

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

**CONTENTS**

**WCESTAT CONTACT PAGE**

**SECTION I. GENERAL**

**SECTION II. RECORD LAYOUTS**

- I. Link Data [Common to All Records](#)
- II. Header Record
- III. Name Record
- IV. Exposure Record
- V. Loss Record
- VI. Unit Total Record
- VII. File Control Record

WCESTAT CONTACT PAGE

WCESTAT 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  
Fax: 973-622-1548

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  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371, ext. 258  
E-mail: jmurphy@pcrb.com

Pennsylvania Compensation Rating Bureau  
John Murphy  
Director Systems and Programming  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371, ext. 258  
E-mail: jmurphy@pcrb.com

Insurance Services Office, Inc.  
~~Wendy Mayotte, Director~~ ~~Cliff Hall~~  
~~545 Washington Blvd~~ ~~6392 Grand Cypress Circle~~  
~~Jersey City, NJ 07310-1686~~ ~~Lake Worth, FL 33463~~  
Telephone: ~~201-469-2228~~ ~~561-434-7749~~  
Fax: ~~201-469-2141~~ ~~561-963-0439~~  
E-mail: ~~chall@iso.com~~ ~~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 & 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 and 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  
~~Chief Information Officer or Data Quality Services~~  
~~Assoc. or~~  
~~Supervisor Statistical Data Services~~ ~~Director of~~  
~~Information Services~~  
101 Arch Street, 5th Floor  
Boston, MA 02110  
Telephone: 617-439-9030, ext. 575

**WCIO WORKERS COMPENSATION DATA SPECIFICATIONS MANUAL**

**USR ERROR NOTIFICATION SPECIFICATIONS (WCESTAT)**

**SECTION 1**

**GENERAL**

### **GENERAL**

These specifications are for the distribution of unit statistical error information to insurers. Requests for this data should be directed to the appropriate jurisdiction.

Unless otherwise specified, the following standards will apply:

1. All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled.
2. All numeric (N) data fields are to be right-justified and left zero-filled, and unsigned.
3. All "RESERVED FOR FUTURE USE" fields are to be blank.
4. Fields indicated as "Not Applicable" will be zero-filled or left blank by the jurisdiction whose abbreviations follow the phrase.
5. Data shall be written on 9-track, odd parity at 6,250 BPI density or, if requested by insurers, at 1,600 BPI.
6. Records will be blocked 50 (20,000 characters per block).
7. Tapes will contain internal IBM standard OS or DOS-generated labels.
8. All fields will be character; no signed or packed fields will be written.

**WCIO WORKERS COMPENSATION DATA SPECIFICATIONS MANUAL**  
**USR ERROR NOTIFICATION SPECIFICATIONS (WCESTAT)**  
**SECTION 2**  
**RECORD LAYOUTS**

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

**I. LINK DATA COMMON TO ALL RECORDS**

Link data is critical when matching records for a given unit report. Complete link records are required for all WCESTAT records, excluding Record 9. See the WCSTAT specifications for further descriptions of the fields contained within these specifications.

WCESTAT NOT APPLICABLE: NCCI

1	<b>CARRIER CODE</b> Report the 5-digit code as was submitted by the data provider.	(N)	1-5	5
2	<b>POLICY NUMBER IDENTIFIER</b> Report the policy number identifier that uniquely identifies the policy as was reported by the data provider.	(AN)	6-23	18
3	<b>RESERVED FOR FUTURE USE</b>		24	1
4	<b>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b> Report the unit or certificate number identifier as was reported by the data provider.	(N)	25-30	6
5	<b>EXPOSURE STATE CODE</b> Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, as was reported by the data provider.	(N)	31-32	2
6	<b>POLICY EFFECTIVE DATE</b> Report the policy effective date as was reported by the data provider.	(N)	33-38	6
7	<b>REPORT LEVEL CODE/REPORT NUMBER</b> Report the code that corresponds to the report level based on the loss valuation date as was submitted by the data provider.	(AN)	39	1
8	<b>CORRECTION SEQUENCE NUMBER</b> Provide the sequence number as was submitted by the data provider.	(AN)	40	1

Field No	Field Title/Description	Class	Position	Bytes
<b>II. HEADER RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Report "1".	(N)	41	1
10-20	<b>WCSTAT HEADER FIELDS</b> As defined in WCSTAT Record Type 1, positions 42-105 including all Reserved For Future Use fields.	(AN)	42-105	64
21	<b>RESERVED FOR FUTURE USE</b>		106-120	15
22	<b>UPDATE TYPE CODE</b> The following values apply:  B = DCO corrected record Leave blank for all other record type 1	(AN)	121	1
23-46	<b>WCSTAT HEADER FIELDS</b> As defined in WCSTAT Record Type 1, positions 122-250 including all Reserved For Future Use fields.	(AN)	122-250	129
47	<b>HEADER ERROR CODES</b> Field holds ten error codes each being 8 positions in length  Breakdown of eight position error code: Positions 1-2 - Identifies the WCSTAT Record Type on which the error occurred. Positions 3-4 -Identifies the starting position of the field in error on the WCSTAT record. Positions 5-8 – Identifies the error Sequence Number for the field	(N)	251-330	80
48	<b>USR ERROR CODES</b> Contains USR errors with priority given to major errors that caused USR rejection. Field holds six error codes each being 8 positions in length.	(N)	331-378	48
49	<b>RESERVED FOR FUTURE USE</b>		379-380	2
50	<b>USR ERROR STATUS CODE</b> The following values apply: M = Minor Error R = Rejected – Rating Pending	(AN)	381	1
51	<b>REVISED CORRECTION NUMBER</b>	(AN)	382-383	2
52	<b>RESERVED FOR FUTURE USE</b>		384-400	17

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

III. NAME RECORD

1-8	LINK DATA		1-40	40
-----	-----------	--	------	----

9	RECORD TYPE CODE <u>Enter Report "2"</u> .	(N)	41	1
---	---	-----	----	---

10	INSURED NAME Report the insured name as was submitted by the data provider.	(AN)	42-120	79
----	--	------	--------	----

Maximum size of risk name is 79 characters including spaces and punctuation marks.

**NOTE:** MA—Only Positions 42–86 of the first name record are entered into this jurisdiction's database and printed out on their unit cards.

**NOTE:** NJ—Only Positions 42–91 of the first name record are printed on the units produced from this jurisdictions' systems.

11	RESERVED FOR FUTURE USE		121-250	130
----	-------------------------	--	---------	-----

12	DCO COMMENT FIELD Used by the DCO to pass pertinent information concerning the USR errors.	(AN)	251-400	150
----	---	------	---------	-----

THIS NAME RECORD IS REQUIRED FOR ALL JURISDICTIONS.

Field No	Field Title/Description	Class	Position	Bytes
<b>IV. ADDRESS RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> <u>Enter Report "3"</u> .	(N)	41	1
10	<b>INSURED ADDRESS</b> Report the street address, city, state and zip code of the insured as was submitted by the Data Provider.  Maximum size of this field is 79 characters including spaces and punctuation marks.  <b>NOTE:</b> NJ—Only Positions 42-91 are printed on the unit reports produced from this jurisdictions' systems.	(AN)	42-120	79
11	<b>RESERVED FOR FUTURE USE</b>		121-400	280

THIS ADDRESS RECORD IS OPTIONAL WITH ALL JURISDICTIONS.

Field No	Field Title/Description	Class	Position	Bytes
<b>V. EXPOSURE RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> <span style="color: red;">Enter Report "4".</span>	(N)	41	1
10	<b>RESERVED FOR FUTURE USE</b>		42	1
11	<b>CLASSIFICATION CODE</b> Report the 4-digit classification code as was submitted by the data provider. This field must be populated for update type code "B" records.	(N)	43-46	4
12	<b>RESERVED FOR FUTURE USE</b>		47	1
13	<b>PREVIOUSLY REPORTED CODE</b> <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format or for update type code "B" records.	(N)	48	1
14	<b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b> Report the 2-digit exposure coverage code for each classification as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	49-50	2
15	<b>EXPERIENCE MODIFICATION FACTOR</b> Report the experience modification factor as was submitted by the data provider. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. For update type code "B" records, the factor represents what the data collection organization records show for correction purposes.	(N)	51-54	4
16	<b>EXPERIENCE MODIFICATION EFFECTIVE DATE</b> Report the experience modification effective date as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	55-60	6
17	<b>RATE EFFECTIVE DATE</b> Report the rate modification effective date as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	61-66	6
18	<b>EXPOSURE AMOUNT</b> Report the exposure amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	67-76	10

Field No.	Field Title/Description	Class	Position	Bytes																								
19	<b>PREMIUM AMOUNT</b> Report the premium amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	77-85	9																								
20	<b>MANUAL/CHARGED RATE</b> Report the manual/charged rate as was submitted by the data provider. For update type code "B" records, the rate represents what the data collection organization records show for correction purposes.	(N)	86-92	7																								
21	<b>SPLIT PERIOD CODE</b> Report the split period code as was submitted by the data provider. For update type code "B" records, this field will also be populated.	(N)	93	1																								
22-24	<b>WCSTAT EXPOSURE FIELDS</b> As defined in WCSTAT Record Type 4, positions 94-120 including all Reserved For Future Use fields	(AN)	94-120	27																								
25	<b>UPDATE TYPE CODE</b> Report the 1-letter code that identifies the activity of an exposure record.	(A)	121	1																								
		<table border="0"> <thead> <tr> <th colspan="2"><b>Method 1—Common to all Jurisdictions and Insurers</b></th> <th colspan="2"><b>Method 2—Jurisdictions may offer as optional reporting to insurers</b></th> </tr> <tr> <th><b>Code</b></th> <th><b>Description</b></th> <th><b>Code</b></th> <th><b>Description</b></th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Previously Reported</td> <td>A</td> <td>Add Record</td> </tr> <tr> <td>R</td> <td>Revised</td> <td>C</td> <td>Change Record</td> </tr> <tr> <td></td> <td></td> <td>D</td> <td>Delete Record</td> </tr> <tr> <td>B</td> <td>DCO Correction Record</td> <td>B</td> <td>DCO Correction Record</td> </tr> </tbody> </table>			<b>Method 1—Common to all Jurisdictions and Insurers</b>		<b>Method 2—Jurisdictions may offer as optional reporting to insurers</b>		<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>	P	Previously Reported	A	Add Record	R	Revised	C	Change Record			D	Delete Record	B	DCO Correction Record	B	DCO Correction Record
<b>Method 1—Common to all Jurisdictions and Insurers</b>		<b>Method 2—Jurisdictions may offer as optional reporting to insurers</b>																										
<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>																									
P	Previously Reported	A	Add Record																									
R	Revised	C	Change Record																									
		D	Delete Record																									
B	DCO Correction Record	B	DCO Correction Record																									
26	<b>RESERVED FOR FUTURE USE</b>		122	1																								
27	<b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b> Report the 2-digit exposure act code for each classification as was submitted by the data provider.	(N)	123-124	2																								
28	<b>RESERVED FOR FUTURE USE</b>		122-250	129																								
29	<b>EXPOSURE ERROR CODES</b> Field holds ten error codes being 8 positions in length.	(N)	251-330	80																								
30	<b>RESERVED FOR FUTURE USE</b>		331-400	70																								

Field No.	Field Title/Description	Class	Position	Bytes
<b>VI. LOSS RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter Report "5".	(N)	41	1
10	<b>RESERVED FOR FUTURE USE</b>		42	1
11	<b>CLASSIFICATION CODE</b> Report the 4-digit classification code as was submitted by the data provider. This field must be populated for update type code "B" records.	(N)	43-46	4
12	<b>RESERVED FOR FUTURE USE</b>		47	1
13	<b>PREVIOUSLY REPORTED CODE</b> <b>ASWG NOTE:</b> This field is not applicable when reporting in an ASWG format or for update type code "B" records.	(N)	48	1
14	<b>LOSS COVERAGE CODE</b> Report the 2-digit Loss coverage code for each classification as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	49-50	2
15	<b>CLAIM COUNT</b> Report the claim count as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	51-54	4
16	<b>ACCIDENT DATE</b> Report the accident date as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	55-60	6
17	<b>CLAIM STATUS CODE</b> Report the status code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	73	1
18	<b>WEEKLY WAGE AMOUNT (CA ONLY)</b> Report the actual weekly wage amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	74-78	5
19	<b>INJURY CODE (INJURY TYPE)</b> Report the 2-digit code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	79-80	2

Field No.	Field Title/Description	Class	Position	Bytes																						
20	<b>CATASTROPHE NUMBER</b> Report the 2-digit catastrophe number as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	81-82	2																						
21	<b>INCURRED INDEMNITY AMOUNT</b> Report the incurred indemnity amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	83-91	9																						
22	<b>INCURRED MEDICAL AMOUNT</b> Report the incurred medical amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	92-100	9																						
23	<b>SOCIAL SECURITY NUMBER</b> Report the social security number as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	101-109	9																						
24	<b>RESERVED FOR FUTURE USE</b>  <b>ASWG NOTE:</b> The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.		110-120	11																						
25	<b>UPDATE TYPE CODE</b> Report the 1-letter code as was submitted by the data provider.	(A)	121	1																						
	<table border="0"> <tr> <td style="text-align: center;"><b>Method 1—Common to all Jurisdictions and Insurers</b></td> <td style="text-align: center;"><b>Method 2—Jurisdictions may offer as optional reporting to insurers</b></td> </tr> <tr> <td style="text-align: center;"><b>Code</b></td> <td style="text-align: center;"><b>Code</b></td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">A</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">Description</td> <td style="text-align: center;">Description</td> </tr> <tr> <td style="text-align: center;">Previously</td> <td style="text-align: center;">Add Record</td> </tr> <tr> <td style="text-align: center;">Reported</td> <td style="text-align: center;">Change Record</td> </tr> <tr> <td style="text-align: center;">Revised</td> <td style="text-align: center;">Delete Record</td> </tr> <tr> <td style="text-align: center;">DCO Correction Record</td> <td style="text-align: center;">DCO Correction Record</td> </tr> </table>	<b>Method 1—Common to all Jurisdictions and Insurers</b>	<b>Method 2—Jurisdictions may offer as optional reporting to insurers</b>	<b>Code</b>	<b>Code</b>	P	A	R	C	B	D		B	Description	Description	Previously	Add Record	Reported	Change Record	Revised	Delete Record	DCO Correction Record	DCO Correction Record			
<b>Method 1—Common to all Jurisdictions and Insurers</b>	<b>Method 2—Jurisdictions may offer as optional reporting to insurers</b>																									
<b>Code</b>	<b>Code</b>																									
P	A																									
R	C																									
B	D																									
	B																									
Description	Description																									
Previously	Add Record																									
Reported	Change Record																									
Revised	Delete Record																									
DCO Correction Record	DCO Correction Record																									
	<b>NOTE:</b> On original first reports, this field is always R or A.																									
26	<b>RESERVED FOR FUTURE USE</b>		122	1																						

Field No.	Field Title/Description	Class	Position	Bytes
27	<b>LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM AND TYPES OF SETTLEMENT)</b> Report the loss condition codes as was reported by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	123-132	10
28	<b>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT (CA ONLY)</b> Report the total incurred vocational rehabilitation amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	133-139	7
29	<b>JURISDICTION STATE CODE</b> Report the jurisdiction state code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	140-141	2
30	<b>MANAGED CARE ORGANIZATION TYPE CODE</b> Report the managed care organization type code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	142-143	2
31	<b>INJURY DESCRIPTION CODE (PART, NATURE, CAUSE)</b> Report the injury description code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	144-149	6
32	<b>OCCUPATION DESCRIPTION</b> Report the occupation description as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(AN)	150-167	18
33	<b>VOCATIONAL REHABILITATION INDICATOR</b> Report the vocational rehabilitation indicator as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(A)	168	1
34	<b>LUMP SUM INDICATOR</b> Report the lump sum indicator as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(A)	169	1

Field No.	Field Title/Description	Class	Position	Bytes
35	<b>FRAUDULENT CLAIM CODE</b> Report the fraudulent claim code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	170-171	2
36	<b>RESERVED FOR FUTURE USE</b>		172-173	2
37	<b>PAID INDEMNITY AMOUNT</b> Report the paid indemnity amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	174-182	9
38	<b>PAID MEDICAL AMOUNT</b> Report the paid medical amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	183-191	9
39	<b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT (MA ONLY)</b> Report the claimant's attorney fees as was submitted by the data provider. This field must be populated for update type code "B" records showing what DCO records show for correction purposes.	(N)	192-200	9
40	<b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT (DE, MA, PA ONLY)</b> Report the employer's attorney fees as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	201-209	9
41	<b>DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY)</b> Report the deductible reimbursement amount as was submitted by the data provider. This WCSTAT field is applicable to NCCI only and may be edited by the DCO if provided. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	210-218	9
42	<b>TOTAL GROSS INCURRED AMOUNT (CA ONLY)</b> Report the total gross incurred amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	219-227	9
43	<b>RESERVED FOR FUTURE USE</b>		228-229	2

Field No.	Field Title/Description	Class	Position	Bytes
44	<b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b> Report the paid allocated loss adjustment expense amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	230-238	9
45	<b>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b> Report the incurred allocated loss adjustment expense amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	239-247	9
46	<b>SCHEDULED INDEMNITY—PERCENTAGE OF DISABILITY (CA ONLY)</b> Report the scheduled indemnity percentage of disability as was submitted by the data provider. This field must be populated for update type code "B" records showing what DCO records show for correction purposes.	(N)	248-250	3
47	<b>LOSS ERROR CODES</b> Field holds ten error codes being 8 positions in length.	(N)	251-330	80
48	<b>RESERVED FOR FUTURE USE</b>		331-400	70

Field No.	Field Title/Description	Class	Position	Bytes
<b>VII. UNIT TOTAL RECORD</b>				
1-8	<b>LINK DATA</b>		1-40	40
9	<b>RECORD TYPE CODE</b> Enter Report "6".	(N)	41	1
10	<b>EXPOSURE—PAYROLL TOTAL</b> Report the exposure payroll total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	42-52	11
11	<b>EXPOSURE—OTHER THAN PAYROLL TOTAL</b> Report the exposure other than payroll total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	53-62	10
12	<b>SUBJECT PREMIUM TOTAL</b> Report the subject premium total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	63-72	10
13	<b>STANDARD PREMIUM TOTAL</b> Report the standard premium total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	73-83	11
14	<b>CLAIM COUNT TOTAL</b> Report the claim count total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	84-88	5
15	<b>INCURRED INDEMNITY AMOUNT TOTAL</b> Report the incurred indemnity total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	89-98	10
16	<b>INCURRED MEDICAL AMOUNT TOTAL</b> Report the incurred medical total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	99-108	10
17	<b>RECORDS IN UNIT REPORT TOTAL</b> Report the records in unit report total as was submitted by the data provider.	(N)	109-113	5

Field No.	Field Title/Description	Class	Position	Bytes
18	<b>PREVIOUSLY REPORTED CODE (NCCI ONLY)</b> Report the previously reported code as was submitted by the data provider. This WCSTAT fields is applicable to NCCI only and may be edited by the DCO if provided.	(N)	114	1
19	<b>RESERVED FOR FUTURE USE</b>		115-122	8
20	<b>PAID INDEMNITY AMOUNT TOTAL</b> Report the paid indemnity total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	123-132	10
21	<b>PAID MEDICAL AMOUNT TOTAL</b> Report the paid medical as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	133-142	10
22	<b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL</b> Report the claimant's attorney fees total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	143-152	10
23	<b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL</b> Report the employer's attorney fees total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	153-162	10
24	<b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b> Report the ALAE paid total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	163-172	10
25	<b>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT</b> Report the ALAE incurred total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	173-182	10
26	<b>RESERVED FOR FUTURE USE</b>		183-250	68
27	<b>UNIT TOTAL ERROR CODES</b> Field holds ten error codes being 8 positions in length.	(N)	251-330	80

Field No	Field Title/Description	Class	Position	Bytes						
<b>VIII. FILE CONTROL RECORD</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> <u>Enter Report "9"</u> .	(N)	41	1						
3	<b>DETAIL RECORD COUNT TOTAL</b> Report the total number of records on the file including the transmittal record, excluding this file control record.	(N)	42-49	8						
4	<b>UNIT REPORTS IN ERROR TOTAL</b> Report the total number of unit reports contained on file.	(N)	50-56	7						
5	<b>RESERVED FOR FUTURE USE</b>		57-249	193						
6	<b>FILE CODE</b> Report the 1-letter code that describes this type of file.	(A)	250	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>T</td> <td>Test File</td> </tr> <tr> <td>P</td> <td>Production</td> </tr> </tbody> </table>	Code	Description	T	Test File	P	Production			
Code	Description									
T	Test File									
P	Production									
7	<b>RESERVED FOR FUTURE USE</b>		251-400	150						