-77    | 2     |
|           | <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.<br>Report the 2-digit code that identifies whether the loss is covered under the State Act, USL&HW Act, Employers Liability, or Admiralty or FELA Benefits and that further identifies the basis of liability as either trauma, disease, cumulative injury, liability-over, or subrogation. Refer to the Statistical Plan for general definitions of the basis of liability. |       |          |       |
|           | OPTIONAL: CA  |       |          |       |
| 19        | <b>TRANSACTION TYPE CODE</b>  | (N)   | 78       | 1     |
|           | Report the appropriate 1-digit code as follows:   |       |          |       |
|           | <b>Code Description</b>   |       |          |       |
|           | 1 Initial Report  |       |          |       |
|           | 2 Subsequent Report   |       |          |       |
|           | 3 Revised Report (Jurisdiction Initiated)   |       |          |       |
|           | 4 Correction Report (Insurer Initiated)   |       |          |       |
|           | NOT APPLICABLE: CA, MA  |       |          |       |
| 20        | <b>WORKER'S SEX</b>   | (A)   | 79       | 1     |
|           | <b>Code Description</b>   |       |          |       |
|           | M Male  |       |          |       |
|           | F Female  |       |          |       |
| 21        | <b>ACCIDENT DATE</b>  | (N)   | 80-85    | 6     |
|           | Report the date on which the injury occurred. Format: YYMMDD.   |       |          |       |
| 22        | <b>DECEASED DATE</b>  | (N)   | 86-91    | 6     |
|           | Report the date on which the worker died. Format: YYMMDD.   |       |          |       |
| 23        | <b>REPORTED DATE</b>  | (N)   | 92-97    | 6     |
|           | Report the date on which the claim was reported to the insurer. Format: YYMMDD.   |       |          |       |
|           | OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA  |       |          |       |
| 24        | <b>BIRTH DATE</b>   | (N)   | 98-103   | 6     |
|           | Report the date on which the injured worker was born. Format: YYMMDD.   |       |          |       |
|           | OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)  |       |          |       |
| 25        | <b>RESERVED FOR FUTURE USE</b>  |       | 104-109  | 6     |

ICR RECORD 7-A (CONT'D)

| Field No.  | Field Title/Description   | Class | Position    | Bytes             |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
|--|---|-------|-------------|-------------------|-------------------------------------|------------|-----------------------------------|-----------------------|--|--|--|---------------------------------------|----------------------------|-----------------------------|----------------------------|--|-------------|---------|--------------------------------|-----|-----|---|
| 26   | <b>CLOSED DATE</b><br>Report the year and month on which the claim was closed in the insurer's statistical/accounting system. Format: YYMM.<br><br>OPTIONAL: CA   | (N)   | 110-113     | 4                 |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 27   | <b>RESERVED FOR FUTURE USE</b>  |       | 114-118     | 5                 |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 28   | <b>STATUS CODE</b><br>Report the 1-digit code that corresponds to the status of the claim as of the valuation date as follows:<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Open Claim (Final Payment Not Made)</td> </tr> <tr> <td>1</td> <td>Closed Claim (Final Payment Made)</td> </tr> <tr> <td>2</td> <td>Reopened Claim (Claim Previously Closed)—N/A: CA, MA</td> </tr> <tr> <td>3</td> <td>Resolved Claim (Agreement Reached or Award Made but Final Payment Not Made)—N/A: DE, MA, NY and PA</td> </tr> </tbody> </table>   | Code  | Description | 0                 | Open Claim (Final Payment Not Made) | 1          | Closed Claim (Final Payment Made) | 2                     | Reopened Claim (Claim Previously Closed)—N/A: CA, MA | 3  | Resolved Claim (Agreement Reached or Award Made but Final Payment Not Made)—N/A: DE, MA, NY and PA | (N)                                   | 119                        | 1                           |                            |  |             |         |                                |     |     |   |
| Code   | Description   |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 0  | Open Claim (Final Payment Not Made)   |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 1  | Closed Claim (Final Payment Made)   |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 2  | Reopened Claim (Claim Previously Closed)—N/A: CA, MA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 3  | Resolved Claim (Agreement Reached or Award Made but Final Payment Not Made)—N/A: DE, MA, NY and PA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 29   | <b>METHOD OF SETTLEMENT CODE</b><br><br><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.<br><br>Report the appropriate 1-digit code as follows:<br><br><table border="1"> <thead> <tr> <th>CODE</th> <th></th> </tr> </thead> <tbody> <tr> <td>0—Not Yet Settled</td> <td>NOT APPLICABLE: CA, DE, PA</td> </tr> <tr> <td>1—Lump Sum</td> <td>NOT APPLICABLE: CA, NJ</td> </tr> <tr> <td>2—Other Than Lump Sum</td> <td>NOT APPLICABLE: CA, NJ, MA</td> </tr> <tr> <td>3—Stipulated Award (Insurer/Claimant Settlement)</td> <td>NOT APPLICABLE: DE, MA, PA</td> </tr> <tr> <td>4—Findings and Award (Judicial Award)</td> <td>NOT APPLICABLE: DE, MA, PA</td> </tr> <tr> <td>5—Dismissed or Take Nothing</td> <td>NOT APPLICABLE: DE, MA, PA</td> </tr> <tr> <td>6—CA Compromise and Release or NJ Section 20</td> <td>CA, NJ only</td> </tr> <tr> <td>7—Other</td> <td>NOT APPLICABLE: DE, MA, NJ, PA</td> </tr> </tbody> </table> | CODE  |             | 0—Not Yet Settled | NOT APPLICABLE: CA, DE, PA          | 1—Lump Sum | NOT APPLICABLE: CA, NJ            | 2—Other Than Lump Sum | NOT APPLICABLE: CA, NJ, MA                           | 3—Stipulated Award (Insurer/Claimant Settlement) | NOT APPLICABLE: DE, MA, PA   | 4—Findings and Award (Judicial Award) | NOT APPLICABLE: DE, MA, PA | 5—Dismissed or Take Nothing | NOT APPLICABLE: DE, MA, PA | 6—CA Compromise and Release or NJ Section 20 | CA, NJ only | 7—Other | NOT APPLICABLE: DE, MA, NJ, PA | (N) | 120 | 1 |
| CODE   |   |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 0—Not Yet Settled                                | NOT APPLICABLE: CA, DE, PA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 1—Lump Sum                                       | NOT APPLICABLE: CA, NJ  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 2—Other Than Lump Sum                            | NOT APPLICABLE: CA, NJ, MA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 3—Stipulated Award (Insurer/Claimant Settlement) | NOT APPLICABLE: DE, MA, PA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 4—Findings and Award (Judicial Award)            | NOT APPLICABLE: DE, MA, PA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 5—Dismissed or Take Nothing                      | NOT APPLICABLE: DE, MA, PA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 6—CA Compromise and Release or NJ Section 20     | CA, NJ only   |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 7—Other  | NOT APPLICABLE: DE, MA, NJ, PA  |       |             |                   |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 30   | <b>RESERVED FOR FUTURE USE</b><br><br><b>ASWG NOTE:</b> The following fields are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.   |       | 121-122     | 2                 |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |
| 31   | <b>LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPE OF SETTLEMENT)</b><br>Report the five 2-digit codes for each loss condition: act, type of loss, type of recovery, type of claim, and type of settlement. Refer to additional definitions for loss conditions.<br><br>NOT APPLICABLE: CA<br><br>OPTIONAL: MA   | (N)   | 123-132     | 10                |                                     |            |                                   |                       |  |  |  |                                       |                            |                             |                            |  |             |         |                                |     |     |   |

ICR RECORD 7-A (CONT'D)

| Field No.                            | Field Title/Description   | Class | Position | Bytes |
|--------------------------------------|---|-------|----------|-------|
| <b>LOSS CONDITION CODES (CONT'D)</b> |   |       |          |       |
|                                      | <b>ACT—LOSS CONDITION CODES</b>   | (N)   | 123–124  | 2     |
| <b>Code</b>                          | <b>Description</b>  |       |          |       |
| 01                                   | State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act |       |          |       |
| 02                                   | USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes                               |       |          |       |
| 03                                   | Federal Coal Mine Health and Safety Act only (NCCI only)                              |       |          |       |
| 04                                   | Federal Coal Mine Health and Safety Act and/or the State Act (NCCI only)              |       |          |       |
| 05                                   | Oil & Other Mineral Over Water (NCCI only)  |       |          |       |
|                                      | <b>TYPE OF LOSS—LOSS CONDITION CODES</b>  | (N)   | 125–126  | 2     |
| <b>Code</b>                          | <b>Description</b>  |       |          |       |
| 01                                   | Trauma  |       |          |       |
| 02                                   | Occupational Disease  |       |          |       |
| 03                                   | Cumulative Injury Other Than Disease  |       |          |       |
|                                      | <b>TYPE OF RECOVERY—LOSS CONDITION CODES</b>  | (N)   | 127–128  | 2     |
| <b>Code</b>                          | <b>Description</b>  |       |          |       |
| 01                                   | No Recovery   |       |          |       |
| 02                                   | Second Injury Fund Only—N/A: CA   |       |          |       |
| 03                                   | Subrogation Only (Third Party)  |       |          |       |
| 04                                   | Subrogation With Second Injury (Third Party)—N/A: CA                                  |       |          |       |
| 05                                   | Joint Coverage—Without Subrogation (CA, MA only)                                      |       |          |       |
| 06                                   | Joint Coverage—With Subrogation (CA only)   |       |          |       |
|                                      | <b>TYPE OF CLAIM—LOSS CONDITION CODES</b>   | (N)   | 129–130  | 2     |
| <b>Code</b>                          | <b>Description</b>  |       |          |       |
| 01                                   | Workers Compensation Only   |       |          |       |
| 02                                   | Employers Liability Only  |       |          |       |
| 03                                   | Workers Compensation & Employers Liability  |       |          |       |
| 04                                   | Liability Over—N/A: CA, NJ  |       |          |       |
| 05                                   | Excess Benefits (NCCI only)   |       |          |       |
| 06                                   | Excess Special Compensation (NCCI only)   |       |          |       |
|                                      | <b>TYPE OF SETTLEMENT—LOSS CONDITION CODES</b>  | (N)   | 131–132  | 2     |
| <b>Code</b>                          | <b>Description</b>  |       |          |       |
| 00                                   | Claim Not Subject to Settlement   |       |          |       |
| 01                                   | Noncompensable, Previously Alleged (CA only)  |       |          |       |
| 03                                   | Stipulated Award (Insurer/Claimant Settlement)—N/A: MA, NY                            |       |          |       |
| 04                                   | Findings and Award (Judicial Award)—N/A: MA, NY                                       |       |          |       |
| 05                                   | Dismissal or Take Nothing (Noncompensable)  |       |          |       |
| 06                                   | Compromise Settlement—N/A: MA, NY   |       |          |       |
| 07                                   | No Safety Devices (NCCI only)   |       |          |       |
| 08                                   | Exemplary Damages (NCCI only)   |       |          |       |
| 09                                   | All Other Settlements—N/A: NJ   |       |          |       |
| <b>32</b>                            | <b>RESERVED FOR FUTURE USE</b>  |       | 133–139  | 7     |

ICR RECORD 7-A (CONT'D)

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 33        | <b>JURISDICTION STATE CODE</b><br>Report the 2-digit state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state is different from the exposure state.<br><br>NOT APPLICABLE: CA<br>OPTIONAL: MA   | (N)   | 140-141  | 2     |
| 34        | <b>MANAGED CARE ORGANIZATION TYPE CODE</b><br>Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses to this claim.<br><br><b>Code Description</b><br>00 The claim is not administered by an approved/certified Managed Care Organization<br>01 The claim's medical losses are administered by an approved/certified Managed Care Organization not specifically identified by Codes 02-05 below—N/A: CA, MA<br>02 The claim's medical losses are administered by a Health Maintenance Organization—N/A: CA, NJ<br>03 The claim's medical losses are administered by a Preferred Provider Organization—N/A: CA, NJ<br>04 The claim's medical losses are administered by an Exclusive Provider Organization—N/A: CA, MA, NJ<br>05 The claim's medical losses are administered by an Independent Practice Association—N/A: CA, MA, NJ<br>06 The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time. —N/A: DE, MA, NJ, PA<br><br>NOT APPLICABLE: CA<br>OPTIONAL: MA | (N)   | 142-143  | 2     |
| 35        | <b>LUMP SUM INDICATOR</b><br>Report the value that identifies a lump sum agreement for the claim.<br><br><b>Indicator Description</b><br>Y Claim has been settled by an agreement to a lump sum amount.<br>N Claim has not been settled with a lump sum agreement.<br><br>NOT APPLICABLE: CA, NJ, NY<br>OPTIONAL: MA   | (A)   | 144      | 1     |
| 36        | <b>FRAUDULENT CLAIM CODE</b><br>Report the 2-digit code that identifies the involvement of fraud in the claim.<br><br><b>Code Description</b><br>00 Not Fraudulent<br>01 Partially Fraudulent<br>02 Fully Fraudulent<br><br>NOT APPLICABLE: CA, MA, NJ   | (N)   | 145-146  | 2     |

**ICR RECORD 7-A (CONT'D)**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 37        | <b>SOCIAL SECURITY OFFSET INDICATOR</b><br>Report the code that identifies claims where the cost of living factor used in establishing the claim reserve has been limited to due eligibility of the claimant for social security benefits. | (A)   | 147      | 1     |
|           | <b>Code Description</b>  |       |          |       |
|           | Y Claim reserve or payments have been modified by Social Security Offset.  |       |          |       |
|           | N Claim reserve or payments have not been modified by Social Security Offset.  |       |          |       |
|           | NOT APPLICABLE: DE, NJ, PA   |       |          |       |
| 38        | <b>RESERVED FOR FUTURE USE</b>   |       | 148-249  | 102   |
| 39        | <b>ASWG UNIT SUBMISSION CODE</b><br>Report an "A" in this field to indicate that this record includes ASWG Additional and Restructured elements; otherwise, leave blank.   | (A)   | 250      | 1     |

**ICR RECORD 7-B**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>  |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI  | (N)   | 41       | 1     |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "B".   | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.  | (AN)  | 43-54    | 12    |
| 12        | <b>AVERAGE WEEKLY WAGE AMOUNT</b><br>Report the full average weekly wage amount of the injured worker rounded to the nearest whole dollar.  | (N)   | 55-59    | 5     |
| 13        | <b>INJURY DESCRIPTION CODE—BODY PART</b><br>Report the 2-digit code that identifies the injured body part.<br><br><b>NOTE:</b> Refer to Injury Description Code table of appropriate Statistical Plan.<br><br>OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA   | (N)   | 60-61    | 2     |
| 14        | <b>INJURY DESCRIPTION CODE—NATURE OF INJURY</b><br>Report the 2-digit code that identifies the nature of the injury.<br><br><b>NOTE:</b> Refer to Injury Description Code table of appropriate Statistical Plan.<br><br>OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA                                   | (N)   | 62-63    | 2     |
| 15        | <b>INJURY DESCRIPTION CODE—CAUSE OF INJURY</b><br>Report the 2-digit code that identifies the cause of the accident.<br><br><b>NOTE:</b> Refer to Injury Description Code table of appropriate Statistical Plan.<br><br>OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA                                   | (N)   | 64-65    | 2     |
| 16        | <b>INCURRED COST OF TEMPORARY INDEMNITY AMOUNT TOTAL</b><br>Report the total incurred indemnity amount (paid + outstanding) as of the valuation date for benefits related to temporary loss of earnings due to lost time from work.<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD) | (N)   | 66-74    | 9     |
| 17        | <b>SCHEDULED INDEMNITY—PERCENTAGE OF DISABILITY</b><br>Report the percentage of loss, or loss of use, of the specific body member on which the scheduled indemnity benefit is based.<br><br>Report to the nearest whole percentage.<br><br>NOT APPLICABLE: PA<br>OPTIONAL: MA                         | (N)   | 75-77    | 3     |

ICR RECORD 7-B (CONT'D)

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 18        | <b>SCHEDULED INDEMNITY—BODY MEMBER CODE</b><br>Report the 2-digit code that corresponds to the part of the body on which the scheduled indemnity benefit is based as referred to in appropriate Statistical Plan.<br><br>OPTIONAL: CA, MA | (N)   | 78–79    | 2     |
| 19        | <b>SCHEDULED INDEMNITY—NUMBER OF WEEKS</b><br>Report the number of weeks upon which the scheduled indemnity benefit is based.<br><br>Report whole weeks, not rounded.<br><br>NOT APPLICABLE: MA<br><br>OPTIONAL: CA                       | (N)   | 80–83    | 4     |
| 20        | <b>SCHEDULED INDEMNITY—INCURRED LOSS AMOUNT TOTAL</b><br>Report the incurred indemnity amount (paid + outstanding) as of the valuation date of all scheduled benefits.<br><br>Report whole dollars only.<br><br>OPTIONAL: CA              | (N)   | 84–92    | 9     |
| 21        | <b>NUMBER. OF WEEKS FOR TEMPORARY BENEFIT</b><br>Report the number of weeks for benefits related to temporary loss of earnings due to lost time from work.<br><br>NOT APPLICABLE: CA,<br>OPTIONAL: MA                                     | (N)   | 93–96    | 4     |
| 22        | <b>RESERVED FOR FUTURE USE</b>  |       | 97–102   | 6     |
| 23        | <b>SCHEDULED INDEMNITY—PERCENTAGE OF DISABILITY</b><br>Same as Position 75–77 above.<br><br>To be used in the event of a multiple scheduled injury.<br><br>OPTIONAL: CA, MA   | (N)   | 103–105  | 3     |
| 24        | <b>SCHEDULED INDEMNITY—BODY MEMBER CODE</b><br>Same as Position 78–79 above.<br><br>To be used in the event of a multiple scheduled injury.<br><br>OPTIONAL: CA, MA   | (N)   | 106–107  | 2     |
| 25        | <b>SCHEDULED INDEMNITY—NUMBER OF WEEKS</b><br>Same as Position 80–83 above.<br><br>To be used in the event of a multiple scheduled injury.<br><br>NOT APPLICABLE: MA<br><br>OPTIONAL: CA  | (N)   | 108–111  | 4     |
| 26        | <b>SCHEDULED INDEMNITY—INCURRED LOSS AMOUNT TOTAL</b><br>Same as Position 84–92 above.<br><br>To be used in the event of a multiple scheduled injury.<br><br>OPTIONAL: CA   | (N)   | 112–120  | 9     |
| 27        | <b>RESERVED FOR FUTURE USE</b>  |       | 121–250  | 130   |

ICR RECORD 7-C

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>   |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br>OPTIONAL: NCCI  | (N)   | 41       | 1     |
| 10        | <b>SUB- RECORD TYPE CODE</b><br>Enter "C".<br><br>OPTIONAL: CA   | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.   | (AN)  | 43-54    | 12    |
| 12        | <b>NONSCHEDULED INDEMNITY—PERCENTAGE DISABILITY</b><br>Report the percentage of whole body upon which the nonscheduled indemnity benefit (other than scheduled body member code) was based.<br><br>NOT APPLICABLE: CA,<br>OPTIONAL: MA                         | (N)   | 55-57    | 3     |
| 13        | <b>NONSCHEDULED INDEMNITY—INCURRED LOSS AMOUNT TOTAL</b><br>Report the total incurred indemnity amount (paid + outstanding) as of the valuation date on all nonscheduled benefits. Report whole dollars only.<br><br>NOT APPLICABLE: CA                        | (N)   | 58-66    | 9     |
| 14        | <b>EMPLOYERS LIABILITY OR OTHER INDEMNITY AMOUNT INCURRED</b><br><br>NOT APPLICABLE: CA  | (N)   | 67-75    | 9     |
| 15        | <b>VOCATIONAL REHABILITATION—INCURRED AMOUNT TOTAL</b><br>Report the incurred total (paid + outstanding) of any vocational rehabilitation expenses incurred as of the valuation date.<br><br>NOT APPLICABLE: NY<br><br>OPTIONAL: CA                            | (N)   | 76-84    | 9     |
| 16        | <b>PENSION INDEMNITY BENEFITS—PAID TO VALUATION DATE AMOUNT</b><br>Report the amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment.<br><br>Report amount to the nearest whole dollar.<br><br>NOT APPLICABLE: CA | (N)   | 85-93    | 9     |
| 17        | <b>PRESENT VALUE OF FUTURE INDEMNITY PAYMENT AMOUNT TOTAL</b><br>Report the present value of total future indemnity payment amount.<br><br>Report amount to the nearest whole dollar.<br><br>NOT APPLICABLE: CA  | (N)   | 94-102   | 9     |
| 18        | <b>FUNERAL ALLOWANCE AMOUNT</b><br>Report the amount of funeral allowance rounded to the nearest whole dollar.<br><br>OPTIONAL: CA   | (N)   | 103-111  | 9     |

ICR RECORD 7-C (CONT'D)

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 19        | <b>LUMP SUM REMARRIAGE PAYMENT AMOUNT</b><br>Report the amount paid upon the remarriage of the injured worker's spouse.<br><br>Report amount to the nearest whole dollar.<br><br>NOT APPLICABLE: CA, MA | (N)   | 112-120  | 9     |
| 20        | <b>RESERVED FOR FUTURE USE</b>  |       | 121-250  | 130   |

**ICR RECORD 7-D**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>   |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI  | (N)   | 41       | 1     |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "D".  | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.   | (AN)  | 43-54    | 12    |
| 12        | <b>INDEMNITY INCURRED AMOUNT TOTAL</b><br>Report the total indemnity incurred amount (paid + outstanding) for the claim as of the valuation date. This total must be net of subrogation, Social Security or any other benefit offsets. This total should include any temporary, scheduled, nonscheduled, pension indemnity and Vocational Rehabilitation amounts plus any legal fees incurred on behalf of the claimant.<br><br>Report the total rounded to nearest whole dollar.<br><br>For PA and DE only, exclude legal fees.<br><br>OPTIONAL: CA | (N)   | 55-64    | 10    |
| 13        | <b>MEDICAL INCURRED AMOUNT TOTAL</b><br>Report the total medical incurred (paid + outstanding) as of valuation date. This total must be net of any subrogation, Social Security or any other benefit offsets.<br><br>Report the total rounded to nearest whole dollar.<br><br>OPTIONAL: CA   | (N)   | 65-74    | 10    |
| 14        | <b>PAID TOTAL INDEMNITY TO VALUATION DATE AMOUNT</b><br>Report the paid total indemnity to valuation date amount.<br><br>Report the amount rounded to nearest whole dollar.<br><br>OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA   | (N)   | 75-84    | 10    |
| 15        | <b>PAID TOTAL MEDICAL TO VALUATION DATE AMOUNT</b><br>Report the paid total medical to valuation date amount.<br><br>Report the amount rounded to nearest whole dollar.<br><br>OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA   | (N)   | 85-94    | 10    |
| 16        | <b>SOCIAL SECURITY OFFSET AMOUNT</b><br>Report the amount of Social Security or any other offset used in calculation of the total incurred indemnity amount.<br><br>Report amount rounded to nearest whole dollar.<br><br>NOT APPLICABLE: CA, DE, PA   | (N)   | 95-103   | 9     |

ICR RECORD 7-D (CONT'D)

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 17        | <b>PENSION INDEMNITY AMOUNT PREVIOUSLY RESERVED, NOT PAID</b><br>Report the amount of pension indemnity reserved at a previous valuation, but not yet paid (i.e., accruals).<br><br>NOT APPLICABLE: CA, NY | (N)   | 104-113  | 10    |
| 18        | <b>RESERVED FOR FUTURE USE</b>   |       | 114-250  | 137   |

ICR RECORD 7-E

| Field No. | Field Title/Description   | Class | Position    | Bytes |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
|-----------|---|-------|-------------|-------|------------------------|---|---------------------|-----|---------|---|-------------------|---|---------------------|---|--------------------|---|---|---|---------------|-----|----|---|
| 1-8       | <b>LINK DATA</b>  |       | 1-40        | 40    |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI   | (N)   | 41          | 1     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 10        | <b>SUB- RECORD TYPE CODE</b><br>Enter "E".  | (AN)  | 42          | 1     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.  | (AN)  | 43-54       | 12    |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 12        | <b>BENEFICIARY CODE—RELATIONSHIP</b><br>Report the 1-digit code corresponding to each different type of beneficiary as follows:<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Injured Worker—N/A: CA</td> </tr> <tr> <td>2</td> <td>Widow</td> </tr> <tr> <td>3</td> <td>Widower</td> </tr> <tr> <td>4</td> <td>Sons or Daughters</td> </tr> <tr> <td>5</td> <td>Brothers or Sisters</td> </tr> <tr> <td>6</td> <td>Mothers or Fathers</td> </tr> <tr> <td>7</td> <td>Handicapped Child—N/A: CA, DE, MA, NJ, PA</td> </tr> <tr> <td>9</td> <td>Other—N/A: MA</td> </tr> </tbody> </table><br>NOTE: Use Code 7 for "Other" in DE, MA, PA. | Code  | Description | 1     | Injured Worker—N/A: CA | 2 | Widow               | 3   | Widower | 4 | Sons or Daughters | 5 | Brothers or Sisters | 6 | Mothers or Fathers | 7 | Handicapped Child—N/A: CA, DE, MA, NJ, PA | 9 | Other—N/A: MA | (N) | 55 | 1 |
| Code      | Description   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 1         | Injured Worker—N/A: CA  |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 2         | Widow   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 3         | Widower   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 4         | Sons or Daughters   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 5         | Brothers or Sisters   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 6         | Mothers or Fathers  |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 7         | Handicapped Child—N/A: CA, DE, MA, NJ, PA   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 9         | Other—N/A: MA   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 13        | <b>BENEFICIARY CODE—DEPENDENCY</b><br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>T</td> <td>Totally Dependent</td> </tr> <tr> <td>P</td> <td>Partially Dependent</td> </tr> </tbody> </table><br>NOT APPLICABLE: DE, NJ, NY, PA   | Code  | Description | T     | Totally Dependent      | P | Partially Dependent | (A) | 56      | 1 |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| Code      | Description   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| T         | Totally Dependent   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| P         | Partially Dependent   |       |             |       |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 14        | <b>BENEFICIARY BIRTH DATE</b><br>Report the beneficiary's birth date.<br>Format: YYMMDD.  | (N)   | 57-62       | 6     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 15        | <b>BENEFICIARY CODE—RELATIONSHIP</b><br>Same as Position 55 above.  | (N)   | 63          | 1     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 16        | <b>BENEFICIARY CODE—DEPENDENCY</b><br>Same as Position 56 above.  | (A)   | 64          | 1     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 17        | <b>BENEFICIARY BIRTH DATE</b><br>Same as Position 57-62 above.  | (N)   | 65-70       | 6     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 18        | <b>BENEFICIARY CODE—RELATIONSHIP</b><br>Same as Position 55 above.  | (N)   | 71          | 1     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |
| 19        | <b>BENEFICIARY CODE—DEPENDENCY</b><br>Same as Position 56 above.  | (A)   | 72          | 1     |                        |   |                     |     |         |   |                   |   |                     |   |                    |   |   |   |               |     |    |   |

ICR RECORD 7-E (CONT'D)

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 20        | <b>BENEFICIARY BIRTH DATE</b><br>Same as 13 above.  | (N)   | 73-78    | 6     |
| 21        | <b>BENEFICIARY CODE—RELATIONSHIP</b><br>Same as 11 above.   | (N)   | 79       | 1     |
| 22        | <b>BENEFICIARY CODE—DEPENDENCY</b><br>Same as 12 above.   | (A)   | 80       | 1     |
| 23        | <b>BENEFICIARY BIRTH DATE</b><br>Same as 13 above.  | (N)   | 81-86    | 6     |
| 24        | <b>BENEFICIARY CODE—RELATIONSHIP</b><br>Same as 11 above.   | (N)   | 87       | 1     |
| 25        | <b>BENEFICIARY CODE—DEPENDENCY</b><br>Same as 12 above.   | (A)   | 88       | 1     |
| 26        | <b>BENEFICIARY BIRTH DATE</b><br>Same as 13 above.  | (N)   | 89-94    | 6     |
| 27        | <b>RESERVED FOR FUTURE USE</b>  |       | 95-96    | 2     |
| 28        | <b>NAME OF INSURED</b><br>Report the first 24 characters of the insured's name.<br><br>OPTIONAL: CA | (AN)  | 97-120   | 24    |
| 29        | <b>RESERVED FOR FUTURE USE</b>  |       | 121-250  | 130   |

**ICR RECORD 7-F**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>  |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI | (N)   | 41       | 1     |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "F".<br><br>OPTIONAL: CA (IF REPORTING ASWG FORMAT)  | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.    | (AN)  | 43-54    | 12    |
| 12        | <b>CARRIER NAME</b><br>Report the first 18 characters of the insurer's name.<br><br>NOT APPLICABLE: CA<br><br>OPTIONAL: MA  | (AN)  | 55-72    | 18    |
| 13        | <b>WORKER'S LAST NAME</b><br>Report the first 18 characters of the worker's last name.<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)              | (AN)  | 73-90    | 18    |
| 14        | <b>WORKER'S OCCUPATION</b><br>Report the first 18 characters of the worker's occupation.<br><br>OPTIONAL: CA, MA  | (AN)  | 91-108   | 18    |
| 15        | <b>SOCIAL SECURITY NUMBER</b><br>Report the 9-digit Social Security Number of the claimant.<br><br>NOT APPLICABLE: DE, NY, PA<br><br>OPTIONAL: MA                     | (N)   | 109-117  | 9     |
| 16        | <b>RESERVED FOR FUTURE USE</b>  |       | 118-250  | 133   |

**ICR RECORD 7-G**

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>  |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br>NOT APPLICABLE: MI, MN, NC, WI<br>OPTIONAL: NCCI   | (N)   | 41       | 1     |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "G".<br>NOT APPLICABLE: NY   | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.  | (AN)  | 43-54    | 12    |
| 12        | <b>PAID HOSPITAL COSTS TO VALUATION AMOUNT</b><br>NOT APPLICABLE: DE, PA<br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA  | (N)   | 55-63    | 9     |
| 13        | <b>LEGAL EXPENSE—DEFENSE AMOUNT</b><br>NOT APPLICABLE: DE, PA<br>OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA  | (N)   | 64-72    | 9     |
| 14        | <b>LEGAL EXPENSE—CLAIMANT AMOUNT</b><br>Report the legal and witness fee amount incurred by the claimant and awarded by a judge or referee as compensation.<br>Report the amount rounded to nearest whole dollar.<br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA | (N)   | 73-81    | 9     |
| 15        | <b>TOTAL GROSS INCURRED AMOUNT</b><br>NOT APPLICABLE: DE, MA, NJ, PA  | (N)   | 82-91    | 10    |
| 16        | <b>VOCATIONAL REHABILITATION—INDEMNITY AMOUNT</b><br>NOT APPLICABLE: DE, NJ, PA<br>OPTIONAL: MA   | (N)   | 92-100   | 9     |
| 17        | <b>VOCATIONAL REHABILITATION—TRAINING AMOUNT</b><br>NOT APPLICABLE: DE, NJ, PA<br>OPTIONAL: MA  | (N)   | 101-109  | 9     |
| 18        | <b>VOCATIONAL REHABILITATION—EVALUATION AMOUNT</b><br>NOT APPLICABLE: DE, NJ, PA<br>OPTIONAL: MA  | (N)   | 110-118  | 9     |
| 19        | <b>RESERVED FOR FUTURE USE</b>  |       | 119-250  | 132   |

**ICR RECORD 7-H**

| Field No. | Field Title/Description  | Class | Position    | Bytes |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
|-----------|--|-------|-------------|-------|------------------|----|--------------------|----|------------|----|-----------|----|----------|----|---------|----|-------------------------|----|--|----|-------|-----|-------|---|
| 1-8       | <b>LINK DATA</b>   |       | 1-40        | 40    |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI  | (N)   | 41          | 1     |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "H".<br><br>NOT APPLICABLE: NY<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)  | (AN)  | 42          | 1     |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.   | (AN)  | 43-54       | 12    |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 12        | <b>HIRE DATE</b><br>Report the date on which the injured worker began his/her most recent employment with the employer.<br><br>Format: YYMMDD.<br><br>NOT APPLICABLE: DE, MA, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)   | (N)   | 55-60       | 6     |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 13        | <b>EMPLOYMENT STATUS CODE</b><br>Report the 2-digit code corresponding to the injured worker's employment status as of the date the claim was first reported to the insurer.<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Regular Employee</td> </tr> <tr> <td>02</td> <td>Part-Time Employee</td> </tr> <tr> <td>03</td> <td>Unemployed</td> </tr> <tr> <td>04</td> <td>On Strike</td> </tr> <tr> <td>05</td> <td>Disabled</td> </tr> <tr> <td>06</td> <td>Retired</td> </tr> <tr> <td>07</td> <td>Reserved For Future Use</td> </tr> <tr> <td>08</td> <td>Unemployed Due to Plant Shutdown, Closing or Other Reduction</td> </tr> <tr> <td>09</td> <td>Other</td> </tr> </tbody> </table><br>NOT APPLICABLE: MA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD) | Code  | Description | 01    | Regular Employee | 02 | Part-Time Employee | 03 | Unemployed | 04 | On Strike | 05 | Disabled | 06 | Retired | 07 | Reserved For Future Use | 08 | Unemployed Due to Plant Shutdown, Closing or Other Reduction | 09 | Other | (N) | 61-62 | 2 |
| Code      | Description  |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 01        | Regular Employee   |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 02        | Part-Time Employee   |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 03        | Unemployed   |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 04        | On Strike  |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 05        | Disabled   |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 06        | Retired  |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 07        | Reserved For Future Use  |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 08        | Unemployed Due to Plant Shutdown, Closing or Other Reduction   |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |
| 09        | Other  |       |             |       |                  |    |                    |    |            |    |           |    |          |    |         |    |                         |    |  |    |       |     |       |   |

ICR RECORD 7-H (CONT'D)

| Field No. | Field Title/Description   | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 14        | <b>PAID TEMPORARY DISABILITY BENEFITS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount paid as of the valuation date in Temporary Disability Benefits.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA  | (N)   | 63-72    | 10    |
| 15        | <b>PAID PERMANENT PARTIAL BENEFITS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount paid as of the valuation date in Permanent Partial Disability Benefits.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA   | (N)   | 73-82    | 10    |
| 16        | <b>PAID VOCATIONAL REHABILITATION BENEFITS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount paid as of the valuation date in Vocational Rehabilitation Benefits (including training, evaluation and vocational rehabilitation indemnity).<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA | (N)   | 83-92    | 10    |
| 17        | <b>PAID PERMANENT TOTAL BENEFITS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount paid as of the valuation date in Permanent Total Benefits.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA  | (N)   | 93-102   | 10    |
| 18        | <b>PAID DEATH BENEFITS TO VALUATION DATE AMOUNT</b><br>Report the total dollar amount paid as of the valuation date in Death Benefits.<br><br>Report amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA  | (N)   | 103-112  | 10    |
| 19        | <b>RESERVED FOR FUTURE USE</b>  |       | 113-250  | 138   |

**ICR RECORD 7-I**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>   |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI  | (N)   | 41       | 1     |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "I".<br><br>NOT APPLICABLE: NY<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)  | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.   | (AN)  | 43-54    | 12    |
| 12        | <b>PAID SINGLE SUM SETTLEMENT AMOUNT TO VALUATION DATE AMOUNT</b><br>Report the dollar amount in indemnity benefits that have been paid as of the valuation date as a single amount and which cannot be allocated to one of the benefit types reported in Sub-Record Type H, Positions 63-112.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: NJ<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)   | (N)   | 55-64    | 10    |
| 13        | <b>PAID PHYSICIAN COSTS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA   | (N)   | 65-74    | 10    |
| 14        | <b>PAID APPLICANT'S MEDICAL EVALUATIONS COSTS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount paid as of the valuation date for medical evaluations procured by the applicant or the applicant's attorney, excluding evaluations performed by the treating physician or by a qualified medical evaluator (QME) selected from a panel for an unrepresented worker.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA | (N)   | 75-84    | 10    |

ICR RECORD 7-I (CONT'D)

| Field No. | Field Title/Description   | Class | Position    | Bytes |   |   |                                       |     |     |     |     |   |
|-----------|---|-------|-------------|-------|---|---|---------------------------------------|-----|-----|-----|-----|---|
| 15        | <b>PAID DEFENSE MEDICAL EVALUATIONS TO VALUATION DATE AMOUNTS</b><br>Report the dollar amount paid as of the valuation date for medical evaluations procured by the insurer, excluding evaluations performed by the treating physician or by a qualified medical evaluator (QME) selected from a panel for an unrepresented worker.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA   | (N)   | 85-94       | 10    |   |   |                                       |     |     |     |     |   |
| 16        | <b>PAID INDEPENDENT/AGREED MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT</b><br>Report the dollar amount paid as of the valuation date for medical evaluations procured by agreement of the parties or by appointment by the governmental agency, including the cost of an evaluation performed by the treating physician acting in the capacity of an agreed medical evaluator.<br><br>Report the amount to the nearest whole dollar.<br><br>NOT APPLICABLE: DE, NJ, PA<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA                           | (N)   | 95-104      | 10    |   |   |                                       |     |     |     |     |   |
| 17        | <b>SURGERY CODE</b><br>Report the 1-digit code reflecting whether or not the injured worker's injury required surgery as follows:<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </tbody> </table><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA   | Code  | Description | 1     | Yes   | 2 | No                                    | (N) | 105 | 1   |     |   |
| Code      | Description   |       |             |       |   |   |                                       |     |     |     |     |   |
| 1         | Yes   |       |             |       |   |   |                                       |     |     |     |     |   |
| 2         | No  |       |             |       |   |   |                                       |     |     |     |     |   |
| 18        | <b>ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE</b><br>Report the 1-digit code reflecting whether or not the injured worker has an attorney or authorized representative as follows:<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes—Attorney Disclosure Form (DWC Form 3) Filed (CA only)</td> </tr> <tr> <td>2</td> <td>Yes—No Attorney Disclosure Form Filed</td> </tr> <tr> <td>3</td> <td>No</td> </tr> </tbody> </table><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA | Code  | Description | 1     | Yes—Attorney Disclosure Form (DWC Form 3) Filed (CA only) | 2 | Yes—No Attorney Disclosure Form Filed | 3   | No  | (N) | 106 | 1 |
| Code      | Description   |       |             |       |   |   |                                       |     |     |     |     |   |
| 1         | Yes—Attorney Disclosure Form (DWC Form 3) Filed (CA only)   |       |             |       |   |   |                                       |     |     |     |     |   |
| 2         | Yes—No Attorney Disclosure Form Filed   |       |             |       |   |   |                                       |     |     |     |     |   |
| 3         | No  |       |             |       |   |   |                                       |     |     |     |     |   |
| 19        | <b>ATTORNEY DISCLOSURE FORM RECEIVED DATE (CA ONLY)</b><br>Report the date the Attorney Disclosure Form (DWC Form 3) was received by the insurer.<br><br>Format: YYMMDD.<br><br>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), NCCI  | (N)   | 107-112     | 6     |   |   |                                       |     |     |     |     |   |
| 20        | RESERVED FOR FUTURE USE   |       | 113-250     | 138   |   |   |                                       |     |     |     |     |   |

ICR RECORD 7-J

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1-8       | <b>LINK DATA</b>   |       | 1-40     | 40    |
| 9         | <b>RECORD TYPE CODE</b><br>Enter "7".<br><br>NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY<br><br>NOT APPLICABLE: MI, MN, NC, WI<br><br>OPTIONAL: NCCI  | (N)   | 41       | 1     |
| 10        | <b>SUB-RECORD TYPE CODE</b><br>Enter "J".<br><br>NOT APPLICABLE: CA, NY  | (AN)  | 42       | 1     |
| 11        | <b>CLAIM NUMBER</b><br>Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.   | (AN)  | 43-54    | 12    |
| 12        | <b>ANNUITY PURCHASE AMOUNT</b><br>Report the purchase price (cost to the insurer) for the annuity purchased.<br><br>Report amount to the nearest whole dollar.<br><br>NOT APPLICABLE: MA, NJ   | (N)   | 55-64    | 10    |
| 13        | <b>RESERVED FOR FUTURE USE</b>   |       | 65-74    | 10    |
| 14        | <b>SINGLE SUM PAID DATE</b><br>Report the date (YYMMDD) on which the single sum/commutation payment was made to the claimant.<br><br>NOT APPLICABLE: NJ  | (N)   | 75-80    | 6     |
| 15        | <b>DATA PROVIDER COMMENTS</b><br>Report any information relevant to the reserve or pension calculation. This text may be used for any commentary on the claim that may eliminate verification requests from the DCO. For example, at the data provider's option they may express the pension value, weekly benefit, duration of dependent child's benefits or applicability of any cost of living increases. | (A)   | 81-140   | 60    |
| 16        | <b>RESERVED FOR FUTURE USE</b>   |       | 141-250  | 110   |

**SUBMISSION CONTROL RECORD**

| Field No. | Field Title/Description  | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 1         | <b>FILLER</b><br>Fill the first 40 characters of this record with nines.   | (N)   | 1–40     | 40    |
| 2         | <b>RECORD TYPE CODE</b><br>Enter "9".<br><br>NOT APPLICABLE FOR HARD COPY REPORTING  | (N)   | 41       | 1     |
| 3         | <b>DETAIL RECORD COUNT TOTAL</b><br>Report the total number of records on the tape including the transmittal record, excluding this submission control record.<br><br><b>NCCI AND WI ONLY:</b> Count each record in the submission as one record, excluding the submission control record (Record Type 9).<br><br>Electronic field only. | (N)   | 42–49    | 8     |
| 4         | <b>UNIT REPORTS SUBMITTED TOTAL</b><br>Report the total number of unit reports submitted on the submission tape.<br><br><b>NCCI AND WI ONLY:</b> Count each Header Record (Record Type 1) in the submission as one record if option to not submit Unit Control Record (Record Type 6) is chosen.<br><br>Electronic field only.           | (N)   | 50–56    | 7     |
| 5         | <b>PRIMARY EFFECTIVE MONTH/YEAR</b><br>Report the primary effective year and month of this submission.<br>Format: YYYYMM.<br><br>Required only if the Transmittal Record is used.<br><br>Electronic field only.  | (N)   | 57–62    | 6     |
| 6         | <b>ICR TOTAL</b><br>Report the total number of ICRs on this submission.<br><br>NOT APPLICABLE: MI, MN, WI<br><br>OPTIONAL: NCCI<br><br>Electronic field only.  | (N)   | 63–70    | 8     |
| 7         | <b>RESERVED FOR FUTURE USE</b><br><br><b>ASWG NOTE:</b> The following fields are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.  |       | 71–249   | 179   |
| 8         | <b>ASWG TAPE SUBMISSION CODE</b><br>Report the 1-letter code that describes this submission tape:<br><br><b>Code Description</b><br>T ASWG Test Tape Submission<br>P ASWG Production Tape Submission<br><br>Leave this code blank for non-ASWG tape submissions.<br><br>Electronic field only.   | (A)   | 250      | 1     |

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**SECTION 4**

**DCO DIFFERENCES IN SPECIFICATIONS**

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|   | CA  | MA                | MI                | MN                | NC                | NCCI              | NJ  | NY  | PA/DE | WI                |
|---|-----|-------------------|-------------------|-------------------|-------------------|-------------------|-----|-----|-------|-------------------|
| <b>LINK DATA</b>  |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Carrier Code  |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Policy Number Identifier  |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Unit/Certificate Number Identifier                                |     | N/A               | N/A               | N/A               | N/A               | N/A               | N/A | N/A | N/A   | N/A               |
| Exposure State Code   |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Policy Effective Date   |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Report Level Code/Report Number                                   | +   |                   |                   |                   |                   |                   | +   |     |       |                   |
| Correction Sequence Number  |     |                   |                   |                   |                   |                   |     |     |       |                   |
| <b>HEADER RECORD</b>  |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Record Type Code  |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Policy Conditions Code<br><i>(not applicable for ASWG format)</i> | +   | +                 | +                 | +                 | +                 | +                 | +   | +   | +     | +                 |
| Policy Expiration or Cancellation Date                            |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Risk ID Number  | OPT |                   |                   | OPT               | OPT               | OPT               | N/A |     | N/A   | OPT               |
| Original Administration Number Identifier                         | N/A | N/A               | N/A               | N/A               | N/A               |                   | N/A | N/A | N/A   |                   |
| Term Code   |     |                   |                   |                   |                   |                   |     |     |       |                   |
| Employee Leasing Code   | N/A | N/A               | N/A               | N/A               | N/A               |                   | N/A | N/A | N/A   | N/A               |
| Policy Type Identification Code                                   | N/A | N/A               | N/A               | N/A               | N/A               |                   | N/A | N/A | N/A   | N/A               |
| Replacement Report Code   | N/A | ±                 |                   | N/A               | N/A               |                   | N/A | N/A | N/A   |                   |
| Correction Type Code  | +   | See note for L, A | See note for L, A | See note for L, A | See note for L, A | See note for L, A | +   | +   | +     | See note for L, A |
| State Effective Date  | N/A |                   | N/A               |                   |                   |                   |     |     |       |                   |
| Federal Employer Identification Number (FEIN)                     | OPT |                   | OPT               | N/A               | OPT               | OPT               | N/A |     |       | OPT               |
| (ASWG) Policy Conditions Indicator                                | +   |                   |                   |                   |                   |                   | N/A |     |       |                   |
| Policy Type ID Codes:   |     |                   |                   |                   |                   |                   | N/A |     |       |                   |
| • Type of Coverage  | +   | +                 | +                 | +                 | +                 | +                 | N/A | +   | +     | +                 |

DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS

|   | CA       | MA  | MI  | MN  | NC  | NCCI | NJ  | NY  | PA/DE | WI  |
|---|----------|-----|-----|-----|-----|------|-----|-----|-------|-----|
| •   |          |     |     |     |     |      |     |     |       |     |
| • Plan Code   | +        |     | +   | +   | +   | +    | N/A | +   | +     | +   |
| • Non Standard Type   | +        | +   | +   | +   | +   | +    | N/A | +   | +     | +   |
| Deductible Type Code  | N/A      |     | N/A | +   | +   | +    | N/A |     |       | N/A |
| Deductible Percent Factor   | N/A      | NA  | N/A |     | N/A |      | N/A |     |       | N/A |
| Deductible Amount Per Claim/Accident                                  | N/A      |     | N/A |     |     |      | N/A |     |       | N/A |
| Deductible Amount—Aggregate   | N/A      |     | N/A |     |     |      | N/A |     |       | N/A |
| Previous Report Level Code/Report Number                              |          |     |     | N/A |     |      |     |     |       |     |
| Revised Report Level Code/Report Number<br><i>(Hard Copy only)</i>    |          |     |     | N/A |     |      |     |     |       |     |
| Previous Correction Sequence Number                                   |          |     |     | N/A |     | N/A  |     |     |       |     |
| Revised Correction Sequence Number<br><i>(Hard Copy only)</i>         |          |     |     | N/A |     |      |     |     |       |     |
| Previous Carrier Code   |          |     |     | N/A |     |      |     |     |       |     |
| Revised Carrier Code<br><i>(Hard Copy only)</i>                       |          |     |     | N/A |     |      |     |     |       |     |
| Previous Policy Number Identifier                                     |          |     |     | N/A |     |      |     |     |       |     |
| Revised Policy Number Identifier<br><i>(Hard Copy only)</i>           |          |     |     | N/A |     |      |     |     |       |     |
| Previous Policy Effective Date  |          |     |     | N/A |     |      |     |     |       |     |
| Revised Policy Effective Date<br><i>(Hard Copy only)</i>              |          |     |     | N/A |     |      |     |     |       |     |
| Previous Exposure State Code  |          |     |     | N/A |     |      |     |     |       |     |
| Revised Exposure State Code<br><i>(Hard Copy only)</i>                |          |     |     | N/A |     |      |     |     |       |     |
| Previous Unit/Certificate Number Identifier                           |          | N/A | N/A | N/A | N/A | N/A  | N/A | N/A | N/A   | N/A |
| Revised Unit/Certificate Number Identifier<br><i>(Hard Copy only)</i> |          | N/A | N/A | N/A | N/A | N/A  | N/A | N/A | N/A   | N/A |
| ASWG Unit Submission Code   | See note |     |     |     |     |      |     |     |       |     |
| Card Serial Number<br><i>(Hard Copy only)</i>                         |          |     |     |     | N/A |      |     |     |       |     |
| Page Number<br><i>(Hard Copy only)</i>                                |          |     |     |     |     |      |     |     |       |     |
| Last Page Number<br><i>(Hard Copy only)</i>                           |          |     |     |     |     |      |     |     |       |     |
| Pending File Number<br><i>(Hard Copy only)</i>                        |          |     |     |     |     |      |     |     |       |     |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|   | CA       | MA       | MI  | MN       | NC  | NCCI     | NJ       | NY  | PA/DE    | WI       |
|---|----------|----------|-----|----------|-----|----------|----------|-----|----------|----------|
| <b>NAME RECORD</b>                                |          |          |     |          |     |          |          |     |          |          |
| Record Type Code                                  |          |          |     |          |     |          |          |     |          |          |
| Insured Name                                      |          | See note |     |          |     | See note | See note |     |          |          |
| <b>ADDRESS RECORD</b>                             | OPT      | OPT      | OPT | OPT      | OPT | OPT      | OPT      | OPT | OPT      | OPT      |
| Record Type Code                                  |          |          |     |          |     |          |          |     |          |          |
| Insured Address                                   |          |          |     |          |     | See note | See note |     |          |          |
| <b>EXPOSURE RECORD</b>                            |          |          |     |          |     |          |          |     |          |          |
| Record Type Code                                  |          |          |     |          |     |          |          |     |          |          |
| Classification Code                               |          |          |     | See note |     | See note |          |     | See note | See note |
| Previously Reported Code                          |          |          |     |          |     |          |          |     |          |          |
| Exposure Act/Exposure Coverage Code               |          |          |     |          |     |          |          |     |          |          |
| Experience Modification Factor                    |          |          |     |          |     |          |          |     |          |          |
| Experience Modification Effective Date            |          |          |     |          |     |          |          |     |          |          |
| Rate Effective Date                               |          |          |     | See note |     |          |          |     |          |          |
| Exposure Amount                                   |          |          |     |          |     |          |          |     |          |          |
| Premium Amount                                    | See note |          |     |          |     |          |          |     |          |          |
| Manual/Charged Rate                               | N/A      |          |     |          |     |          |          |     |          |          |
| Split Period Code                                 | N/A      |          |     |          |     |          | +        |     |          |          |
| Rating Tier ID Code                               | N/A      | N/A      | N/A | N/A      | N/A |          | N/A      | N/A | N/A      | N/A      |
| Update Type Code                                  |          |          |     |          |     |          |          |     |          |          |
| Exposure Act/ Exposure Coverage Code              | +        | +        | +   | +        | +   | +        | +        | +   | +        | +        |
| Premium Discount Amount ( <b>Hard Copy only</b> ) |          |          |     |          |     |          |          |     |          |          |
| Expense Constant Amount ( <b>Hard Copy only</b> ) |          |          |     |          |     |          |          |     |          |          |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|   | CA       | MA  | MI  | MN  | NC  | NCCI     | NJ       | NY  | PA/DE | WI       |
|---|----------|-----|-----|-----|-----|----------|----------|-----|-------|----------|
| <b>LOSS RECORD</b>                              |          |     |     |     |     |          |          |     |       |          |
| Record Type Code                                |          |     |     |     |     |          |          |     |       |          |
| Classification Code                             |          |     |     |     |     |          |          |     |       |          |
| Previously Reported Code                        |          |     |     |     |     |          |          |     |       |          |
| Loss Coverage Code                              |          |     |     |     |     |          |          |     |       |          |
| Claim Count                                     | See note |     |     |     |     | See note | See note |     |       | See note |
| Accident Date                                   |          |     |     |     |     |          |          |     |       |          |
| Claim Number                                    | See note |     |     |     |     |          |          |     |       |          |
| Claim Status Code                               | +        | +   | +   | +   | +   | +        | +        | +   | +     | +        |
| Weekly Wage Amount                              |          | N/A | N/A | N/A | N/A | N/A      | N/A      | N/A | N/A   | N/A      |
| Injury Code (Injury Type)                       |          |     |     |     |     |          |          |     |       |          |
| Catastrophe Number                              |          |     |     |     |     |          |          |     |       |          |
| Incurred Indemnity Amount                       |          |     |     |     |     |          |          |     |       |          |
| Incurred Medical Amount                         |          |     |     |     |     |          |          |     |       |          |
| Social Security. Number.                        | See note |     | N/A |     | OPT | N/A      | N/A      | N/A | OPT   | N/A      |
| Update Type Code                                |          |     |     |     |     |          |          |     |       |          |
| Loss Condition Codes:                           |          |     |     |     |     |          |          |     |       |          |
| • Act   | +        | +   | +   | +   | +   |          | +        | +   | +     | +        |
| • Type of Loss                                  |          |     |     |     |     |          |          |     |       |          |
| • Type of Recovery                              | +        | +   | +   | +   |     | +        | +        | +   | +     | +        |
| • Type of Claim                                 | +        | +   | +   | +   | +   |          | +        | +   | +     | +        |
| • Type of Settlement                            | +        | +   | +   | +   | +   | +        | +        | +   | +     | +        |
| Total Incurred Vocational Rehabilitation Amount |          | N/A | N/A | N/A | N/A | N/A      | N/A      | N/A | N/A   | N/A      |
| Jurisdiction State Code                         |          |     |     |     | OPT |          |          |     |       |          |
| Managed Care Organization Type Code             | +        | +   | +   | +   |     |          | +        |     |       |          |
| Injury Description Code                         |          |     | N/A |     |     |          | N/A      |     |       |          |
| Occupation Description                          | OPT      | OPT | N/A | N/A |     | OPT      | N/A      | N/A |       | N/A      |
| Vocational Rehabilitation Indicator             |          |     |     |     |     |          | N/A      | N/A |       |          |
| Lump Sum Indicator                              | N/A      |     |     | N/A | OPT |          | N/A      |     | N/A   |          |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|  | CA             | MA       | MI       | MN       | NC       | NCCI     | NJ       | NY       | PA/DE    | WI       |
|--|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Fraudulent Claim Code                                    | +              | N/A      | N/A      | N/A      |          |          | N/A      |          |          | N/A      |
| Paid Indemnity Amount                                    | N/A            |          | N/A      |          | OPT      |          | N/A      |          |          |          |
| Paid Medical Amount                                      | N/A            |          | N/A      |          | OPT      |          | N/A      |          |          |          |
| Claimant's Attorney Fees Incurred Amount                 | N/A            |          | N/A      | N/A      | OPT      | OPT      | N/A      | N/A      | OPT      | N/A      |
| Employer's Attorney Fees Incurred Amount                 | N/A            |          | N/A      | N/A      | OPT      | OPT      | N/A      | N/A      |          | N/A      |
| Deductible Reimbursement Amount                          | N/A            | N/A      | N/A      | N/A      | N/A      |          | N/A      | N/A      | N/A      | N/A      |
| Total Gross Incurred Amount                              |                | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      |
| Paid Allocated Loss Adjustment Expense (ALAE)—Amount     | N/A            |          | N/A      | N/A      |          |          | N/A      |          |          |          |
| Incurred Allocated Loss Adjustment Expense (ALAE)—Amount | N/A            | OPT      | N/A      | N/A      | OPT      | OPT      | N/A      | OPT      | OPT      | OPT      |
| Scheduled Indemnity—Percentage of Disability             |                | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      |
| <b>UNIT TOTAL RECORD</b>                                 |                |          |          |          |          | OPT*     |          |          |          |          |
| Record Type Code   |                |          |          |          |          |          |          |          |          |          |
| Exposure—Payroll Total                                   |                |          |          |          |          |          |          |          |          |          |
| Exposure—Other Than Payroll Total                        |                |          |          |          |          |          |          |          |          |          |
| Subject Premium Total                                    | See note       |          |          |          |          |          |          |          |          |          |
| Total Modified Premium ( <i>Hard Copy only</i> )         |                |          |          |          |          |          |          |          |          |          |
| Standard Premium Total                                   | See note       | See note | See note | See note | See note | See note | See note | See note | See note | See note |
| Claim Count Total  | N/A            |          |          |          |          |          |          |          |          |          |
| Incurred Indemnity Amount Total                          |                |          |          |          |          |          |          |          |          |          |
| Incurred Medical Amount Total                            |                |          |          |          |          |          |          |          |          |          |
| Records in Unit Report Total                             |                |          |          |          |          | See note |          |          |          |          |
| Previously Reported Code                                 | N/A            | N/A      | N/A      | N/A      | N/A      | See note | N/A      | N/A      | N/A      | N/A      |
| Paid Indemnity Amount Total                              | <del>N/A</del> |          | N/A      |          | OPT      |          | N/A      |          |          |          |
| Paid Medical Amount Total                                | <del>N/A</del> |          | N/A      |          | OPT      |          | N/A      |          |          |          |
| Claimant's Attorney Fees Amount Total                    | N/A            |          | N/A      | N/A      | OPT      | OPT      | N/A      | N/A      | OPT      | N/A      |
| Employer's Attorney Fees Amount Total                    | N/A            |          | N/A      | N/A      | OPT      | OPT      | N/A      | N/A      |          | N/A      |
| Paid Allocated Loss Adjustment Amount Total              | <del>N/A</del> |          | N/A      | N/A      |          |          | N/A      |          |          |          |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|  | CA  | MA       | MI         | MN         | NC         | NCCI        | NJ  | NY  | PA/DE | WI         |
|--|---|----------|------------|------------|------------|-------------|-----|-----|-------|------------|
| Incurring Allocated Loss Adjustment Amount Total | N/A   | OPT      | N/A        | N/A        | OPT        | OPT         | N/A | OPT | OPT   | OPT        |
| <b>ICR RECORD 7-A</b>                            | <b>N/A if ASWG</b>                            |          | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |       | <b>N/A</b> |
| Record Type Code                                 |   |          |            |            |            |             |     |     |       |            |
| Sub-Record Type Code                             |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Claim Number                                     |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Reserve Type Code                                | N/A   | +        | N/A        | N/A        | N/A        |             | +   |     | +     | N/A        |
| Year Last Exposed                                | N/A   | OPT      | N/A        | N/A        | N/A        |             |     | N/A |       | N/A        |
| Classification Code                              | OPT   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Injury Code                                      | OPT<br>+                                      | +        | N/A        | N/A        | N/A        | +           | +   |     |       | N/A        |
| Loss Coverage Code                               | OPT   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Transaction Type Code                            | N/A   | N/A      | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Workers Sex                                      |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Accident Date                                    |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Deceased Date                                    |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Reported Date                                    | OPT<br>(effective on or after 7/98 valuation) | OPT      | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Birth Date                                       | OPT<br>(effective on or after 7/98 valuation) |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Closed Date                                      | OPT   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Status Code                                      | +   | +        | N/A        | N/A        | N/A        |             |     | +   | +     | N/A        |
| Method of Settlement Code                        | +   | +        | N/A        | N/A        | N/A        | +           | +   | +   | +     | N/A        |
| Loss Condition Codes:                            | N/A   | OPT      | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| • Act  | N/A   | +        | N/A        | N/A        | N/A        |             | +   | +   | +     | N/A        |
| • Type of Loss                                   | N/A   | OPT      | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| • Type of Recovery                               | N/A   | +        | N/A        | N/A        | N/A        | +           | +   | +   | +     | N/A        |
| • Type of Claim                                  | N/A   | +        | N/A        | N/A        | N/A        |             | +   | +   | +     | N/A        |
| • Type of Settlement                             | N/A   | +        | N/A        | N/A        | N/A        | +           | +   | +   | +     | N/A        |
| Jurisdiction State Code                          | N/A   | OPT      | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Managed Care Organization Type Code              | N/A   | OPT<br>+ | N/A        | N/A        | N/A        |             | +   |     | +     | N/A        |
| Lump Sum Indicator                               | N/A   | N/A      | N/A        | N/A        | N/A        |             | N/A |     |       | N/A        |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|  | CA   | MA  | MI         | MN         | NC         | NCCI        | NJ  | NY  | PA/DE    | WI         |
|--|--|-----|------------|------------|------------|-------------|-----|-----|----------|------------|
| Fraudulent Claim Code                                    | N/A  | N/A | N/A        | N/A        | N/A        |             | N/A |     |          | N/A        |
| Social Security Offset Indicator                         |  |     | N/A        | N/A        | N/A        |             | N/A |     | N/A      | N/A        |
| ASWG Unit Submission Code                                |  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| <b>ICR RECORD 7-B</b>                                    | <b>N/A if ASWG</b>                         |     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |          | <b>N/A</b> |
| Record Type Code   |  |     |            |            |            |             |     |     |          |            |
| Sub-Record Type Code                                     |  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Claim Number   |  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Average Weekly Wage Amount                               |  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Injury Description Code—Body Part                        | OPT if ASWG                                | OPT | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Injury Description Code—Nature of Injury                 | OPT if ASWG                                | OPT | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Injury Description Code—Cause of Injury                  | OPT if ASWG                                | OPT | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Incurred Cost of Temporary Indemnity Amount Total        | OPT (effective on or after 7/98 valuation) |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Scheduled Indemnity—Percentage of Disability             | 103-105 is N/A)                            | OPT | N/A        | N/A        | N/A        |             |     |     | N/A (PA) | N/A        |
| Scheduled Indemnity—Body Member Code                     | OPT  | OPT | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Scheduled Indemnity—Number of Weeks                      | OPT  | N/A | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Scheduled Indemnity—Incurred Loss Amount Total           | OPT  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Number of Weeks for Temporary Benefit                    | N/A  | OPT | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| <b>ICR Record 7-C</b>                                    | <b>N/A if ASWG</b>                         |     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |          | <b>N/A</b> |
| Record Type Code   |  |     |            |            |            |             |     |     |          |            |
| Sub-Record Type Code                                     | OPT  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Claim Number   |  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Nonscheduled Indemnity—Percentage Disability             | N/A  | OPT | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Nonscheduled Indemnity—Incurred Loss Amount Total        | N/A  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Employers Liability or Other Indemnity Amount Incurred   | N/A  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |
| Vocational Rehabilitation—Incurred Amount Total          | OPT  |     | N/A        | N/A        | N/A        |             |     | N/A |          | N/A        |
| Pension Indemnity Benefits—Paid to Valuation Date Amount | N/A  |     | N/A        | N/A        | N/A        |             |     |     |          | N/A        |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|  | CA   | MA        | MI         | MN         | NC         | NCCI        | NJ  | NY  | PA/DE         | WI         |
|--|--|-----------|------------|------------|------------|-------------|-----|-----|---------------|------------|
| Present Value of Future Indemnity Payment Amount Total | N/A  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Funeral Allowance Amount                               | OPT  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Lump Sum Remarriage Payment Amount                     | N/A  | N/A       | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| <b>ICR Record 7-D</b>                                  | <b>N/A if ASWG</b>                         |           | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |               | <b>N/A</b> |
| Record Type Code                                       |  |           |            |            |            |             |     |     |               |            |
| Sub-Record Type Code                                   |  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Claim Number   |  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Indemnity Incurred Amount Total                        | OPT  |           | N/A        | N/A        | N/A        |             |     |     | See note      | N/A        |
| Medical Incurred Amount Total                          | OPT  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Paid Total Indemnity to Valuation Date Amount          | OPT IF ASWG                                | OPT       | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Paid Total Medical to Valuation Date Amount            | OPT IF ASWG                                | OPT       | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Social Security Offset Amount                          | N/A  |           | N/A        | N/A        | N/A        |             |     |     | N/A           | N/A        |
| Pension Indemnity Amount Previously Reserved, Not Paid | N/A  |           | N/A        | N/A        | N/A        |             |     | N/A |               | N/A        |
| <b>ICR Record 7-E</b>                                  | <b>N/A if ASWG</b>                         |           | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |               | <b>N/A</b> |
| Record Type Code                                       |  |           |            |            |            |             |     |     |               |            |
| Sub-Record Type Code                                   |  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Claim Number   |  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Beneficiary Code—Relationship                          | +  | +See note | N/A        | N/A        | N/A        |             | +   |     | +, 9 See note | N/A        |
| Beneficiary Code—Dependency                            |  |           | N/A        | N/A        | N/A        |             | N/A | N/A | N/A           | N/A        |
| Beneficiary Birth Date                                 |  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Name of Insured  | OPT  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| <b>ICR Record 7-F</b>                                  | <b>N/A if ASWG</b>                         |           | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |               | <b>N/A</b> |
| Record Type Code                                       |  |           |            |            |            |             |     |     |               |            |
| Sub-Record Type Code                                   | OPT if ASWG                                |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Claim Number   |  |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Carrier Name   | N/A  | OPT       | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Workers Last Name                                      | OPT (effective on or after 7/98 valuation) |           | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Workers Occupation                                     | OPT  | OPT       | N/A        | N/A        | N/A        |             |     |     |               | N/A        |
| Social Security Number                                 |  | OPT       | N/A        | N/A        | N/A        |             |     | N/A | N/A           | N/A        |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|   | CA   | MA  | MI         | MN         | NC         | NCCI        | NJ  | NY  | PA/DE | WI         |
|---|--|-----|------------|------------|------------|-------------|-----|-----|-------|------------|
| <b>ICR Record 7-G</b>                                       | <b>N/A if ASWG</b>                         |     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |       | <b>N/A</b> |
| Record Type Code  |  |     |            |            |            |             |     |     |       |            |
| Sub-Record Type Code  |  |     | N/A        | N/A        | N/A        |             |     | N/A |       | N/A        |
| Claim Number  |  |     | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Paid Hospital Costs to Valuation Amount                     | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             |     |     | N/A   | N/A        |
| Legal Expense—Defense Amount                                | OPT if ASWG                                | OPT | N/A        | N/A        | N/A        |             |     |     | N/A   | N/A        |
| Legal Expense—Claimant Amount                               | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Total Gross Incurred Amount                                 |  | N/A | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Vocational Rehabilitation—Indemnity Amount                  |  | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Vocational Rehabilitation—Training Amount                   |  | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Vocational Rehabilitation—Evaluation Amount                 |  | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| <b>ICR Record 7-H</b>                                       | <b>N/A if ASWG</b>                         |     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |       | <b>N/A</b> |
| Record Type Code  |  |     |            |            |            |             |     |     |       |            |
| Sub-Record Type Code  | OPT (effective on or after 7/98 valuation) |     | N/A        | N/A        | N/A        |             |     | N/A |       | N/A        |
| Claim Number  |  |     | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Hire Date   | OPT (effective on or after 7/98 valuation) | N/A | N/A        | N/A        | N/A        |             |     |     | N/A   | N/A        |
| Employment Status Code                                      | OPT (effective on or after 7/98 valuation) | N/A | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Paid Temporary Disability Benefits to Valuation Date Amount | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             |     |     | N/A   | N/A        |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|  | CA   | MA  | MI         | MN         | NC         | NCCI        | NJ  | NY  | PA/DE | WI         |
|--|--|-----|------------|------------|------------|-------------|-----|-----|-------|------------|
| Paid Permanent Partial Benefits to Valuation Date Amount             | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Paid Vocational Rehabilitation Benefits to Valuation Date Amount     | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             |     |     | N/A   | N/A        |
| Paid Permanent Total Benefits to Valuation Date Amount               | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Paid Death Benefits to Valuation Date Amount                         | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| <b>ICR Record 7-I</b>  | <b>N/A if ASWG</b>                         |     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |       | <b>N/A</b> |
| Record Type Code   |  |     |            |            |            |             |     |     |       |            |
| Sub-Record Type Code   | OPT (effective on or after 7/98 valuation) |     | N/A        | N/A        | N/A        |             |     | N/A |       | N/A        |
| Claim Number   |  |     | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Paid Single Sum Settlement Amount to Valuation Date Amount           | OPT (effective on or after 7/98 valuation) |     | N/A        | N/A        | N/A        |             | N/A |     |       | N/A        |
| Paid Physicians Costs to Valuation Date Amount                       | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             |     |     | N/A   | N/A        |
| Paid Applicants Medical Evaluations Costs to Valuation Date Amount   | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Paid Defense Medical Evaluations to Valuation Date Amounts           | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |
| Paid Independent/Agreed Medical Evaluations to Valuation Date Amount | OPT (effective on or after 7/98 valuation) | OPT | N/A        | N/A        | N/A        |             | N/A |     | N/A   | N/A        |

**DCO DIFFERENCES  
IN WCSTAT ELECTRONIC SPECIFICATIONS**

|  | CA  | MA       | MI         | MN         | NC         | NCCI        | NJ  | NY  | PA/DE | WI         |
|--|---|----------|------------|------------|------------|-------------|-----|-----|-------|------------|
| Surgery Code                                       | OPT<br>(effective on or after 7/98 valuation) | OPT      | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Attorney or Authorized Representative Code         | OPT<br>(effective on or after 7/98 valuation) | OPT<br>+ | N/A        | N/A        | N/A        | +           | +   | +   | +     | N/A        |
| Attorney Disclosure Form Received Date             | OPT<br>(effective on or after 7/98 valuation) | N/A      | N/A        | N/A        | N/A        | OPT         | N/A | N/A | N/A   | N/A        |
| <b>ICR Record 7-J</b>                              | <b>N/A if ASWG</b>                            |          | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> | <b>OPT*</b> |     |     |       | <b>N/A</b> |
| Record Type Code                                   |   |          |            |            |            |             |     |     |       |            |
| Sub-Record Type Code                               | N/A   |          | N/A        | N/A        | N/A        |             |     | N/A |       | N/A        |
| Claim Number                                       |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| Annuity Purchase Amount                            |   | N/A      | N/A        | N/A        | N/A        |             | N/A |     |       | N/A        |
| Single Sum Paid Date                               |   |          | N/A        | N/A        | N/A        |             | N/A |     |       | N/A        |
| Data Provider Comments                             |   |          | N/A        | N/A        | N/A        |             |     |     |       | N/A        |
| <b>Submission Control Record (Electronic Only)</b> |   |          |            |            |            |             |     |     |       |            |
| Detail Record Count Total                          |   |          |            |            |            | See note    |     |     |       | See note   |
| Unit Reports Submitted Total                       |   |          |            |            |            | See note    |     |     |       | See note   |
| Primary Effective Month/Year                       |   |          |            |            |            |             |     |     |       |            |
| ICR Total  |   |          | N/A        | N/A        |            | OPT         |     |     |       | N/A        |
| ASWG Tape Submission Code                          |   |          |            |            |            |             |     |     |       |            |

• If submitted to NCCI, fields will be required as indicated.

+ The data element is applicable, however some code values may be optional or not applicable for this DCO. Refer to the data element description for details.

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**SECTION 5**

**APPENDIX**

**POLICY TYPE ID CODE DEFINITIONS**

**TYPE OF COVERAGE CODE**

| Description   | Code | Definition   |
|---|------|--|
| Standard Workers Compensation Policy                        | 01   | Coverage contemplated by the manual/charged rate and classification code to which the exposure amount has been assigned under the provisions of a Workers Compensation and Employers Liability policy. |
| Alternative Workers Compensation Policy                     | 02   | Coverage comparable or similar to State and Federal Workers Compensation coverage and Benefits but written as an alternative to the standard Workers Compensation policy.                              |
| Group Policy  | 03   | Refer to the Statistical Plans.  |
| Reserved for Future Use                                     | 04   |  |
| Large Risk Rating Option (Alternative Retrospective Rating) | 05   | Standard coverage as described in Code 01, but policy has provisions for a large risk rating option.   |
| Nonstandard Workers Compensation Policy                     | 09   | The Standard Workers Compensation policy has been endorsed to either provide additional coverage or to limit the coverage.   |

**PLAN INDICATOR CODE**

| Description                           | Code | Definition   |
|---------------------------------------|------|--|
| Voluntary Policy                      | 01   | Policy is written voluntarily by the insurer.  |
| Normal Assigned Risk Policy           | 02   | The insured is unable to secure Workers Compensation insurance in the voluntary market, and obtains coverage under a State Workers Compensation Insurance Plan. The plan assigns the policy to a servicing insurer that issues the policy and administers the claims. The policy is reinsured by the member companies under the State Workers Compensation Insurance Plan.   |
| Not Available                         | 03   | Used for WCPOLS.   |
| Not Available                         | 04   | Used for WCPOLS.   |
| Assigned Risk Policy Voluntary Direct | 05   | The insured is unable to secure Workers Compensation insurance in the voluntary market, and obtains coverage within a Workers Compensation Assigned Risk Pool. The policy is assigned to and written by an insurer that volunteers and qualifies as a voluntary direct assigned risk insurer. The policy is not reinsured by the pool but the acceptance of the voluntary direct assignments reduces the insurer's pool assessment obligation. |
| Assigned Risk Policy Mandatory Direct | 06   | The insured is unable to secure Workers Compensation insurance in the voluntary market and obtains coverage within a Workers Compensation Assigned Risk Pool. The policy is assigned to and written by an insurer that was mandated by the regulator to become a mandatory direct assigned insurer. The policy is not reinsured by the pool but the mandatory direct assignment reduces the insurer's pool assessment obligation.              |

**POLICY TYPE ID CODE DEFINITIONS**

**NONSTANDARD TYPE CODE**

| <b>Description</b>   | <b>Code</b> | <b>Definition</b>   |
|--|-------------|---|
| Nonstandard does not apply   | 01          | Coverage as described under the standard Workers Compensation and Employers Liability policy without Nonstandard exclusions, endorsements, or exceptions.   |
| Excluding Medical  | 02          | Coverage as described under the standard Workers Compensation and Employers Liability policy, except that the insured pays for all medical and hospital services as required by Workers Compensation law.   |
| Reserved for Future Use  | 03          |   |
| Reserved for Future Use  | 04          |   |
| Excess   | 05          | Coverage as described under the standard Workers Compensation and Employers Liability policy except coverage was endorsed by the Excess Special Endorsement.  |
| Excess Medical   | 06          | Coverage as described under the standard Workers Compensation and Employers Liability policy, except that the insurer provides indemnification for the amount by which medical payments made by the employers as required by Workers Compensation law exceeds a specified per claim or per accident retention.  |
| Reserved for Future Use  | 07          |   |
| State Act Excluding Officers, Partners, Sole Proprietors or Others | 08          | Coverage under the standard Workers Compensation and Employers Liability policy, except that endorsed by the Sole Proprietors, Partners, Officers, and Others or similar endorsements.  |
| Voluntary Coverage Not Mandatory                                   | 09          | Coverage under the standard Workers Compensation and Employer's Liability policy except that endorsed by the Voluntary Compensation Endorsement. The Endorsement affords the benefits of a designated compensation law as if the affected employees were subject to that law, even though the law does not require payment of benefits to such employees. |
| Self-Insured Group   | 99          | Risk is self-insured by participation in a self-insured group.  |

**DEDUCTIBLE TYPE CODE DEFINITIONS**

**First Position**

| <b>Description</b>         | <b>Code</b> | <b>Definition</b>  |
|----------------------------|-------------|--|
|                            | 00          | No deductible applies.   |
| Medical Losses only        | 01          | Deductible applies to medical portion of the loss only.  |
| Indemnity Losses only      | 02          | Deductible applies to indemnity portion of the loss only.  |
| Medical & Indemnity Losses | 03          | Deductible applies proportionately to the medical and indemnity portions of the loss.<br>For example, a loss has indemnity of \$50,000 (2/3 of the loss) and medical of \$25,000 (1/3 of the loss). With a deductible amount of \$10,000, \$6,700 (2/3) would be applied to the indemnity portion and \$3,300 (1/3) would be applied to the medical portion. The loss on the unit would be reported as \$43,300 indemnity and \$21,700 medical in states that require net reporting. |

DEDUCTIBLE TYPE CODE DEFINITIONS (CONT'D)

**Second Position**

| <b>Description</b>  | <b>Code</b> | <b>Definition</b>  |
|---|-------------|--|
|   | 00          | No deductible applies.   |
| Per Claim   | 01          | The deductible applies separately to each claim arising for the policy/state.  |
| Per Accident  | 02          | The deductible applies to each accident arising for the policy/state. If multiple claims arise from one accident, the deductible percentage is applied only once to the total cost for all claims. |
| Per Policy (Aggregate)  | 03          | The insured is responsible for losses up to the aggregate policy limit.  |
| Percentage of Claim Cost  | 04          | The insured is responsible for a predefined percentage of the costs for each claim arising for the policy/state.   |
| Percentage of Premium   | 05          | The insured is responsible for losses equal to a percentage of their premium.<br>Usually offered to the insureds with large premiums (e.g., > \$500,000).  |
| Coinsurance Percentage with Per Claim Limit                       | 06          | The insured is responsible for a percentage of the claim costs up to the claim limit. The insurer is responsible for all remaining claim costs. (Percentages may vary.)                            |
| Coinsurance Percentage with Per Claim and Coinsurance Limit       | 07          | The insured is responsible for a percentage of the claim costs up to the claim and coinsurance limits. The insurer is responsible for all remaining claim costs. (Percentages may vary.)           |
| Coinsurance Percentage with Per Accident and Coinsurance Limit    | 08          | The insured is responsible for a percentage of the claim costs up to the accident and coinsurance limits. The insurer is responsible for all remaining claim costs. (Percentages may vary.)        |
| Per Accident and Policy (Aggregate)                               | 09          | Deductible amounts apply to each accident separately and to the policy in aggregate.   |
| Per Claim and Policy (Aggregate)                                  | 10          | Deductible amounts apply to each claim separately and to the policy in aggregate.  |
| Coinsurance Percentage With Per Claim and Policy Aggregate Limits | 11          | The insured is responsible for a percentage of the claim costs with both per claim and policy aggregate deductible percentage applying to each claim and policy. (Percentages may vary.)           |
| Variable  | 12          | Carrier program not described above.   |

**EXPOSURE ACT/EXPOSURE COVERAGE CODE**

Identifies the type of exposure coverage.

| <b>Description</b>  | <b>Code</b> | <b>Definition</b>   |
|---|-------------|---|
| State Act or Federal Act excluding USL&HW and other coverage listed below | 01          | Coverage for benefits paid to employees injured as the result of a workplace accident under the state workers compensation law or Federal compensation laws excluding coverage under the United States Longshore and Harbor Workers Compensation Act and also excluding coverage under Federal Coal Mine Health and Safety Act. |
| USL&HW "F" or USL&HW Coverage on Non-F-Classes                            | 02          | Coverage for benefits paid to employees injured as the result of a workplace accident under the United States Longshore and Harbor Workers Compensation Act.  |

**EXPOSURE ACT/EXPOSURE COVERAGE CODE—(CONT'D)**

| <b>Description</b>  | <b>Code</b> | <b>Definition</b>   |
|---|-------------|---|
| Federal Coal Mine Health and Safety Act only              | 03          | Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act.  |
| Federal Coal Mine Health and Safety Act and the State Act | 04          | Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Coal Mine Health and Safety Act and the State Act.   |
| Oil & Other Mineral Over Water Excluding Medical Coverage | 05<br>06    | Refer to the Statistical Plans.<br>Coverage for benefits paid to employees injured as the result of a workplace accident under the state workers compensation law, except the insured pays for all medical and hospital services as required by workers compensation law. |
| Excess Benefits Coverage                                  | 07          | Coverage for benefits paid to employees injured as the result of a workplace accident under the state workers compensation law, except the coverage was endorsed by the Excess Benefits endorsement.  |
| Reserved  | 08          |   |
| Endorsed Maritime Coverage                                | 09          | Coverage for benefits paid to employees injured as the result of a workplace accident under the state workers compensation law, which is endorsed to provide Maritime coverage.   |
| Voluntary Coverage  | 10          | Coverage that is not mandated by state act.   |

**LOSS CONDITION CODES DEFINITIONS**

Loss conditions are made of the following 5 segments:

- **Act**
- **Type of Loss**
- **Type of Recovery**
- **Type of Claim**
- **Type of Settlement**

**Act Code**

| <b>Description</b>  | <b>Code</b> | <b>Definition</b>   |
|---|-------------|---|
| State Act or Federal Act excluding USL&HW and other coverage listed below | 01          | Coverage for benefits paid to employees injured as the result of a workplace accident under the state workers compensation law or Federal compensation laws excluding coverage under the United States Longshore and Harbor Workers Compensation Act and also excluding coverage under Federal Coal Mine Health and Safety Act. |
| USL&HW "F" or USL&HW Coverage on Non-F-Classes                            | 02          | A claim for which benefits are determined in accordance with the United States Longshore and Harbor Workers Compensation Act.   |
| Federal Coal Mine Health and Safety Act only                              | 03          | A claim for which benefits are determined under the Federal Coal Mine Health and Safety Act.  |
| Federal Coal Mine Health and Safety Act and the State Act                 | 04          | A claim for which benefits are determined under the Federal Coal Mine Health and Safety Act and State Workers Compensation Law.   |
| Oil & Other Mineral Over Water  | 05          | Refer to the Statistical Plans.   |

**LOSS CONDITION CODES DEFINITIONS (CONT'D)**

**TYPE OF LOSS CODE**

| Description                          | Code | Definition   |
|--------------------------------------|------|--|
| Trauma                               | 01   | An injury caused by a work-related accident.   |
| Occupational Disease                 | 02   | An abnormal condition or disorder, other than a workplace injury, caused by extended exposure to environmental factors associated with employment, including acute and chronic illness or disease caused by inhalation, absorption, ingestion or direct contact. |
| Cumulative Injury Other Than Disease | 03   | An injury occurring from repetitive mental or physical traumatic activities extending over a period of time, the combined effect of which caused disability or need for medical treatment (other than disease).  |

**TYPE OF RECOVERY CODE**

| Description                                       | Code | Definition  |
|---|------|---|
| No Recovery                                       | 01   | Insurer has not received any reimbursement.   |
| Second Injury Fund Only                           | 02   | Insurer has received, <b>or anticipates receiving</b> , reimbursement from the Second Injury Fund. The Second Injury Fund is a trust established to reimburse insurers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment, or previous accident, disease or congenital condition.   |
| Subrogation Only (Third Party)                    | 03   | Insurer has received reimbursement from an entity other than the employer, with legal liability due to circumstances for the injury.  |
| Subrogation With Second Injury Fund (Third Party) | 04   | Insurer has received reimbursement from both the Second Injury Fund and a third party.  |
| Joint Coverage Without Subrogation                | 05   | Coverage furnished by other than the one policy for which experience being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes: <ul style="list-style-type: none"> <li>• The injured party has co-employers.</li> <li>• There is overlapping coverage on the same employer.</li> <li>• The injury developed over an extended period. When an insurer has determined that the loss is chargeable to two or more policies written by such insurer, or when two or more insurers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage is furnished by more than one policy.</li> </ul>                            |
| Joint Coverage With Subrogation                   | 06   | Claim includes subrogation and coverage furnished by other than one policy for which experience being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes: <ul style="list-style-type: none"> <li>• The injured party has co-employers.</li> <li>• There is overlapping coverage on the same employer.</li> <li>• The injury developed over an extended period. When an insurer has determined that the loss is chargeable to two or more policies written by such insurer, or when two or more insurers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage is furnished by more than one policy.</li> </ul> |

**LOSS CONDITION CODES DEFINITIONS (CONT'D)**

**TYPE OF CLAIM CODE**

| <b>Description</b>                           | <b>Code</b> | <b>Definition</b>   |
|--|-------------|---|
| Workers Compensation Only                    | 01          | The entire loss is incurred under provisions of Part One of the Workers Compensation and Employers Liability Insurance Policy.  |
| Employers Liability Only                     | 02          | The entire loss is incurred under provisions of Part Two of the Workers Compensation and Employers Liability Insurance Policy.  |
| Workers Compensation and Employers Liability | 03          | The loss is incurred under provisions of both Part One and Part Two of the Workers Compensation and Employers Liability Insurance Policy.   |
| Liability Over                               | 04          | Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over, and are in addition to compensation payments made to the injured employee. |
| Excess Benefits                              | 05          | Identifies losses that contain excess benefits paid in excess of VA or MD Workers Compensation law due to claim settlement valuation on District of Columbia law.   |
| Excess Special Compensation                  | 06          | Identifies losses resulting from coverage provided under the Special Compensation Endorsement or the Excess Special Compensation Endorsement.   |

**TYPE OF SETTLEMENT CODE**

| <b>Description</b>                             | <b>Code</b> | <b>Definition</b>   |
|--|-------------|---|
| Claim Not Subject to Settlement                | 00          | Insurer anticipates additional payments of losses or the claim does not involve a settlement.   |
| Noncompensable Previously Alleged              | 01          | When the employer provided notification, pursuant to California Labor Code 3761, to the insurer that in the employer's opinion no compensation is payable and the claim was later found to be noncompensable.   |
| Stipulated Award (Insurer/Claimant Settlement) | 03          | An award that has been drawn up between the insurer and claimant and submitted to the Workers Compensation Appeals Board for review.  |
| Findings and Award (Judicial Award)            | 04          | An award that has been issued by a judge based on evidence presented in the process of litigation.  |
| Dismissal or Take Nothing (Noncompensable)     | 05          | The claim will generate no payments or reserves due to one of the following: <ul style="list-style-type: none"> <li>• Official ruling denying benefits.</li> <li>• Claimant's failure to file for benefits.</li> <li>• Claimant's failure to prosecute claim following insurers denial of the claim.</li> </ul> |

**LOSS CONDITION CODES DEFINITIONS (CONT'D)**

**TYPE OF SETTLEMENT CODE (CONT'D)**

| <b>Description</b>    | <b>Code</b> | <b>Definition</b>  |
|-----------------------|-------------|--|
| Compromise Settlement | 06          | Compromise and Release. A settlement over the issues of applicability, extent of injury or future benefits.      |
| No Safety Devices     | 07          | Claim where liability results from employer's failure to provide safety devices as required by the jurisdiction. |
| Exemplary Damages     | 08          | Refer to the Statistical Plans for applicable codes.   |
| All Other Settlements | 09          | Final payment has been made on the claim and the settlement cannot be classified as any of the above.            |

**MANAGED CARE ORGANIZATION TYPE CODE**

| <b>Description</b>         | <b>Code</b> | <b>Definition</b>  |
|----------------------------|-------------|--|
| MCO Not Applicable         | 00          | The claim is not administered by an approved/certified managed care organization.  |
| MCO is Applicable          | 01          | The claim's medical losses are administered by an approved/certified managed care organization not specifically identified by Codes 02–06 below.   |
| HMO                        | 02          | The claim's medical losses are administered by a Health Maintenance Organization.  |
| PPO                        | 03          | The claim's medical losses are administered by a Preferred Provider Organization..   |
| EPO                        | 04          | The claim's medical losses are administered by an Exclusive Provider Organization.   |
| IPA                        | 05          | The claim's medical losses are administered by an Independent Practice Association.  |
| MCO under Contract Medical | 06          | The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time. |

**VOCATIONAL REHABILITATION INDICATOR**

| Description                                | Code | Definition   |
|--|------|--|
| Includes Vocational Rehabilitation         | Y    | Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification, and retraining, including on-the-job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses. |
| Does Not Include Vocational Rehabilitation | N    | Indemnity loss amounts do not include any vocational rehabilitation costs.   |

**LUMP SUM INDICATOR**

| Description                            | Code | Definition   |
|--|------|--|
| Claim Was Settled by Lump Sum          | Y    | Lump sum is a claim settled by agreement between the insurer and claimant to redeem the liability for compensation by payment from insurer to the claimant of a specified amount representing a discounted or commuted value of a specific award or benefit. |
| Claim Has Not Been Settled by Lump Sum | N    | The situation as described above is not applicable because either the claim is not settled or the claim was settled by other than a lump sum agreement.  |

**FRAUDULENT CLAIM CODE**

| Description          | Code | Definition  |
|----------------------|------|---|
| Not Fraudulent       | 00   | This claim does not involve fraud.  |
| Partially Fraudulent | 01   | The claim has been declared partially fraudulent by the Workers Compensation Appeals Board. A portion of the claim costs is deemed invalid, unnecessary, or excessive, such as, but not limited to, cases where medical liens are deemed excessive. |
| Fully Fraudulent     | 02   | A claim that has been ruled (or officially declared) fraudulent through a court decision, e.g., criminal conviction or ruling of Workers Compensation judge/appeals board.  |

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)**

**SECTION 6**

**ELECTRONIC RECORD LAYOUTS AND HARD COPY EXAMPLES**









The data fields have been assigned corresponding record field numbers. (Li) Link, (H) Header, (N) Name, (A) Address, (E) Exposure, (L) Loss, (T) Total. Example: 17 E refers to field 17 of the exposure report.

## UNIT STATISTICAL REPORT

### POLICY INFORMATION

|                            |                           |                            |                                   |                              |                               |                                       |  |                              |                                      |                                 |                              |                                |                         |                              |
|----------------------------|---------------------------|----------------------------|-----------------------------------|------------------------------|-------------------------------|---------------------------------------|--|------------------------------|--------------------------------------|---------------------------------|------------------------------|--------------------------------|-------------------------|------------------------------|
| Report No.<br><b>6(Li)</b> | Corr. No.<br><b>7(Li)</b> | Corr. Type<br><b>21(H)</b> | Replace Rpt. Ind.<br><b>19(H)</b> | Carrier Code<br><b>1(Li)</b> | Policy Number<br><b>2(Li)</b> | Policy Effective Date<br><b>5(Li)</b> | Policy Expiration Date<br><b>11(H)</b> | Expos. State<br><b>4(Li)</b> | State Effective Date<br><b>22(H)</b> | Certificate No.<br><b>3(Li)</b> | Card Serial No.<br><b>H*</b> | Risk ID Number<br><b>12(H)</b> | Page No.<br><b>H***</b> | Last Page No.<br><b>H***</b> |
|                            |                           |                            |                                   |                              | <b>37(H)</b>                  | <b>38(H)</b>                          |  | <b>39(H)</b>                 |                                      | <b>40(H)</b>                    |                              |                                |                         |                              |

|                                    |                                     |                                 |                                   |                                   |                                    |                              |                                   |                               |                           |                           |                           |                               |                                   |   |  |                           |                                  |                                 |
|------------------------------------|-------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------|-----------------------------------|-------------------------------|---------------------------|---------------------------|---------------------------|-------------------------------|-----------------------------------|---|--|---------------------------|----------------------------------|---------------------------------|
| Insured's Name:                    |                                     |                                 |                                   |                                   |                                    |                              |                                   |                               |                           |                           | F.E.I.N.<br><b>23 (H)</b> |                               | Pending File No.<br><b>14 (H)</b> |   |  |                           |                                  |                                 |
| Insured's Address:                 |                                     |                                 |                                   |                                   |                                    |                              |                                   |                               |                           |                           |                           |                               |                                   |   |  |                           |                                  |                                 |
| Mod Effective Date<br><b>15(E)</b> | Rate Effective Date<br><b>16(E)</b> | Policy Conditions               |                                   |                                   |                                    |                              |                                   |                               | Policy Type 1 D           |                           |                           | Deduct. Type<br><b>29 (H)</b> | Deduct. Percent<br><b>30(H)</b>   | Deductible Amount Per Claim/Accident<br><b>31 (H)</b> | Deductible Amount Aggregate<br><b>44 (H)</b> | Reserved<br><b>44 (H)</b> | For Carrier Use<br><b>41 (H)</b> | For Bureau Use<br><b>42 (H)</b> |
|                                    |                                     | 3 Yr F/R Policy<br><b>25(H)</b> | Multistate Policy<br><b>25(H)</b> | Interstate Rating<br><b>25(H)</b> | Estimated Exposure<br><b>25(H)</b> | Retro Policy<br><b>25(H)</b> | Canceled Mid-Term<br><b>25(H)</b> | MCO Indicator<br><b>25(H)</b> | Type Cov.<br><b>27(H)</b> | Plan Ind.<br><b>27(H)</b> | Non-Std.<br><b>27(H)</b>  |                               |                                   |   |  |                           |                                  |                                 |

### EXPOSURE INFORMATION

### LOSS INFORMATION

| Upd Type                                     | Exp. Cov. | Class Code                                   | Exposure Amount | Manual Rate                               | Premium Amount | *Upd Type                               | Claim Number                              | Acc. Date/ No. Claims                     | Incurred Indemnity                        | Incurred Medical                      | Class Code   | Injury                               | Status       | Loss Conditions |                    |                            |                     |                                | Jurisdic State                  | Cat. No.      | MCO Type                      |  |
|--|-----------|--|-----------------|---|----------------|---|---|---|---|---------------------------------------|--|--------------------------------------|--------------|-----------------|--------------------|----------------------------|---------------------|--------------------------------|---------------------------------|---------------|-------------------------------|--|
|  |           |  |                 |   |                |   |   |   |   |                                       |  |                                      |              | Act             | Type               | Recov                      | GovClim             | Settl                          |                                 |               |                               |  |
|  |           |  | <b>17 (E)</b>   |   |                | <b>25(L)</b>                            | <b>16 (L)</b>                             | <b>15/14 (L)</b>                          | <b>21 (L)</b>                             | <b>22 (L)</b>                         | <b>10(L)</b>   | <b>19(L)</b>                         | <b>17(L)</b> | <b>27 (L)</b>   |                    |                            |                     |                                | <b>29 (L)</b>                   | <b>20 (L)</b> | <b>30 (L)</b>                 |  |
|  |           |  |                 |   |                |   | Social Security Number<br><b>23 (L)</b>   |   | Part<br><b>31 (L)</b>                     | Nature<br><b>31 (L)</b>               | Cause<br><b>31 (L)</b>                               | Occupation Description<br><b>(L)</b> |              |                 | Voc.<br><b>(L)</b> | Lump<br><b>(L)</b>         | Fraud<br><b>(L)</b> | Deduct                         | Paid Indemnity<br><b>37 (L)</b> |               | Paid Medical<br><b>38 (L)</b> |  |
|  |           |  |                 |   |                |   | Claimant's Attorney Fees<br><b>39 (L)</b> | Employer's Attorney Fees<br><b>40 (L)</b> | Deductible Reimbursement<br><b>41 (L)</b> |                                       | Reserved for Future Use<br><b>18, 28, 42, 46 (L)</b> |                                      |              |                 |                    | ALAE Paid<br><b>44 (L)</b> |                     | ALAE Incurred<br><b>45 (L)</b> |                                 |               |                               |  |
|  | <b>A.</b> | <b>Total Subject Premium</b>                 |                 | <b>11 (T)</b>                             |                |   | Claim Number                              | Acc. Date/ No. Claims                     | Incurred Indemnity                        | Incurred Medical                      | Class Code   | Injury                               | Status       | Loss Conditions |                    |                            |                     |                                | Jurisdic State                  | Cat. No.      | MCO Type                      |  |
|  | <b>B.</b> | <b>Experience Mod (XX.XXX)</b>               |                 | <b>14 (E)</b>                             |                |   | Social Security Number                    |   | Part                                      | Nature                                | Cause  | Occupation Description               |              |                 | Voc.               | Lump                       | Fraud               | Deduct                         | Paid Indemnity                  |               | Paid Medical                  |  |
|  | <b>C.</b> | <b>Total Modified Premium</b>                |                 | <b>T*</b>                                 |                |   | Claimant's Attorney Fees                  | Employer's Attorney Fees                  | Deductible Reimbursement                  |                                       | Reserved for Future Use                              |                                      |              |                 |                    | ALAE Paid                  |                     | ALAE Incurred                  |                                 |               |                               |  |
|  | <b>D.</b> |  |                 |   |                |   | Claim Number                              | Acc. Date/ No. Claims                     | Incurred Indemnity                        | Incurred Medical                      | Class Code   | Injury                               | Status       | Loss Conditions |                    |                            |                     |                                | Jurisdic State                  | Cat. No.      | MCO Type                      |  |
|  | <b>E.</b> |  |                 |   |                |   | Social Security Number                    |   | Part                                      | Nature                                | Cause  | Occupation Description               |              |                 | Voc.               | Lump                       | Fraud               | Deduct                         | Paid Indemnity                  |               | Paid Medical                  |  |
|  | <b>F.</b> |  |                 |   |                |   | Claimant's Attorney Fees                  | Employer's Attorney Fees                  | Deductible Reimbursement                  |                                       | Reserved for Future Use                              |                                      |              |                 |                    | ALAE Paid                  |                     | ALAE Incurred                  |                                 |               |                               |  |
|  | <b>G.</b> | <b>Total Standard Exposure</b>               | <b>9 (T)</b>    | <b>12 (T)</b>                             |                |   | Claim Number                              | Acc. Date/ No. Claims                     | Incurred Indemnity                        | Incurred Medical                      | Class Code   | Injury                               | Status       | Loss Conditions |                    |                            |                     |                                | Jurisdic State                  | Cat. No.      | MCO Type                      |  |
|  | <b>H.</b> | <b>006_ Premium Discount Amt.</b>            |                 | <b>E*</b>                                 |                |   | Social Security Number                    |   | Part                                      | Nature                                | Cause  | Occupation Description               |              |                 | Voc.               | Lump                       | Fraud               | Deduct                         | Paid Indemnity                  |               | Paid Medical                  |  |
|  | <b>I.</b> | <b>090_ Expense Constant Amt.</b>            |                 | <b>E**</b>                                |                |   | Claimant's Attorney Fees                  | Employer's Attorney Fees                  | Deductible Reimbursement                  |                                       | Reserved for Future Use                              |                                      |              |                 |                    | ALAE Paid                  |                     | ALAE Incurred                  |                                 |               |                               |  |
|  | <b>J.</b> |  |                 |   |                |   | Claim Number                              | Acc. Date/ No. Claims                     | Incurred Indemnity                        | Incurred Medical                      | Class Code   | Injury                               | Status       | Loss Conditions |                    |                            |                     |                                | Jurisdic State                  | Cat. No.      | MCO Type                      |  |
|  | <b>K.</b> |  |                 |   |                |   | Social Security Number                    |   | Part                                      | Nature                                | Cause  | Occupation Description               |              |                 | Voc.               | Lump                       | Fraud               | Deduct                         | Paid Indemnity                  |               | Paid Medical                  |  |
|  | <b>L.</b> |  |                 |   |                |   | Claimant's Attorney Fees                  | Employer's Attorney Fees                  | Deductible Reimbursement                  |                                       | Reserved for Future Use                              |                                      |              |                 |                    | ALAE Paid                  |                     | ALAE Incurred                  |                                 |               |                               |  |
| <b>LOSS TOTALS</b>                           |           |  |                 |   |                |   |   |   |   |                                       |  |                                      |              |                 |                    |                            |                     |                                |                                 |               |                               |  |
| Reserved for Future Use                      |           | Total No. Claims<br><b>13 (T)</b>            |                 | Total Incurred Indemnity<br><b>14 (T)</b> |                | Total Incurred Medical<br><b>15 (T)</b> |   | Reserved for Future Use                   |   | Total Paid Indemnity<br><b>19 (T)</b> |  | Total Paid Medical<br><b>20 (T)</b>  |              |                 |                    |                            |                     |                                |                                 |               |                               |  |
| Tot. Claimant's Attny. Fees<br><b>21 (T)</b> |           | Tot. Employer's Attny. Fees<br><b>22 (T)</b> |                 | Reserved for Future Use                   |                | Total ALAE Paid<br><b>23 (T)</b>        |   | Total ALAE Incurred<br><b>24 (T)</b>      |   |                                       |  |                                      |              |                 |                    |                            |                     |                                |                                 |               |                               |  |

# SUPPLEMENTAL LOSS REPORT

|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|---|----------------------------|---|------------------------------------|---|--------------------------------|---|--|--|---|---------------------------------------|-------------------------------|-------------------------------------|--------|--------------------------------|-----------------|-----------------------|------|------------------------|----------------|--------|--------------------------|---------------------------------|--------------------------|-------------------------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|
|   |                            |   |                                    |   |                                | Pending File No.<br><b>14 (H)</b>       |  | Page No.<br><b>H**</b>                               |   | Last Page No.<br><b>H***</b>          |                               |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Report No.<br><b>6 (Li)</b>                     | Corr. No.<br><b>7 (Li)</b> | Corr. Type<br><b>21 (H)</b>                     | Replace Rpt. Ind.<br><b>19 (H)</b> | Carrier Code<br><b>1 (Li)</b>             | Policy Number<br><b>2 (Li)</b> |   | Policy Effective Date<br><b>5 (Li)</b> |  | Policy Expiration Date<br><b>11 (H)</b> |                                       | Expos. State<br><b>4 (Li)</b> |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Insured's Name:</b> <b>9 (N)</b>             |                            |   |                                    |   |                                |   |  |  | F.E.I.N.<br><b>23 (H)</b>               |                                       | Card Serial No.<br><b>H*</b>  |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Insured's Address:</b> <b>9 (A)</b>          |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Upd<br/>Typ</b>                              | Claim Number               |   | Acc. Date/ No. Claims              |   | Incurred Indemnity             |   | Incurred Medical                       |  | Class Code                              |                                       | Injury                        |                                     | Status |                                | Loss Conditions |                       |      |                        | Jurisdic State |        | Cat. No.                 |                                 | MCO Type                 |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                |                 |                       | Act  |                        | Type           |        | Recov                    |                                 | Clim <del>ov</del><br>ov |                               | Settl |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Social Security Number<br><b>23 (L)</b>         |                                    | Part<br><b>31 (L)</b>                     |                                | Nature<br><b>31 (L)</b>                 |  | Cause<br><b>31 (L)</b>                               |   | Occupation Description                |                               |                                     |        | Voc.<br><b>33 (L)</b>          |                 | Lump<br><b>34 (L)</b> |      | Fraud<br><b>35 (L)</b> |                | Deduct |                          | Paid Indemnity<br><b>37 (L)</b> |                          | Paid Medical<br><b>38 (L)</b> |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Claimant's Attorney Fees<br><b>39 (L)</b>       |                                    | Employer's Attorney Fees<br><b>40 (L)</b> |                                | Deductible Reimbursement                |  | Reserved for Future Use<br><b>18, 24, 42, 46 (L)</b> |   |                                       |                               | ALAE Paid<br><b>44 (L)</b>          |        | ALAE Incurred<br><b>45 (L)</b> |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Upd<br/>Typ</b>                              | Claim Number               |   | Acc. Date/ No. Claims              |   | Incurred Indemnity             |   | Incurred Medical                       |  | Class Code                              |                                       | Injury                        |                                     | Status |                                | Loss Conditions |                       |      |                        | Jurisdic State |        | Cat. No.                 |                                 | MCO Type                 |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                | Act             |                       | Type |                        | Recov          |        | Clim <del>ov</del><br>ov |                                 | Settl                    |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Social Security Number                          |                                    | Part                                      |                                | Nature                                  |  | Cause  |   | Occupation Description                |                               |                                     |        | Voc.                           |                 | Lump                  |      | Fraud                  |                | Deduct |                          | Paid Indemnity                  |                          | Paid Medical                  |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Claimant's Attorney Fees                        |                                    | Employer's Attorney Fees                  |                                | Deductible Reimbursement                |  | Reserved for Future Use                              |   |                                       |                               | ALAE Paid                           |        | ALAE Incurred                  |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Upd<br/>Typ</b>                              | Claim Number               |   | Acc. Date/ No. Claims              |   | Incurred Indemnity             |   | Incurred Medical                       |  | Class Code                              |                                       | Injury                        |                                     | Status |                                | Loss Conditions |                       |      |                        | Jurisdic State |        | Cat. No.                 |                                 | MCO Type                 |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                | Act             |                       | Type |                        | Recov          |        | Clim <del>ov</del><br>ov |                                 | Settl                    |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Social Security Number                          |                                    | Part                                      |                                | Nature                                  |  | Cause  |   | Occupation Description                |                               |                                     |        | Voc.                           |                 | Lump                  |      | Fraud                  |                | Deduct |                          | Paid Indemnity                  |                          | Paid Medical                  |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Claimant's Attorney Fees                        |                                    | Employer's Attorney Fees                  |                                | Deductible Reimbursement                |  | Reserved for Future Use                              |   |                                       |                               | ALAE Paid                           |        | ALAE Incurred                  |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Upd<br/>Typ</b>                              | Claim Number               |   | Acc. Date/ No. Claims              |   | Incurred Indemnity             |   | Incurred Medical                       |  | Class Code                              |                                       | Injury                        |                                     | Status |                                | Loss Conditions |                       |      |                        | Jurisdic State |        | Cat. No.                 |                                 | MCO Type                 |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                | Act             |                       | Type |                        | Recov          |        | Clim <del>ov</del><br>ov |                                 | Settl                    |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Social Security Number                          |                                    | Part                                      |                                | Nature                                  |  | Cause  |   | Occupation Description                |                               |                                     |        | Voc.                           |                 | Lump                  |      | Fraud                  |                | Deduct |                          | Paid Indemnity                  |                          | Paid Medical                  |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Claimant's Attorney Fees                        |                                    | Employer's Attorney Fees                  |                                | Deductible Reimbursement                |  | Reserved for Future Use                              |   |                                       |                               | ALAE Paid                           |        | ALAE Incurred                  |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Upd<br/>Typ</b>                              | Claim Number               |   | Acc. Date/ No. Claims              |   | Incurred Indemnity             |   | Incurred Medical                       |  | Class Code                              |                                       | Injury                        |                                     | Status |                                | Loss Conditions |                       |      |                        | Jurisdic State |        | Cat. No.                 |                                 | MCO Type                 |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                | Act             |                       | Type |                        | Recov          |        | Clim <del>ov</del><br>ov |                                 | Settl                    |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Social Security Number                          |                                    | Part                                      |                                | Nature                                  |  | Cause  |   | Occupation Description                |                               |                                     |        | Voc.                           |                 | Lump                  |      | Fraud                  |                | Deduct |                          | Paid Indemnity                  |                          | Paid Medical                  |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Claimant's Attorney Fees                        |                                    | Employer's Attorney Fees                  |                                | Deductible Reimbursement                |  | Reserved for Future Use                              |   |                                       |                               | ALAE Paid                           |        | ALAE Incurred                  |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Upd<br/>Typ</b>                              | Claim Number               |   | Acc. Date/ No. Claims              |   | Incurred Indemnity             |   | Incurred Medical                       |  | Class Code                              |                                       | Injury                        |                                     | Status |                                | Loss Conditions |                       |      |                        | Jurisdic State |        | Cat. No.                 |                                 | MCO Type                 |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                | Act             |                       | Type |                        | Recov          |        | Clim <del>ov</del><br>ov |                                 | Settl                    |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Social Security Number                          |                                    | Part                                      |                                | Nature                                  |  | Cause  |   | Occupation Description                |                               |                                     |        | Voc.                           |                 | Lump                  |      | Fraud                  |                | Deduct |                          | Paid Indemnity                  |                          | Paid Medical                  |       |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                            | Claimant's Attorney Fees                        |                                    | Employer's Attorney Fees                  |                                | Deductible Reimbursement                |  | Reserved for Future Use                              |   |                                       |                               | ALAE Paid                           |        | ALAE Incurred                  |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>LOSS TOTALS</b>                              |                            |   |                                    |   |                                |   |  |  |   |                                       |                               |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Reserved for Future Use                         |                            | Total No. Claims<br><b>13 (T)</b>               |                                    | Total Incurred Indemnity<br><b>14 (T)</b> |                                | Total Incurred Medical<br><b>15 (T)</b> |  | Reserved for Future Use                              |   | Total Paid Indemnity<br><b>19 (T)</b> |                               | Total Paid Medical<br><b>20 (T)</b> |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Claimant's Attorney Fees<br><b>21 (T)</b> |                            | Total Employer's Attorney Fees<br><b>22 (T)</b> |                                    | Reserved for Future Use                   |                                |   |  | Total ALAE Paid<br><b>23 (T)</b>                     |   | Total ALAE Incurred<br><b>24 (T)</b>  |                               |                                     |        |                                |                 |                       |      |                        |                |        |                          |                                 |                          |                               |       |  |  |  |  |  |  |  |  |  |  |  |  |