

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

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

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<b><u>I</u></b>			
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ICR Record 7-F	3	ICR Record 7-F	
ICR Record 7-G	3	ICR Record 7-G	
ICR Record 7-H	3	ICR Record 7-H	
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Jurisdiction State Code	3	Loss Record	140-141
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	3	Loss Record	131-132
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	3	Loss Record	49-50
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<b>M</b>			
Managed Care Organization Type Code	3	Loss Record	142-143
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<b>N</b>			
Name Record	3	Name Record	
Number of Weeks for Temporary Benefit	3	ICR Record 7-B	93-96
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<b>O</b>			
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
<b>P</b>			
Page Number	3	Header Record H*	250
Paid Allocated Loss Adjustment Expense (ALAE) Amount	3	Loss Record	230-238
Paid Allocated Loss Adjustment Expense (ALAE) Amount Total	3	Unit Total Record	163-172
Paid Applicant's Medical Evaluations Costs to Valuation Date Amount	3	ICR Record 7-I	75-84
Paid Death Benefits to Valuation Date Amount	3	ICR Record 7-H	103-112
Paid Defense Medical Evaluations to Valuation Date Amounts	3	ICR Record 7-I	85-94
Paid Hospital Costs to Valuation Amount	3	ICR Record 7-G	55-63
Paid Indemnity Amount	3	Loss Record	174-182
Paid Indemnity Amount Total	3	Unit Total Record	123-132
Paid Independent/ Agreed Medical Evaluations to Valuation Date Amount	3	ICR Record 7-I	95-104
Paid Medical Amount	3	Loss Record	183-191
Paid Medical Amount Total	3	Unit Total Record	133-142
Paid Permanent Partial Benefits to Valuation Date Amount	3	ICR Record 7-H	73-82
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Paid Total Indemnity to Valuation Date Amount	3	ICR Record 7-D	75-84
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Policy Type ID Codes—Plan	3	Header Record	159-160
Policy Type ID Codes—Type of Coverage	3	Header Record	157-158
Policy Type Identification Code	3	Header Record	83-84
Premium Amount	3	Exposure Record	77-85
Premium Discount Amount	3	Exposure Record E*	125-250
Present Value of Future Indemnity Payment Amount Total	3	ICR Record 7-C	94-102
Previous Carrier Code	3	Header Record	193-197
Previous Correction Sequence Number	3	Header Record	192
Previous Exposure State Code	3	Header Record	222-223
Previous Policy Effective Date	3	Header Record	216-221
Previous Policy Number Identifier	3	Header Record	198-215
Previous Report Level Code/Report Number	3	Header Record	189-190
Previous Unit/Certificate Number Identifier	3	Header Record	224-230
Previously Reported Code	3	Exposure Record	48
	3	Loss Record	48
	3	Unit Total Record	114
Primary Effective Month/Year	3	Submission Control	57-62
<b>R</b>			
Rate Effective Date	3	Exposure Record	61-66
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Record Layout Charts	6	Electronic Record Layouts	
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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	3	ICR Record 7-H	41
	3	ICR Record 7-I	41
	3	ICR Record 7-J	41
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Replacement Report Code	3	Header Record	105
Report Level Code/Report Number	3	Link Data	39
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Reserved For BEEP Use Edit Bypass Code	3	Header Record	249
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Revised Carrier Code	3	Header Record	193-197
Revised Correction Sequence Number	3	Header Record	192
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Revised Policy Effective Date	3	Header Record	216-221
Revised Policy Number Indicator	3		
Revised Report Level Code/Report Number	3	Header Record	189-190
Revised Unit/ Certificate Number Indicator	3	Header Record	224-230
Risk ID Number	3	Header Record	61-69
<b>S</b>			
Scheduled Indemnity—Incurred Loss Amount Total	3	ICR Record 7-B	84-92
	3	ICR Record 7-B	112-120
Scheduled Indemnity—Body Member Code	3	ICR Record 7-B	78-79
	3	ICR Record 7-B	106-107
Scheduled Indemnity—Number of Weeks	3	ICR Record 7-B	80-83
	3	ICR Record 7-B	108-111
Scheduled Indemnity—Percentage of Disability	3	Loss Record	248-250
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Social Security Number	3	Loss Record	101-109
	3	ICR Record 7-F	109-117
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Social Security Offset Indicator	3	ICR Record 7-A	147
Split Period Code	3	Exposure Record	93
Standard Premium Total	3	Unit Total Record	73-83
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Sub-Record Type Code I	3	ICR Record 7-I	42
Sub-Record Type Code J	3	ICR Record 7-J	42
Subject Premium Total	3	Unit Total Record	63-72
Submission Control Record	3	Submission Control Record	
Surgery Code	3	ICR Record 7-I	105
<b>T</b>			
Tape Specifications	1	Tape Specifications	
Term Code	3	Header Record	81
Total Gross Incurred Amount	3	Loss Record	219-227
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Total Incurred Vocational Rehabilitation Amount	3	Loss Record	133-139
Total Modified Premium	3	Unit Total Record T*	63-72
Transaction Type Code	3	ICR Record 7-A	78
<b>U</b>			
Unit/Certificate Number Identifier	3	Link Data	25-30

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
Unit Reports Submitted Total	3	Submission Control	50-56
Unit Total Record	3	Unit Total Record	
Update Type Code	3	Exposure Record	121
	3	Loss Record	121
<b><u>V</u></b>			
Vocational Rehabilitation—Evaluation Amount	3	ICR Record 7-G	110-118
Vocational Rehabilitation—Indemnity Amount	3	ICR Record 7-G	92-100
Vocational Rehabilitation—Incurred Amount Total	3	ICR Record 7-C	76-84
Vocational Rehabilitation—Training Amount	3	ICR Record 7-G	101-109
Vocational Rehabilitation Indicator	3	Loss Record	168
<b><u>W</u></b>			
Weekly Wage Amount	3	Loss Record	74-78
	3	ICR Record 7-B	55-59
Worker's Last Name	3	ICR Record 7-F	73-90
Worker's Occupation	3	ICR Record 7-F	91-108
Worker's Sex	3	ICR Record 7-A	79
<b><u>Y</u></b>			
Year Last Exposed	3	ICR Record 7-A	57-60

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**WCSTAT CONTACT PAGE**

WCSTAT questions should be directed to the appropriate Data Collection Organization contact listed below:

Compensation Advisory Organization of Michigan  
Supervisor, Data Services  
17197 N. Laurel Park Drive, Suite 311  
Livonia, MI 48152  
Telephone: 734-462-9600, ext. 229

New York Compensation Insurance Rating Board  
Vice President, IT or  
Programming Manager  
200 East 42nd Street  
New York, NY 10017  
Telephone: 212-697-3535, ext. 123 or 124

Compensation Rating and Inspection Bureau of  
New Jersey  
Programming Supervisor  
60 Park Place  
Newark, NJ 07102  
Telephone: 973-622-6014, ext. 268

North Carolina Rate Bureau  
Industry Support Team  
5401 Six Forks Road  
Raleigh, NC 27609-4435  
Telephone: 919-783-9790  
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau  
John Murphy, Director Systems and Programming  
The Widener Building, 6th Floor  
One South Penn Square  
Philadelphia, PA 19107  
Telephone: 215-568-2371, ext. 258  
E-mail: jmurphy@pcrb.com

Pennsylvania Compensation Rating Bureau  
John Murphy, Director Systems and Programming  
The Widener Building, 6th Floor  
One South Penn Square  
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Telephone: 215-568-2371, ext. 258  
E-mail: jmurphy@pcrb.com

Insurance Services Office, Inc.  
Wendy Mayotte, Director  
6392 Grand Cypress Circle  
Lake Worth, FL 33463  
Telephone: 561-434-7749  
Fax: 561-963-0439  
E-mail: Wmayotte@ISO.com

Wisconsin Compensation Rating Bureau  
Unit Stat Specialist  
P.O. Box 3080  
Milwaukee, WI 53226  
Telephone: 262-796-4570  
E-mail: kay.higgins@wcrb.org

Minnesota Workers Compensation Insurers  
Association, Inc.  
Pamela R. Flaten  
Data Collection and Reporting Manager  
7701 France Avenue South, Suite 450  
Minneapolis, MN 55435  
Telephone: 952-897-6417  
Fax: 952-897-6495  
E-mail: pam.flaten@mwcia.org

Workers Compensation Insurance Rating Bureau  
of California  
Vice President of Data Processing or Systems  
Programming Manager  
525 Market Street, Suite 800  
San Francisco, CA 94105  
Telephone: 415-778-7175

National Council on Compensation Insurance, Inc.  
Customer Service  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487  
Telephone: 800-NCCI 1-2-3 (800-622-4123)  
E-mail: customer\_service@ncci.com

Workers Compensation Rating and Inspection  
Bureau of Massachusetts  
Data Quality Services Assoc. or  
Director of Information Services  
101 Arch Street, 5<sup>th</sup> Floor  
Boston, MA 02110  
Telephone: 617-439-9030, ext. 575

**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.  
Effective 1-1-07 Massachusetts will no longer accept tape submissions.

## 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 space-filled (**ASCII Hex 20, EBCDIC Hex 40**) **unless otherwise specified**. These fields should be blank space filled 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 submission 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

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

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

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

DATA ELEMENT*	ELECTRONIC	HARD COPY
<b>Link and Header Information (cont'd)</b>		
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
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

\* 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*	ELECTRONIC	HARD COPY
<b>Loss Information (cont'd)</b>		
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
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

**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 SPECIFICATONS (WCSTAT)**

**SECTION 3**

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

Field No.	Field Title/Description	Class	Position	Bytes
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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.

1	<b>CARRIER CODE</b> Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.  Electronic reporting—this field is the most current/correct value for this data element.  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> 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.  Electronic reporting—this field is the most current/correct value for this data element.  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> 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.  Electronic reporting—this field is the most current/correct value for this data element.  Hard copy reporting—use this field to report the value that was originally reported for this data element.	(N)	25-30	6

Field No.	Field Title/Description	Class	Position	Bytes
5	<p><b>EXPOSURE STATE CODE</b>                      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.</p> <p>Electronic reporting—this field is the most current/correct value for this data element.</p> <p>Hard copy reporting—use this field to report the value that was originally reported for this data element.</p>	(N)	31-32	2
6	<p><b>POLICY EFFECTIVE DATE</b>                      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. For interstate policies endorsed after the policy effective date to provide coverage for an additional state, report the effective date of the policy.                      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.</p> <p>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.</p> <p>Electronic reporting—this field is the most current/correct value for this data element.</p> <p>Hard copy reporting—use this field to report the value that was originally reported for this data element.</p>	(N)	33-38	6
7	<p><b>REPORT LEVEL CODE/REPORT NUMBER</b>                      Report the code that corresponds to the report level based on the loss valuation date.</p>	(AN)	39	1

Field No.	Field Title/Description	Class	Position	Bytes
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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.

Field No.	Field Title/Description	Class	Position	Bytes
8	<p><b>CORRECTION SEQUENCE NUMBER</b> Report the number that corresponds to the number of correction reports submitted within a particular report level.</p> <p>Exposure and loss corrections on the same report level must be numbered consecutively.</p> <p><b>NOTE:</b> 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.</p> <p>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.</p> <p>This field is the most current/correct value for this data element.</p> <p>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.</p> <p>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.</p> <p>Use this field to report the value that was originally reported for this data element.</p> <p>Hard copy example: Third correction to a first report = Report Number 01, Correction Sequence Number 03.</p> <p>For hard copy it is acceptable to suppress leading zeros of the Correction Sequence Number.</p>	(AN)	40	1

Field No.	Field Title/Description	Class	Position	Bytes
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**HEADER RECORD**

1-8	<b>LINK DATA</b>		1-40	40
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9	<b>RECORD TYPE CODE</b> Report "1".	(N)	41	1
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10	<b>POLICY CONDITIONS CODE</b> <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.	(N)	42-53	12
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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
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Field No.	Field Title/Description	Class	Position	Bytes
12	<p><b>POLICY EXPIRATION OR CANCELLATION DATE</b>                      Report the month, day and year upon which the policy expired.</p> <p>For mid-term cancelled policies, report the cancellation date as the expiration date.</p> <p>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.</p> <p>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.</p> <p>For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement.</p> <p>Electronic reporting—format: YYMMDD.</p> <p>Hard copy reporting—format: MM/DD/YY.</p>	(N)	55-60	6
13	<p><b>RISK ID NUMBER</b>                      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.</p> <p>For interstate risks, report the NCCI assigned number.                      For intrastate risks, report the jurisdiction assigned number.                      For non-rated risks, this field is optional.</p> <p>NOT APPLICABLE: DE, NJ, PA</p> <p>OPTIONAL: CA, MN, NC, NCCI, WI</p>	(AN)	61-69	9
14	<b>RESERVED FOR FUTURE USE</b>		70	1

Field No.	Field Title/Description	Class	Position	Bytes																		
15	<b>ORIGINAL ADMINISTRATION NUMBER IDENTIFIER</b> (NCCI AND WI ONLY) 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>  <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Non-three-year fixed rate</td> </tr> <tr> <td>3</td> <td>Three-year fixed rate</td> </tr> </table>	<b>Code</b>	<b>Description</b>	1	Non-three-year fixed rate	3	Three-year fixed rate	(N)	81	1												
<b>Code</b>	<b>Description</b>																					
1	Non-three-year fixed rate																					
3	Three-year fixed rate																					
17	<b>EMPLOYEE LEASING CODE</b> (NCCI ONLY) Report an "E" in this field for Employee Leasing policy; otherwise, leave this field blank.  Electronic field only.  (Previously known as Unit Report Resubmission Indicator.)	(A)	82	1																		
18	<b>POLICY TYPE IDENTIFICATION CODE</b> (NCCI ONLY)  <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.  Report the code that corresponds to the type of policy being reported:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <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> </table>	<b>Code</b>	<b>Description</b>	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
<b>Code</b>	<b>Description</b>																					
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																		

Field No.	Field Title/Description	Class	Position	Bytes
20	<p><b>REPLACEMENT REPORT CODE</b></p> <p>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.</p> <p>MI: Report an "R" to identify a Replacement Report being submitted in response to an error report.</p> <p>MN: Report an "R" to identify a Replacement Report being submitted in response to a unit report that has been rejected.</p> <p>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.</p> <p>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.</p> <p>NOT APPLICABLE: CA, DE, NC, NJ, NY, PA</p>	(AN)	105	1
21	<p><b>RESERVED FOR FUTURE USE</b></p> <p><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.</p>	(N)	106-121	16

Field No.	Field Title/Description	Class	Position	Bytes
22	<p><b>CORRECTION TYPE CODE</b>                      Report the 1-letter code that indicates the type of correction report being submitted. Applicable only to correction reports.</p> <p><b>Code Description</b>                      H Header Record Correction (Including Link Data)                      E Exposure Record Correction (First Reports Only)                      L Loss Record Correction*                      T Total Record Correction                      M Corrections to Multiple Record Types                      A Loss Record Corrections due to Aggravated Inequity N/A: CA, DE, NJ, NY, PA                      * MA, MI, MN, NC, WI: If correction is due to Aggravated Inequity, use Code "A".                      NCCI: If correction is due to Aggravated Inequity, may use Code "L" or Code "A".                      C ICR Correction (MA only)</p>	(A)	122	1
23	<p><b>STATE EFFECTIVE DATE</b>                      Report the Endorsement Effective Date if the state coverage was endorsed mid-term. Otherwise, zero-fill.</p> <p>NOT APPLICABLE: CA, MI</p> <p>Electronic reporting—format YYMMDD.                      Hard copy reporting—format MM/DD/YY.</p>	(N)	123-128	6
24	<p><b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b>                      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.</p> <p>NOT APPLICABLE: MN, NJ                      OPTIONAL: CA, MI, NC, NCCI, WI</p>	(N)	129-137	9
25	<p><b>RESERVED FOR FUTURE USE</b></p>	(N)	138-145	8

Field No.	Field Title/Description	Class	Position	Bytes
26	<b>POLICY CONDITIONS INDICATORS</b> 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.	(A)	146-152	7
	*Three-Year Fixed Rate Policy (Y/N) OPTIONAL: CA		(146)	(1)
	*Multistate Policy (Y/N) OPTIONAL: CA		(147)	(1)
	*Interstate Rated Policy (Y/N) OPTIONAL: CA		(148)	(1)
	Estimated Exposure Indicator (Y/N)		(149)	(1)
	*Retrospective Rated Policy (Y/N) OPTIONAL: CA		(150)	(1)
	*Cancelled Mid-Term Policy (Y/N) OPTIONAL: CA		(151)	(1)
	Managed Care Organization (MCO) Policy (Y/N) OPTIONAL: CA		(152)	(1)
	NOT APPLICABLE: NJ			
27	<b>RESERVED FOR FUTURE USE</b>		153-156	4
28	<b>POLICY TYPE ID CODES</b> Report the three 2-digit codes that correspond to the type of coverage, plan indicator and nonstandard provisions of the policy.	(N)	157-162	6
	NOT APPLICABLE: NJ			

Field No.	Field Title/Description	Class	Position	Bytes
<b>TYPE OF COVERAGE (157–158)</b>		<b>PLAN (159–160)</b>		<b>NON-STANDARD TYPE (161–162)</b>
<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>	<b>Code Description</b>
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 NOT APPLICABLE: NY, CA	02 Excluding Medical NOT APPLICABLE: CA, DE, MA, MI, MN, 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
				08 Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others NOT APPLICABLE: CA, MA, MI, MN, NY, WI, OPTIONAL: NC, NCCI
09	Nonstandard Workers Compensation Coverage (used only in conjunction with other than Code 01 in Positions 161–162 of this field) NOT APPLICABLE: CA, MI, WI			09 Voluntary Coverage not mandatory by State Act NOT APPLICABLE: CA, MA, MI, MN, NJ, NY, WI
				99 Self-Insured Groups NOT APPLICABLE: CA, DE, MI, MN, NJ, NY, NCCI, PA, WI

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

Field No.	Field Title/Description	Class	Position	Bytes
29	<b>RESERVED FOR FUTURE USE</b>		163-164	2

30	<b>DEDUCTIBLE TYPE CODE</b> Report the two 2-digit codes that identify the type of deductible being reported. For example, Deductible Type Code 0103 indicates that the deductible amount applies to medical losses only on a per policy basis.	(N)	165-168	4
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**First Two Positions (165–166)**

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical and Indemnity Losses

**Second Two Positions (167-168)**

Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy (Deductible Aggregate Limit)
04	Percent of Claim Cost (N/A: NC)
05	Percent of Premium (N/A: NC)
06	Coinsurance Only Percent With Per Claim Amount Limit
07	Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit (N/A: NC)
08	Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit (N/A: NC)
09	Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit
10	Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit (N/A: MN)
11	Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit (N/A: MN, NC)
12	Variable -- as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined. (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.

31	<b>DEDUCTIBLE PERCENT FACTOR</b> Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program.	(N)	169-170	2
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Applicable only when the second position of Deductible Type Code is 04 through 08 or 11.

NOT APPLICABLE: CA, ~~MA~~, MI, NC, NJ, WI

Field No.	Field Title/Description	Class	Position	Bytes
32	<p><b>DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT</b>                      Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the deductible program.</p> <p>NOT APPLICABLE: CA, MI, NJ, WI</p>	(N)	171-179	9
33	<p><b>DEDUCTIBLE AMOUNT – AGGREGATE</b>                      Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.</p> <p>NOT APPLICABLE: CA, MI, NJ, WI</p> <p><b>NOTE: POSITIONS 189-230 ARE TO BE USED ONLY WHEN CORRECTING LINK RECORD DATA</b></p> <p><b>NOTE: EACH FIELD HAS BEEN IDENTIFIED AS BEING APPLICABLE TO EITHER ELECTRONIC OR HARD COPY REPORTING</b></p>	(N)	180-188	9
34	<p><b>PREVIOUS REPORT LEVEL CODE/REPORT NUMBER</b>                      Report the report number code that was previously reported.</p> <p>NOT APPLICABLE: MN</p> <p>Electronic field only.</p> <p><b>NOTE:</b> This is a 2-digit field.</p> <p><b>REVISED REPORT LEVEL CODE/REPORT NUMBER</b>                      Report the revised report number code immediately below the report number code field on the unit report.</p> <p>NOT APPLICABLE: MN</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 Report Number.</p>	(N)	189-190	2
35	<b>RESERVED FOR FUTURE USE</b>		191	1

Field No.	Field Title/Description	Class	Position	Bytes
36	<p><b>PREVIOUS CORRECTION SEQUENCE NUMBER</b>                      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>                      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><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>                      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>                      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>                      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>                      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

Field No.	Field Title/Description	Class	Position	Bytes
39	<p><b>PREVIOUS POLICY EFFECTIVE DATE</b>                      Report the policy effective date that was previously reported.</p> <p>NOT APPLICABLE: MN</p> <p>Electronic reporting – format: YYMMDD</p> <p>Electronic field only.</p> <p><b>REVISED POLICY EFFECTIVE DATE</b>                      Report the revised policy effective date immediately below the policy effective on the unit report.</p> <p>NOT APPLICABLE: MN</p> <p>Hard copy reporting – format: MM/DD/YY</p> <p>Hard copy field only.</p>	(N)	216-221	6
40	<p><b>PREVIOUS EXPOSURE STATE CODE</b>                      Report the exposure state code that was previously reported.</p> <p>NOT APPLICABLE: MN</p> <p>Electronic field only.</p> <p><b>REVISED EXPOSURE STATE CODE</b>                      Report the revised exposure state code immediately below the exposure state code field on the unit report.</p> <p>NOT APPLICABLE: MN</p> <p>Hard copy field only.</p>	(N)	222-223	2
41	<p><b>PREVIOUS UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b>                      Report the unit/certificate number identifier that was previously reported.</p> <p>Electronic field only.</p> <p><b>REVISED UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b>                      Report the unit/certificate number identifier immediately below the unit/certificate number identifier field on the unit report.</p> <p>Hard copy field only.</p>	(AN)	224-230	7
42	<b>RESERVED FOR INSURER USE</b>		231-242	12
43	<b>RESERVED FOR JURISDICTION USE</b>		243-248	6

Field No.	Field Title/Description	Class	Position	Bytes								
44	<p><b>RESERVED FOR BEEP USE EDIT BYPASS CODE</b>                      BEEP (Bureau Entry &amp; 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.</p> <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> <p>Refer to the Statistical Plan of each rating/statistical organization for use of this code.</p> <p>NOT APPLICABLE: MN, NJ, NC, NCCI, WI</p>	Code	Description	F	Forced leave	Blank	No edit bypass	(AN)	249	1		
Code	Description											
F	Forced leave											
Blank	No edit bypass											
45	<p><b>ASWG UNIT SUBMISSION CODE</b>                      For electronic reporting this field is the ASWG code. The following values apply:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>ASWG Format</td> </tr> <tr> <td>E</td> <td>Expanded ASWG report (CA only)</td> </tr> <tr> <td>Blank</td> <td>Pre-ASWG</td> </tr> </tbody> </table> <p>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). <del>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.</del></p> <p><b>NOTE:</b> 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.</p>	Code	Description	A	ASWG Format	E	Expanded ASWG report (CA only)	Blank	Pre-ASWG	(AN)	250	1
Code	Description											
A	ASWG Format											
E	Expanded ASWG report (CA only)											
Blank	Pre-ASWG											
H	<p><b>Card Serial Number</b>                      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.</p> <p>NOT APPLICABLE: NC</p>											

Field No.	Field Title/Description	Class	Position	Bytes
H*	<b>Page Number</b> 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 <u>1</u> of X. Hard copy field only. H*—Refer to the hard copy example (Section 6) for placement of this data element.			
H**	<b>Last Page Number</b> 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 <u>10</u> . Hard copy field only. H*—Refer to the hard copy example (Section 6) for placement of this data element.			
H*	<b>PENDING FILE NUMBER</b> 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.			

Field No.	Field Title/Description	Class	Position	Bytes
<b>NAME RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "2".	(N)	41	1
10	<b>INSURED NAME</b> 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.  Maximum size of risk name is 79 characters including spaces and punctuation marks.  <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.  <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.

Field No.	Field Title/Description	Class	Position	Bytes
<b>ADDRESS RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "3".	(N)	41	1
10	<b>INSURED ADDRESS</b> 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.  Maximum size of this field is 79 characters including spaces and punctuation marks.  <b>NOTE:</b> NCCI, NJ—Only Positions 42–91 are printed on the unit reports produced from these jurisdictions' systems.	(AN)	42-120	79
11	<b>RESERVED FOR FUTURE USE</b>		121-250	130

THIS ADDRESS RECORD IS OPTIONAL FOR ALL JURISDICTIONS.

Field No.	Field Title/Description	Class	Position	Bytes
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**EXPOSURE RECORD**

1-8	<b>LINK DATA</b>		1-40	40
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9	<b>RECORD TYPE CODE</b> Enter "4".	(N)	41	1
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10	<b>RESERVED FOR FUTURE USE</b>		42	1
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11	<b>CLASSIFICATION CODE</b> 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.	(N)	43-46	4
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**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
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13	<b>PREVIOUSLY REPORTED CODE</b> <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.	(N)	48	1
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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.

Field No.	Field Title/Description	Class	Position	Bytes
14	<p><b>EXPOSURE ACT/ EXPOSURE COVERAGE CODE</b></p> <p><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.</p> <p>Report the 2-digit exposure coverage code for each classification as per the Statistical Plan.</p>	(N)	49-50	2
15	<p><b>EXPERIENCE MODIFICATION FACTOR</b></p> <p>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.</p> <p>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.</p> <p><b>Example:</b>                      Modification 1.260 would be reported in this field as 1260.                      Electronic reporting format—XXXX.</p> <p>Hard copy reporting—This is a 5-digit field.                      Hard copy reporting format—XX.XXX.                      For hard copy, it is acceptable to suppress leading zeros of the Experience Modification Factor.</p> <p>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.</p>	(N)	51-54	4
16	<p><b>EXPERIENCE MODIFICATION EFFECTIVE DATE</b></p> <p>Refer to specific jurisdictions for requirements.</p> <p>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.</p> <p>For electronic reporting, this is required on all exposure records. Format: YYMMDD.</p> <p>For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.</p>	(N)	55-60	6

Field No.	Field Title/Description	Class	Position	Bytes
17	<p><b>RATE EFFECTIVE DATE</b>                      Refer to specific jurisdictions for requirements.</p> <p>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.</p> <p><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.</p> <p>For electronic reporting, this is required on all exposure records. Format: YYMMDD.</p> <p>For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.</p>	(N)	61-66	6
18	<p><b>EXPOSURE AMOUNT</b>                      The basis for determining premium on a per classification level.                      Exposure amount is normally on a payroll basis.                      Exceptions include per capita, seat surcharge, etc.                      Refer to Statistical Plans for classification code exceptions.</p> <p>Payroll Exposure Amount:                      Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.</p> <p>Non-Payroll Exposure:                      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.</p> <p>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.</p> <p>Hard copy example: To report one and one half per capita exposure use "1.5" in the exposure amount field.</p>	(N)	67-76	10

Field No.	Field Title/Description	Class	Position	Bytes
19	<p><b>PREMIUM AMOUNT</b>                      Report the premium amount corresponding to each classification.</p> <p>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.</p> <p>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.</p> <p><b>NOTE:</b> This field is not applicable for CA as of the first 1995 Normal Anniversary Date.</p>	(N)	77-85	9
20	<p><b>MANUAL CHARGE RATE</b>                      Report the charge per unit of exposure for each classification.</p> <p>Please contact the DCO for instructions for this field.</p> <p>Assumed decimal point between Positions 89 and 90 for electronic reporting only.</p> <p>NOT APPLICABLE: CA</p> <p>Electronic reporting example: A rate of 1.24 would be reported in this field as 0001240.</p> <p>Hard copy reporting example: A rate of 1.24 would be reported in this field as 0001.240.</p> <p>For hard copy it is acceptable to suppress the leading zeros of the Manual/Charged Rate.</p>	(N)	86-92	7
21	<p><b>SPLIT PERIOD CODE</b>                      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".</p> <p>Electronic field only.</p> <p>NOT APPLICABLE: CA, NJ (Split period codes 2-9)</p>	(N)	93	1
22	<p><b>RESERVED FOR FUTURE USE</b></p>		94-110	17

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

**Method 1—Common to all Jurisdictions and Insurers**

Code	Description
P	Previously Reported
R	Revised

**Method 2—Jurisdictions may offer as optional reporting to insurers**

Code	Description
A	Add Record
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
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Field No.	Field Title/Description	Class	Position	Bytes
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27	<b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b> 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
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Code	Description
00	For Use With Statistical Codes*
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 (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)

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, or the Type of Act (law) governing the policy.

28	<b>RESERVED FOR FUTURE USE</b>		125-250	126
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**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.

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Field No.	Field Title/Description	Class	Position	Bytes
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E**	<b>EXPENSE CONSTANT AMOUNT</b>			
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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.

Field No.	Field Title/Description	Class	Position	Bytes
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**LOSS RECORD**

1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "5".	(N)	41	1
10	<b>RESERVED FOR FUTURE USE</b>		42	1
11	<b>CLASSIFICATION CODE</b> 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

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

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

Code	Description
1	Data as previously reported
0	Revised data

Electronic field only.

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

14	<b>LOSS COVERAGE CODE</b>	(N)	49-50	2
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**ASWG NOTE:** This field is not applicable when reporting in an ASWG format.

Report the 2-digit code that identifies whether the loss is covered under the State Act, USL&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.

Field No.	Field Title/Description	Class	Position	Bytes
15	<p><b>CLAIM COUNT</b>                      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.</p> <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>	(N)	51-54	4
16	<p><b>ACCIDENT DATE</b>                      Report the month, day and year on which the injury occurred.</p> <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>	(N)	55-60	6
17	<p><b>CLAIM NUMBER</b>                      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.</p> <p>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.</p> <p><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.</p>	(AN)	61-72	12

Field No.	Field Title/Description	Class	Position	Bytes																				
18	<p><b>CLAIM STATUS CODE</b>                      Report the 1-digit code that indicates the status of the claim:</p> <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	<p><b>WEEKLY WAGE AMOUNT (CA ONLY)</b>                      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.</p>	(N)	74-78	5																				
20	<p><b>INJURY CODE (INJURY TYPE)</b>                      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.</p> <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, NY, NC, PA, WI</td> </tr> <tr> <td>04</td> <td>Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, 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, NY, NC, PA, WI	04	Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, 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, NY, NC, PA, WI																							
04	Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NY, NC, PA, WI																							
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Hard copy reporting – Leading zero may be suppressed.

Field No.	Field Title/Description	Class	Position	Bytes
21	<p><b>CATASTROPHE NUMBER</b>                      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.</p> <p>Refer to the Statistical Plan for exact criteria used in the reporting of catastrophe losses.</p> <p>Hard copy reporting—Leading zero may be suppressed.</p>	(N)	81-82	2
22	<p><b>INCURRED INDEMNITY AMOUNT</b>                      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.</p> <p><b>NOTE:</b> Allocated Loss Adjustment Expenses for other than <del>employer</del> employer's liability coverage must be excluded from indemnity loss amounts.</p>	(N)	83-91	9
23	<p><b>INCURRED MEDICAL AMOUNT</b>                      Report the whole dollar amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.</p>	(N)	92-100	9
24	<p><b>SOCIAL SECURITY NUMBER</b>                      Report the injured worker's Social Security Number assigned by the Social Security Administration.                      CA: Enter "000000000" if not available.                      NOT APPLICABLE: <u>DE</u>, <u>MA</u>, MI, MN, NCCI, NJ, NY, <u>PA</u>, WI                      OPTIONAL: <u>DE</u>, <u>NC</u>, <u>PA</u></p>	(N)	101-109	9
25	<p><b>RESERVED FOR FUTURE USE</b></p> <p><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.</p>		110-120	11

Field No.	Field Title/Description	Class	Position	Bytes
26	<b>UPDATE TYPE CODE</b> Report the 1-letter code that identifies the activity of a loss 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 Description</b>	<b>Code Description</b>		
	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

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.

27	<b>RESERVED FOR FUTURE USE</b>		122	1
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28	<b>LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPES OF SETTLEMENT)</b> Report the five 2-digit codes that correspond to the act, type of loss, type of recovery, type of claim, and type of settlement.	(N)	123-132	10
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Hard copy reporting—Leading zero may be suppressed.  
 This field should contain the loss coverage codes for non-ASWG units.

ACT	Code	Description	(N)	123-124	2
	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)			

TYPE OF LOSS	Code	Description	(N)	125-126	2
	01	Trauma			
	02	Occupational Disease			
	03	Cumulative Injury Other Than Disease			

Field No.	Field Title/Description	Class	Position	Bytes
	<b>TYPE OF RECOVERY</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 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</b>	(N)	129-130	2
	<b>Code</b> <b>Description</b>			
	01    Workers Compensation Only			
	02    Employers Liability Only N/A: WI			
	03    Workers Compensation including Employers Liability			
	04    Liability Over—N/A: CA, DE, PA, WI			
	05    Excess Benefits (NCCI only)			
	06    Excess Special Compensation (NCCI only)			
	<b>TYPE OF SETTLEMENT</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			
	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> 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> 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

Field No.	Field Title/Description	Class	Position	Bytes																
31	<b>MANAGED CARE ORGANIZATION TYPE CODE</b>	(N)	142-143	2																
	<table border="0"> <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. NOT APPLICABLE: CA, MA</td> </tr> <tr> <td>02</td> <td>The claim's medical losses are administered by a Health Maintenance Organization. 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. 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. 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. 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. NOT APPLICABLE: DE, MA, MN, NJ, PA, WI</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. NOT APPLICABLE: CA, MA	02	The claim's medical losses are administered by a Health Maintenance Organization. NOT APPLICABLE: CA, MI, MN, NJ	03	The claim's medical losses are administered by a Preferred Provider Organization. NOT APPLICABLE: CA, MI, MN, NJ	04	The claim's medical losses are administered by an Exclusive Provider Organization. NOT APPLICABLE: CA, MA, MI, MN, NJ	05	The claim's medical losses are administered by an Independent Practice Association. 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. NOT APPLICABLE: DE, MA, MN, NJ, PA, WI			
Code	Description																			
00	The claim is not administered by an approved/certified managed care organization.																			
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	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> 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> Report the 2-digit code that represents the part of body for a given claim.	(N)	144-145	2																
	<b>NATURE</b> Report the 2-digit code that represents the nature of injury for a given claim.	(N)	146-147	2																
	<b>CAUSE</b> Report the 2-digit code that represents the cause of injury for a given claim. Refer to Statistical Plan for applicable codes.	(N)	148-149	2																
	NOT APPLICABLE: MI																			

Field No.	Field Title/Description	Class	Position	Bytes
	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> Report a narrative description of the regular occupation of the injured worker.  NOT APPLICABLE: MI, MN, NJ, NY, WI  OPTIONAL: CA, MA, NCCI	(AN)	150-167	18
34	<b>VOCATIONAL REHABILITATION INDICATOR</b> Report the value that indicates the inclusion of vocational rehabilitation costs in the losses. <b>Indicator Description</b> Y Claim includes Vocational Rehabilitation costs N Claim does not include Vocational Rehabilitation costs  NOT APPLICABLE: NJ, NY	(A)	168	1
35	<b>LUMP SUM INDICATOR</b> Report the value that identifies a lump sum agreement for the claim. <b>Indicator Description</b> 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	(A)	169	1
36	<b>FRAUDULENT CLAIM CODE</b> Report the 2-digit code that identifies the involvement of fraud in the claim. <b>Code Description</b> 00 Not fraudulent 01 Partially fraudulent 02 Fully fraudulent—N/A: CA  NOT APPLICABLE: MA, MI, MN, NJ, WI  Hard copy reporting—Leading zero may be suppressed	(N)	170-171	2
37	<b>RESERVED FOR FUTURE USE</b>		172-173	2

Field No.	Field Title/Description	Class	Position	Bytes
38	<p><b>PAID INDEMNITY AMOUNT</b>                      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.</p> <p><b>NOTE:</b> ALAE for other than employers liability coverage must be excluded from indemnity losses.</p> <p>NOT APPLICABLE: MI, NJ</p> <p>OPTIONAL: NC</p>	(N)	174-182	9
39	<p><b>PAID MEDICAL AMOUNT</b>                      Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.</p> <p>NOT APPLICABLE: MI, NJ</p> <p>OPTIONAL: NC</p>	(N)	183-191	9
40	<p><b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT (MA ONLY)</b>                      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.</p> <p>OPTIONAL: DE, NC, NCCI, PA</p>	(N)	192-200	9
41	<p><b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT</b>                      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.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NC, NCCI</p>	(N)	201-209	9
42	<p><b>DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY)</b>                      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.</p> <p>Electronic reporting—Report zeros if experience rating is to be calculated on gross losses.</p> <p>Hard copy reporting—Report blank if experience rating is to be calculated on gross losses.</p>	(N)	210-218	9

Field No.	Field Title/Description	Class	Position	Bytes
43	<p><b>TOTAL GROSS INCURRED AMOUNT (CA ONLY)</b>                      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.)</p>	(N)	219-227	9
44	<p><b>RESERVED FOR FUTURE USE</b></p>		228-229	2
45	<p><b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b>                      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.                       NOT APPLICABLE: MI, MN, NJ</p>	(N)	230-238	9
46	<p><b>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b>                      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.                       NOT APPLICABLE: CA, MA, MI, MN, NJ                      OPTIONAL: DE, NC, NCCI, NY, PA, WI                      APPLICABLE: NONE</p>	(N)	239-247	9
47	<p><b>SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY (CA ONLY)</b>                      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.</p> <p><b>RESERVED FOR FUTURE USE AREA OF HARD COPY REPORT (LOSS DETAIL)</b>                      Hard copy reporting only.</p> <p><b>NOTE:</b> 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.</p>	(N)	248-250	3

Field No.	Field Title/Description	Class	Position	Bytes
<b>UNIT TOTAL RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "6".  OPTIONAL: NCCI	(N)	41	1
10	<b>EXPOSURE – PAYROLL TOTAL</b>  A. <b>1<sup>ST</sup> Report</b> 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> Report the revised exposure payroll total as defined above.  C. <b>Subsequent Report of Loss Correction Report</b> This field will always contain zeros.	(N)	42-52	11
11	<b>EXPOSURE – OTHER PAYROLL TOTAL</b> For electronic reporting, there is an assumed decimal point between Positions 61 and 62.  <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.  A. <b>1<sup>ST</sup> Report</b> Report the total of non-payroll exposure amounts regardless of base.  B. <b>Exposure Correction Report</b> Report the revised exposure other than payroll total.  C. <b>Subsequent Report of Loss Correction Report</b> This field will always contain zeros.	(N)	53-62	10
12	<b>SUBJECT PREMIUM TOTAL</b>  A. <b>1<sup>ST</sup> Report</b> Report the sum of premium amounts subject to experience modification prior to the application of the modification factor.  Electronic reporting—This field is required.  Hard copy reporting—For risks not subject to experience modification, this field may be blank.	(N)	63-72	10

Field No.	Field Title/Description	Class	Position	Bytes
	<p><b>B. Exposure Correction Report</b>                      Report the revised subject premium total.</p> <p>Electronic reporting—This field is required.</p> <p>Hard copy reporting—For risks not subject to experience modification, this field may be blank.</p>			
	<p><b>C. Subsequent Report of Loss Correction Report</b>                      This field will always contain zeros.</p> <p><b>NOTE:</b> This field is not applicable for CA as of the first 1995 Normal Anniversary Date.</p>			
T*	<p><b>TOTAL MODIFIED PREMIUM</b>                      Report the sum of the total subject premium multiplied by the experience modification factor.</p> <p>Hard copy field only.</p> <p><b>NOTE:</b> This is a 10-digit field.</p> <p>T*—Refer to hard copy example (Section 6) for placement of this data element.</p>			
13	<p><b>STANDARD PREMIUM TOTAL</b></p> <p><b>A. 1<sup>ST</sup> Report</b>                      Report the sum of all premium dollars, both subject to modification and not subject to modification, which are to be included in standard premium.</p> <p><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.</p> <p>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 NOTE 2).</p> <p><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.</p>	(N)	73-83	11

Field No.	Field Title/Description	Class	Position	Bytes
	<p><b>B. Exposure Correction Report</b>                      Report the revised standard premium total.</p> <p><b>C. Subsequent Report of Loss Correction Report</b>                      This field will always contain zeros.</p>			
14	<p><b>CLAIM COUNT TOTAL</b>                      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.</p> <p><b>A. 1<sup>ST</sup> Report</b>                      Individually listed claims will be counted as one claim. Claims reported using the grouping option will include the number of claims grouped.</p> <p><b>B. Exposure Correction Report</b>                      This field will always contain zeros.</p> <p><b>C. Subsequent Report of Loss Correction Report</b>                      This field will contain the revised number of claims.</p> <p>NOT APPLICABLE: CA</p>	(N)	84-88	5
15	<p><b>INCURRED INDEMNITY AMOUNT TOTAL</b>                      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.</p> <p><b>A. 1<sup>ST</sup> Report</b>                      Report the total of the incurred indemnity amounts on this report.</p> <p><b>B. Exposure Correction Report</b>                      This field will always contain zeros.</p> <p><b>C. Subsequent Report of Loss Correction Report</b>                      This will be the revised incurred indemnity total.</p>	(N)	89-98	10
16	<p><b>INCURRED MEDICAL AMOUNT TOTAL</b>                      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.</p> <p><b>A. 1<sup>ST</sup> Report</b>                      Report the total of the incurred medical amounts on this report.</p>	(N)	99-108	10

Field No.	Field Title/Description	Class	Position	Bytes						
	<p><b>B. Exposure Correction Report</b>                      This field will always contain zeros.</p> <p><b>C. Subsequent Report of Loss Correction Report</b>                      Report the revised incurred medical total.</p>									
17	<p><b>RECORDS IN UNIT REPORT TOTAL</b>                      Report the total number of records including the unit total record reported for this unit report, excluding any ICR records (type 7).</p> <p>Electronic field only.</p> <p>Example: 1 header, 1 name, 1 address, 1 exposure, 10 losses and                      1 unit total = 15 records.</p> <p><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).</p>	(N)	109-113	5						
18	<p><b>PREVIOUSLY REPORTED CODE (NCCI ONLY)</b>  <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.</p> <p>The code in this position is used to indicate the “Previous” or “Revised” totals on Exposure Correction Reports.</p> <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Totals as previously reported</td> </tr> <tr> <td>0</td> <td>Revised totals</td> </tr> </table> <p>Electronic field only.</p> <p><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).</p>	<b>Code</b>	<b>Description</b>	1	Totals as previously reported	0	Revised totals	(N)	114	1
<b>Code</b>	<b>Description</b>									
1	Totals as previously reported									
0	Revised totals									
19	<p><b>RESERVED FOR FUTURE USE</b>  <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.</p>		115-122	8						

Field No.	Field Title/Description	Class	Position	Bytes
20	<p><b>PAID INDEMNITY AMOUNT TOTAL</b>                      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.</p> <p>NOT APPLICABLE: CA, MI, NJ                      OPTIONAL: NC</p>	(N)	123-132	10
21	<p><b>PAID MEDICAL AMOUNT TOTAL</b>                      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.</p> <p>NOT APPLICABLE: CA, MI, NJ                      OPTIONAL: NC</p>	(N)	133-142	10
22	<p><b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL (MA ONLY)</b>                      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.</p> <p>OPTIONAL: DE, NCCI, NC, PA                      OPTIONAL: NC</p>	(N)	143-152	10
23	<p><b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL</b>                      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.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI                      OPTIONAL: NCCI, NC</p>	(N)	153-162	10
24	<p><b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL</b>                      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.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ</p>	(N)	163-172	10
25	<p><b>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL</b>                      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.</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NJ                      OPTIONAL: DE, NCCI, NY, NC, PA, WI</p>	(N)	173-182	10

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Field No.	Field Title/Description	Class	Position	Bytes
26	RESERVED FOR FUTURE USE		183-250	68

Field No.	Field Title/Description	Class	Position	Bytes
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**ICR RECORD 7-A**

1-8	<b>LINK DATA</b>		1-40	40
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9	<b>RECORD TYPE CODE</b> Enter "7".	(N)	41	1
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NOT APPLICABLE FOR CA IF REPORTING EXPANDED  
 ASWG FORMAT ONLY.

NOT APPLICABLE: MI, MN, NC, WI  
 OPTIONAL: NCCI

10	<b>SUB-RECORD TYPE CODE</b> Enter "A".	(AN)	42	1
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11	<b>CLAIM NUMBER</b> 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
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12	<b>RESERVE TYPE CODE</b> Report the 2-digit code that identifies the type of reserve for this claim:	(N)	55-56	2
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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

NOT APPLICABLE: CA

Field No.	Field Title/Description	Class	Position	Bytes																				
13	<b>YEAR LAST EXPOSED</b> Format: YYYY. NOT APPLICABLE: CA, NY  OPTIONAL: MA	(N)	57-60	4																				
14	<b>RESERVED FOR FUTURE USE</b>		61-68	8																				
15	<b>CLASSIFICATION CODE</b> Report the appropriate 4-digit classification code in accordance with the appropriate Statistical Plan instructions.  OPTIONAL: CA	(N)	69-72	4																				
16	<b>RESERVED FOR FUTURE USE</b>		73	1																				
17	<b>INJURY CODE</b> <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 (CA, NJ only)</td> </tr> <tr> <td>04</td> <td>Minor Permanent Partial Disability (CA, NJ only)</td> </tr> <tr> <td>05</td> <td>Temporary Total or Temporary Partial Disability N/A: MA</td> </tr> <tr> <td>06</td> <td>Medical Claims Only N/A: MA</td> </tr> <tr> <td>07</td> <td>Contract Medical or Hospital Allowance N/A: MA</td> </tr> <tr> <td>08</td> <td>Compromise Death (CA only)</td> </tr> <tr> <td>09</td> <td>Permanent Partial Disability—N/A: CA, MA, NJ</td> </tr> </tbody> </table> NOT APPLICABLE: CA	Code	Description	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	(N)	74-75	2
Code	Description																							
01	Death																							
02	Permanent Total Disability																							
03	Major Permanent Partial Disability (CA, NJ only)																							
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07	Contract Medical or Hospital Allowance N/A: MA																							
08	Compromise Death (CA only)																							
09	Permanent Partial Disability—N/A: CA, MA, NJ																							
18	<b>LOSS COVERAGE CODE</b>  <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.  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	(N)	76-77	2																				

Field No.	Field Title/Description	Class	Position	Bytes										
19	<b>TRANSACTION TYPE CODE</b> Report the appropriate 1-digit code as follows: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Initial Report</td> </tr> <tr> <td>2</td> <td>Subsequent Report</td> </tr> <tr> <td>3</td> <td>Revised Report (Jurisdiction Initiated)</td> </tr> <tr> <td>4</td> <td>Correction Report (Insurer Initiated)</td> </tr> </tbody> </table> NOT APPLICABLE: CA, MA	Code	Description	1	Initial Report	2	Subsequent Report	3	Revised Report (Jurisdiction Initiated)	4	Correction Report (Insurer Initiated)	(N)	78	1
Code	Description													
1	Initial Report													
2	Subsequent Report													
3	Revised Report (Jurisdiction Initiated)													
4	Correction Report (Insurer Initiated)													
20	<b>WORKER'S SEX</b> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>M</td> <td>Male</td> </tr> <tr> <td>F</td> <td>Female</td> </tr> </tbody> </table>	Code	Description	M	Male	F	Female	(A)	79	1				
Code	Description													
M	Male													
F	Female													
21	<b>ACCIDENT DATE</b> Report the date on which the injury occurred. Format: YYMMDD.	(N)	80-85	6										
22	<b>DECEASED DATE</b> Report the date on which the worker died. Format: YYMMDD.	(N)	86-91	6										
23	<b>REPORTED DATE</b> 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	(N)	92-97	6										
24	<b>BIRTH DATE</b> Report the date on which the injured worker was born. Format: YYMMDD.  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)	(N)	98-103	6										
25	<b>RESERVED FOR FUTURE USE</b>		104-109	6										
26	<b>CLOSED DATE</b> Report the year and month on which the claim was closed in the insurer's statistical/accounting system. Format: YYMM.  OPTIONAL: CA	(N)	110-113	4										
27	<b>RESERVED FOR FUTURE USE</b>		114-118	5										

Field No.	Field Title/Description	Class	Position	Bytes																											
28	<p><b>STATUS CODE</b>                      Report the 1-digit code that corresponds to the status of the claim as of the valuation date as follows:</p> <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	<p><b>METHOD OF SETTLEMENT CODE</b></p> <p><b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format.</p> <p>Report the appropriate 1-digit code as follows:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> <th>Applicability</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Not Yet Settled</td> <td>NOT APPLICABLE: CA, DE, PA</td> </tr> <tr> <td>1</td> <td>Lump Sum</td> <td>NOT APPLICABLE: CA, NJ</td> </tr> <tr> <td>2</td> <td>Other Than Lump Sum</td> <td>NOT APPLICABLE: CA, NJ, MA</td> </tr> <tr> <td>3</td> <td>Stipulated Award (Insurer/Claimant Settlement)</td> <td>NOT APPLICABLE: DE, MA, PA</td> </tr> <tr> <td>4</td> <td>Findings and Award (Judicial Award)</td> <td>NOT APPLICABLE: DE, MA, PA</td> </tr> <tr> <td>5</td> <td>Dismissed or Take Nothing</td> <td>NOT APPLICABLE: DE, MA, PA</td> </tr> <tr> <td>6</td> <td>CA Compromise and Release or NJ Section 20</td> <td>CA, NJ only</td> </tr> <tr> <td>7</td> <td>Other</td> <td>NOT APPLICABLE: DE, MA, NJ, PA</td> </tr> </tbody> </table>	Code	Description	Applicability	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	Description	Applicability																													
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																													
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6	CA Compromise and Release or NJ Section 20	CA, NJ only																													
7	Other	NOT APPLICABLE: DE, MA, NJ, PA																													
30	<p><b>RESERVED FOR FUTURE USE</b></p> <p><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.</p>		121-122	2																											

Field No.	Field Title/Description	Class	Position	Bytes
31	<b>LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPE OF SETTLEMENT)</b> 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.  NOT APPLICABLE: CA OPTIONAL: MA	(N)	123-132	10
	<b>ACT – LOSS CONDITION CODES</b>	(N)	123-124	2
	<b>Code 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 CONDITIONS CODES</b>	(N)	125-126	2
	<b>Code Description</b>			
	01 Trauma			
	02 Occupational Disease			
	03 Cumulative Injury Other Than Disease			
	<b>TYPE OF RECOVERY – LOSS CONDITIONS CODES</b>	(N)	127-128	2
	<b>Code 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 CONDITIONS CODES</b>	(N)	129-130	2
	<b>Code Description</b>			
	01 Workers Compensation Only			
	02 Employers Liability Only			
	03 Workers Compensation & Employers Liability			
	04 Liability Over—N/A: CA			
	05 Excess Benefits (NCCI only)			
	06 Excess Special Compensation (NCCI only)			

Field No.	Field Title/Description	Class	Position	Bytes
	<b>TYPE OF SETTLEMENT – LOSS CONDITION CODES</b>	(N)	131-132	2
	<b>Code 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			
32	<b>RESERVED FOR FUTURE USE</b>		133-139	7
33	<b>JURISDICTION STATE CODE</b>	(N)	140-141	2
	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.			
	NOT APPLICABLE: CA OPTIONAL: MA			
34	<b>MANAGED CARE ORGANIZATION TYPE CODE</b>	(N)	142-143	2
	Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses to this claim.			
	<b>Code Description</b>			
	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 02–05 below—N/A: CA, MA			
	02 The claim's medical losses are administered by a Health Maintenance Organization—N/A: CA, NJ			
	03 The claim's medical losses are administered by a Preferred Provider Organization—N/A: CA, NJ			
	04 The claim's medical losses are administered by an Exclusive Provider Organization—N/A: CA, MA, NJ			
	05 The claim's medical losses are administered by an Independent Practice Association—N/A: CA, MA, 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. —N/A: DE, MA, NJ, PA			
	NOT APPLICABLE: CA OPTIONAL: MA			

Field No.	Field Title/Description	Class	Position	Bytes
35	<p><b>LUMP SUM INDICATOR</b>                      Report the value that identifies a lump sum agreement for the claim.</p> <p><b>Indicator Description</b>                      Y Claim has been settled by an agreement to a lump sum amount.                      N Claim has not been settled with a lump sum agreement.</p> <p>NOT APPLICABLE: CA, NJ, NY                      OPTIONAL: MA</p>	(A)	144	1
36	<p><b>FRAUDULENT CLAIM CODE</b>                      Report the 2-digit code that identifies the involvement of fraud in the claim.</p> <p><b>Code Description</b>                      00 Not Fraudulent                      01 Partially Fraudulent                      02 Fully Fraudulent</p> <p>NOT APPLICABLE: CA, MA, NJ</p>	(N)	145-146	2
37	<p><b>SOCIAL SECURITY OFFSET INDICATOR</b>                      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.</p> <p><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.</p> <p>NOT APPLICABLE: DE, NJ, PA</p>	(A)	147	1
38	<b>RESERVED FOR FUTURE USE</b>		148-249	102
39	<p><b>ASWG UNIT SUBMISSION CODE</b>                      Report an "A" in this field to indicate that this record includes ASWG Additional and Restructured elements; otherwise, leave blank.</p>	(A)	250	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-B</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI  OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "B".	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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> 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> Report the 2-digit code that identifies the injured body part.  <b>NOTE:</b> Refer to Injury Description Code table of appropriate Statistical Plan.  OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA	(N)	60-61	2
14	<b>INJURY DESCRIPTION CODE – NATURE OF INJURY</b> Report the 2-digit code that identifies the nature of the injury.  <b>NOTE:</b> Refer to Injury Description Code table of appropriate Statistical Plan.  OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA	(N)	62-63	2
15	<b>INJURY DESCRIPTION CODE – CAUSE OF INJURY</b> Report the 2-digit code that identifies the cause of the accident.  <b>NOTE:</b> Refer to Injury Description Code table of appropriate Statistical Plan.  OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA	(N)	64-65	2

Field No.	Field Title/Description	Class	Position	Bytes
16	<p><b>INCURRED COST OF TEMPORARY INDEMNITY AMOUNT TOTAL</b>                      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.</p> <p>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)</p>	(N)	66-74	9
17	<p><b>SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY</b>                      Report the percentage of loss, or loss of use, of the specific body member on which the scheduled indemnity benefit is based.</p> <p>Report to the nearest whole percentage.</p> <p>NOT APPLICABLE: PA                      OPTIONAL: MA</p>	(N)	75-77	3
18	<p><b>SCHEDULED INDEMNITY – BODY MEMBER CODE</b>                      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.</p> <p>OPTIONAL: CA, MA</p>	(N)	78-79	2
19	<p><b>SCHEDULED INDEMNITY – NUMBER OF WEEKS</b>                      Report the number of weeks upon which the scheduled indemnity benefit is based.</p> <p>Report whole weeks, not rounded.</p> <p>NOT APPLICABLE: MA                      OPTIONAL: CA</p>	(N)	80-83	4
20	<p><b>SCHEDULED INDEMNITY – INCURRED LOSS AMOUNT TOTAL</b>                      Report the incurred indemnity amount (paid + outstanding) as of the valuation date of all scheduled benefits.</p> <p>Report whole dollars only.</p> <p>OPTIONAL: CA</p>	(N)	84-92	9
21	<p><b>NUMBER OF WEEKS FOR TEMPORARY BENEFIT</b>                      Report the number of weeks for benefits related to temporary loss of earnings due to lost time from work.</p> <p>NOT APPLICABLE: CA,                      OPTIONAL: MA</p>	(N)	93-96	4

Field No.	Field Title/Description	Class	Position	Bytes
22	<b>RESERVED FOR FUTURE USE</b>		97-102	6
23	<b>SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY</b> Same as Position 75–77 above.  To be used in the event of a multiple scheduled injury.  OPTIONAL: CA, MA	(N)	103-105	3
24	<b>SCHEDULED INDEMNITY – BODY MEMBER CODE</b> Same as Position 78–79 above.  To be used in the event of a multiple scheduled injury.  OPTIONAL: CA, MA	(N)	106-107	2
25	<b>SCHEDULED INDEMNITY – NUMBER OF WEEKS</b> Same as Position 80–83 above.  To be used in the event of a multiple scheduled injury.  NOT APPLICABLE: MA  OPTIONAL: CA	(N)	108-111	4
26	<b>SCHEDULED INDEMNITY – INCURRED LOSS AMOUNT TOTAL</b> Same as Position 84–92 above.  To be used in the event of a multiple scheduled injury.  OPTIONAL: CA	(N)	112-120	9
27	<b>RESERVED FOR FUTURE USE</b>		121-250	130

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-C</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI  OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "C".	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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> Report the percentage of whole body upon which the nonscheduled indemnity benefit (other than scheduled body member code) was based.  NOT APPLICABLE: CA, OPTIONAL: MA	(N)	55-57	3
13	<b>NONSCHEDULED INDEMNITY – INCURRED LOSS AMOUNT TOTAL</b> Report the total incurred indemnity amount (paid + outstanding) as of the valuation date on all nonscheduled benefits. Report whole dollars only.  NOT APPLICABLE: CA	(N)	58-66	9
14	<b>EMPLOYERS LIABILITY OR OTHER INDEMNITY AMOUNT INCURRED</b>  NOT APPLICABLE: CA	(N)	67-75	9
15	<b>VOCATIONAL REHABILITATION – INCURRED AMOUNT TOTAL</b> Report the incurred total (paid + outstanding) of any vocational rehabilitation expenses incurred as of the valuation date.  NOT APPLICABLE: NY OPTIONAL: CA	(N)	76-84	9

Field No.	Field Title/Description	Class	Position	Bytes
16	<p><b>PENSION INDEMNITY BENEFITS – PAID TO VALUATION DATE AMOUNT</b>                      Report the amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment.</p> <p>Report amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: CA</p>	(N)	85-93	9
17	<p><b>PRESENT VALUE OF FUTURE INDEMNITY PAYMENT AMOUNT TOTAL</b>                      Report the present value of total future indemnity payment amount.</p> <p>Report amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: CA</p>	(N)	94-102	9
18	<p><b>FUNERAL ALLOWANCE AMOUNT</b>                      Report the amount of funeral allowance rounded to the nearest whole dollar.</p> <p>OPTIONAL: CA</p>	(N)	103-111	9
19	<p><b>LUMP SUM REMARRIAGE PAYMENT AMOUNT</b>                      Report the amount paid upon the remarriage of the injured worker's spouse.</p> <p>Report amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: CA, MA</p>	(AN)	112-120	9
20	<b>RESERVED FOR FUTURE USE</b>		121-250	130

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-D</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI  OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "D".	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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> 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.  Report the total rounded to nearest whole dollar.  For PA and DE only, exclude legal fees.  OPTIONAL: CA	(N)	55-64	10
13	<b>MEDICAL INCURRED AMOUNT TOTAL</b> 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.  Report the total rounded to nearest whole dollar.  OPTIONAL: CA	(N)	65-74	10
14	<b>PAID TOTAL INDEMNITY TO VALUATION DATE AMOUNT</b> Report the paid total indemnity to valuation date amount.  Report the amount rounded to nearest whole dollar.  OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA	(N)	75-84	10

Field No.	Field Title/Description	Class	Position	Bytes
15	<b>PAID TOTAL MEDICAL TO VALUATION DATE AMOUNT</b> Report the paid total medical to valuation date amount.  Report the amount rounded to nearest whole dollar.  OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA	(N)	85-94	10
16	<b>SOCIAL SECURITY OFFSET AMOUNT</b> Report the amount of Social Security or any other offset used in calculation of the total incurred indemnity amount.  Report amount rounded to nearest whole dollar.  NOT APPLICABLE: CA, DE, PA	(N)	95-103	9
17	<b>PENSION INDEMNITY AMOUNT PREVIOUSLY RESERVED, NOT PAID</b> Report the amount of pension indemnity reserved at a previous valuation, but not yet paid (i.e., accruals).  NOT APPLICABLE: CA, NY	(N)	104-113	10
18	<b>RESERVED FOR FUTURE USE</b>		114-250	137

Field No.	Field Title/Description	Class	Position	Bytes																		
<b>ICR RECORD 7-E</b>																						
1-8	<b>LINK DATA</b>		1-40	40																		
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI  OPTIONAL: NCCI	(N)	41	1																		
10	<b>SUB-RECORD TYPE CODE</b> Enter "E".	(AN)	42	1																		
11	<b>CLAIM NUMBER</b> 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> Report the 1-digit code corresponding to each different type of beneficiary as follows:  <table border="0"> <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> 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>  <table border="0"> <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> 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> Report the beneficiary's birth date. Format: YYMMDD.	(N)	57-62	6																		

Field No.	Field Title/Description	Class	Position	Bytes
15	<b>BENEFICIARY CODE - RELATIONSHIP</b> Same as Position 55 above.	(N)	63	1
16	<b>BENEFICIARY CODE - DEPENDENCY</b> Same as Position 56 above.	(A)	64	1
17	<b>BENEFICIARY BIRTH DATE</b> Same as Position 57-62 above.	(N)	65-70	6
18	<b>BENEFICIARY CODE - RELATIONSHIP</b> Same as Position 55 above.	(N)	71	1
19	<b>BENEFICIARY CODE - DEPENDENCY</b> Same as Position 56 above.	(A)	72	1
20	<b>BENEFICIARY BIRTH DATE</b> Same as 13 above.	(N)	73-78	6
21	<b>BENEFICIARY CODE - RELATIONSHIP</b> Same as 11 above.	(N)	79	1
22	<b>BENEFICIARY CODE - DEPENDENCY</b> Same as 12 above.	(A)	80	1
23	<b>BENEFICIARY BIRTH DATE</b> Same as 13 above.	(N)	81-86	6
24	<b>BENEFICIARY CODE - RELATIONSHIP</b> Same as 11 above.	(N)	87	1
25	<b>BENEFICIARY CODE - DEPENDENCY</b> Same as 12 above.	(A)	88	1
26	<b>BENEFICIARY BIRTH DATE</b> Same as 13 above.	(N)	89-94	6
27	<b>RESERVED FOR FUTURE USE</b>		95-96	2
28	<b>NAME OF INSURED</b> Report the first 24 characters of the insured's name.	(AN)	97-120	24
	OPTIONAL: CA			
29	<b>RESERVED FOR FUTURE USE</b>		121-250	130

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-F</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".	(N)	41	1
	NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.			
	NOT APPLICABLE: MI, MN, NC, WI			
	OPTIONAL: NCCI			
10	<b>SUB-RECORD TYPE CODE</b> Enter "F".	(AN)	42	1
	OPTIONAL: CA (IF REPORTING ASWG FORMAT)			
11	<b>CLAIM NUMBER</b> 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> Report the first 18 characters of the insurer's name.	(AN)	55-72	18
	NOT APPLICABLE: CA			
	OPTIONAL: MA			
13	<b>WORKER'S LAST NAME</b> Report the first 18 characters of the worker's last name.	(AN)	73-90	18
	OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)			
14	<b>WORKER'S OCCUPATION</b> Report the first 18 characters of the worker's occupation.	(AN)	91-108	18
	OPTIONAL: CA, MA			
15	<b>SOCIAL SECURITY NUMBER</b> <del>Report the 9-digit Social Security Number of the claimant.</del>	(N)	109-117	9
	<del>NOT APPLICABLE: DE, NJ, NY, PA</del>			
	<del>OPTIONAL: MA</del>			
	<del>NOTE: The Social Security Number is no longer required or captured by any jurisdiction. This field will be considered dormant but will retain its defined numeric format in lieu of being changed to a "Reserved for Future Use"</del>			

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Field No.	Field Title/Description	Class	Position	Bytes
16	RESERVED FOR FUTURE USE		118-250	133

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-G</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI  OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "G".  NOT APPLICABLE: NY	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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>  NOT APPLICABLE: DE, PA  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA	(N)	55-63	9
13	<b>LEGAL EXPENSE – DEFENSE AMOUNT</b>  NOT APPLICABLE: DE, PA  OPTIONAL: CA (IF REPORTING ASWG FORMAT), MA	(N)	64-72	9
14	<b>LEGAL EXPENSE – CLAIMANT AMOUNT</b> Report the legal and witness fee amount incurred by the claimant and awarded by a judge or referee as compensation.  Report the amount rounded to nearest whole dollar.  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA	(N)	73-81	9
15	<b>TOTAL GROSS INCURRED AMOUNT</b>  NOT APPLICABLE: DE, MA, NJ, PA	(N)	82-91	10

Field No.	Field Title/Description	Class	Position	Bytes
16	<b>VOCATIONAL REHABILITATION – INDEMNITY AMOUNT</b> NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(N)	92-100	9
17	<b>VOCATIONAL REHABILITATION – TRAINING AMOUNT</b> NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(N)	101-109	9
18	<b>VOCATIONAL REHABILITATION – EVALUATION AMOUNT</b> NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(N)	110-118	9
19	<b>RESERVED FOR FUTURE USE</b>		119-250	132

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-H</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "H".  NOT APPLICABLE: NY	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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> Report the date on which the injured worker began his/her most recent employment with the employer.  Format: YYMMDD.  NOT APPLICABLE: DE, MA, PA OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)	(N)	55-60	6
13	<b>EMPLOYMENT STATUS CODE</b> 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. <b>Code Description</b> 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  NOT APPLICABLE: MA OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)	(N)	61-62	2

Field No.	Field Title/Description	Class	Position	Bytes
14	<b>PAID TEMPORARY DISABILITY BENEFITS TO VALUATION DATE AMOUNT</b> Report the dollar amount paid as of the valuation date in Temporary Disability Benefits.  Report the amount to the nearest whole dollar.  NOT APPLICABLE: DE, PA  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> Report the dollar amount paid as of the valuation date in Permanent Partial Disability Benefits.  Report the amount to the nearest whole dollar.  NOT APPLICABLE: DE, NJ, PA  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA	(N)	73-82	10
16	<b>PAID VOCATIONAL REHABILITATION BENEFITS TO VALUATION AMOUNT</b> Report the dollar amount paid as of the valuation date in Vocational Rehabilitation Benefits (including training, evaluation and vocational rehabilitation indemnity).  Report the amount to the nearest whole dollar.  NOT APPLICABLE: DE, PA  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> Report the dollar amount paid as of the valuation date in Permanent Total Benefits.  Report the amount to the nearest whole dollar.  NOT APPLICABLE: DE, NJ, PA  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA	(N)	93-102	10

Field No.	Field Title/Description	Class	Position	Bytes
18	<b>PAID DEATH BENEFITS TO VALUATION DATE AMOUNT</b> Report the total dollar amount paid as of the valuation date in Death Benefits.  Report amount to the nearest whole dollar.  NOT APPLICABLE: DE, NJ, PA  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

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-I</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "I".  NOT APPLICABLE: NY  OPTIONAL: CA (IF REPORTING ASWG FORMAT)	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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> 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.  Report the amount to the nearest whole dollar.  NOT APPLICABLE: NJ  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD)	(N)	55-64	10
13	<b>PAID PHYSICIANS COSTS TO VALUATION DATE AMOUNT</b> Report the dollar amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.  Report the amount to the nearest whole dollar.  NOT APPLICABLE: DE, PA  OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA	(N)	65-74	10

Field No.	Field Title/Description	Class	Position	Bytes
14	<p><b>PAID APPLICANT'S MEDICAL EVALUATIONS COSTS TO VALUATION DATE AMOUNT</b></p> <p>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.</p> <p>Report the amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, NJ, PA</p> <p>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA</p>	(N)	75-84	10
15	<p><b>PAID DEFENSE MEDICAL EVALUATIONS TO VALUATION DATE AMOUNTS</b></p> <p>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.</p> <p>Report the amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, NJ, PA</p> <p>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA</p>	(N)	85-94	10
16	<p><b>PAID INDEPENDENT/AGREED MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT</b></p> <p>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.</p> <p>Report the amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, NJ, PA</p> <p>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA</p>	(N)	95-104	10

Field No.	Field Title/Description	Class	Position	Bytes
17	<p><b>SURGERY CODE</b>                      Report the 1-digit code reflecting whether or not the injured worker's injury required surgery as follows:  <b>Code Description</b>                      1 Yes                      2 No</p> <p>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA</p>	(N)	105	1
18	<p><b>ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE</b>                      Report the 1-digit code reflecting whether or not the injured worker has an attorney or authorized representative as follows:  <b>Code Description</b>                      1 Yes—Attorney Disclosure Form (DWC Form 3) Filed (CA only)                      2 Yes—No Attorney Disclosure Form Filed                      3 No</p> <p>OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), MA</p>	(N)	106	1
19	<p><b>ATTORNEY DISCLOSURE FORM RECEIVED DATE (CA ONLY)</b>                      Report the date the Attorney Disclosure Form (DWC Form 3) was received by the insurer.                       Format: YYMMDD.                       OPTIONAL: CA (EFFECTIVE ON OR AFTER 7/98 VALUATION PERIOD), NCCI</p>	(N)	107-112	6
20	<b>RESERVED FOR FUTURE USE</b>		113-250	138

Field No.	Field Title/Description	Class	Position	Bytes
<b>ICR RECORD 7-J</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter "7".  NOT APPLICABLE FOR CA IF REPORTING EXPANDED ASWG FORMAT ONLY.  NOT APPLICABLE: MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	<b>SUB-RECORD TYPE CODE</b> Enter "J".  NOT APPLICABLE: NY	(AN)	42	1
11	<b>CLAIM NUMBER</b> 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> Report the purchase price (cost to the insurer) for the annuity purchased.  Report amount to the nearest whole dollar.  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> Report the date (YYMMDD) on which the single sum/commutation payment was made to the claimant.  NOT APPLICABLE: NJ	(N)	75-80	6
15	<b>DATA PROVIDER COMMENTS</b> 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.	(AN)	81-140	60
16	<b>RESERVED FOR FUTURE USE</b>		141-250	110

Field No.	Field Title/Description	Class	Position	Bytes
<b>SUBMISSION CONTROL</b>				
1	<b>FILLER</b> Fill the first 40 characters of this record with nines.	(N)	1-40	40
2	<b>RECORD TYPE CODE</b> Report "9".  NOT APPLICABLE FOR HARD COPY REPORTING	(N)	41	1
3	<b>DETAIL RECORD COUNT TOTAL</b> Report the total number of records on the submission including the transmittal record, excluding this submission control record.  <b>NCCI AND WI ONLY:</b> Count each record in the submission as one record, excluding the submission control record (Record Type 9).  Electronic field only.	(N)	42-49	8
4	<b>UNIT REPORTS SUBMITTED TOTAL</b> Report the total number of unit reports submitted.  <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.  Electronic field only.	(N)	50-56	7
5	<b>PRIMARY EFFECTIVE MONTH/YEAR</b> Report the primary effective year and month of this submission.  Format: YYYYMM.  Required only if the Transmittal Record is used.  Electronic field only.	(N)	57-62	6
6	<b>ICR TOTAL</b> Report the total number of ICRs on this submission.  NOT APPLICABLE: MI, MN, WI OPTIONAL: NCCI  Electronic field only	(N)	63-70	8

Field No.	Field Title/Description	Class	Position	Bytes
7	<b>RESERVED FOR FUTURE USE</b>		71-249	179
	<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.			
8	<b>ASWG SUBMISSION CODE</b> Report the 1-letter code that describes this submission:	(A)	250	1
	<b>Code Description</b> T ASWG Test Submission P ASWG Production Submission Leave this code blank for non-ASWG submissions.  Electronic field only.			

**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 ( <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	
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	N/A	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 <i>(Hard Copy only)</i>				N/A						
Previous Correction Sequence Number				N/A		N/A				
Revised Correction Sequence Number <i>(Hard Copy only)</i>				N/A						
Previous Carrier Code				N/A						
Revised Carrier Code <i>(Hard Copy only)</i>				N/A						
Previous Policy Number Identifier				N/A						
Revised Policy Number Identifier <i>(Hard Copy only)</i>				N/A						
Previous Policy Effective Date				N/A						
Revised Policy Effective Date <i>(Hard Copy only)</i>				N/A						
Previous Exposure State Code				N/A						
Revised Exposure State Code <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 <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 <i>(Hard Copy only)</i>					N/A					
Page Number <i>(Hard Copy only)</i>										
Last Page Number <i>(Hard Copy only)</i>										
Pending File Number <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	N/A	NA	OPT	N/A	N/A	N/A	OPT/N/A	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							
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	N/A	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			N/A		OPT		N/A			
Paid Medical Amount Total			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			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	N/A	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 +	+	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 (effective on or after 7/98 valuation)	OPT	N/A	N/A	N/A					N/A
Birth Date	OPT (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 +	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		<u>OPT/N/A</u>	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
<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 (effective on or after 7/98 valuation)	OPT	N/A	N/A	N/A					N/A
Attorney or Authorized Representative Code	OPT (effective on or after 7/98 valuation)	OPT +	N/A	N/A	N/A	+	+	+	+	N/A
Attorney Disclosure Form Received Date	OPT (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 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  
 PLAN**

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.
Reserved for Future Use	03	
Reserved for Future Use	04	
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.

**NONSTANDARD TYPE CODE  
 Description**

Description	Code	Definition
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 Policy	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 excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others.
Voluntary Coverage Not Mandatory	09	Voluntary Coverage not mandatory by State Act.
Self-Insured Group	99	Risk is self-insured by participation in a self-insured group.

**DEDUCTIBLE TYPE CODE DEFINITIONS**  
**First Two Positions**

Description	Code	Definition
No Deductible	00	No deductible.
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.  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.

**Second Two Positions**

Description	Code	Definition
No Deductible	00	No deductible.
Per Claim	01	Per Claim Deductible Amount..
Per Accident	02	Per Accident Deductible Amount.
Per Policy (Aggregate)	03	Per Policy Deductible Aggregate Limit.
Percentage of Claim Cost	04	Percent of Claim Cost.
Percentage of Premium	05	Percent of Premium.
Coinsurance Percentage with Per Claim Limit	06	Coinsurance Only Percent with Per Claim Amount Limit.
Coinsurance Percentage with Per Claim and Coinsurance Limit	07	Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit.
Coinsurance Percentage with Per Accident and Coinsurance Limit	08	Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit.
Per Accident and Policy (Aggregate)	09	Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit.
Per Claim and Policy (Aggregate)	10	Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit.
Coinsurance Percentage With Per Claim and Policy Aggregate Limits	11	Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit.
Variable	12	Variable – as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined.

**WORKERS COMPENSATION STATISTICAL  
REPORTING SPECIFICATIONS (WCSTAT)  
SECTION 6  
ELECTRONIC RECORD LAYOUTS AND HARD COPY EXAMPLES**









## UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number			Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.					
Insured's Name:												F.E.I.N.		Pending File No.							
Insured's Address:																					
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type 1	Deduct. Type 2	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use		
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.										
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	Cim	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			
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	Cim	Settl										
A.			<b>Total Subject Premium</b>				Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
B.			<b>Experience Mod (XX.XXX)</b>				Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved for Future Use							ALAE Paid	ALAE Incurred			
C.			<b>Total Modified Premium</b>				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			
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	Cim	Settl										
D.							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
E.							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved for Future Use							ALAE Paid	ALAE Incurred			
F.							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			
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	Cim	Settl										
G.			<b>Total Standard Exposure</b>		<b>Total Standard Premium</b>		Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
H.		006_	<b>Premium Discount Amt.</b>				Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved for Future Use							ALAE Paid	ALAE Incurred			
I.		090_	<b>Expense Constant Amt.</b>				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			
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	Cim	Settl										
J.							Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
K.							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Reserved for Future Use							ALAE Paid	ALAE Incurred			
L.							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			
LOSS TOTALS																					
							Reserved for Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved for Future Use					Total Paid Indemnity	Total Paid Medical				
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved for Future Use					Total ALAE Paid	Total ALAE Incurred						

# SUPPLEMENTAL LOSS REPORT

						Pending File No.		Page No.		Last Page No.					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos. State			
<b>Insured's Name:</b>									F.E.I.N.		Card Serial No.				
<b>Insured's Address:</b>															
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	Cim	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					
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	Cim	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					
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	Cim	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					
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	Cim	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					
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	Cim	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					
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	Cim	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					
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	Cim	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		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use			Total ALAE Paid		Total ALAE Incurred						