

WCIO WORKERS COMPENSATION

DATA SPECIFICATIONS MANUAL

WORKERS COMPENSATION STATISTICAL

REPORTING SPECIFICATIONS (WCSTAT)

FOR REPORTING

STATISTICAL AND INDIVIDUAL CASE REPORT DATA

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

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ICR Record 7-C	3	ICR Record 7-C	
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<u>J</u>			
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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	3	Address Record	1-40
	3	Exposure Record	1-40
	3	Loss Record	1-40
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	3	Loss Record	123-124
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<u>M</u>			
Managed Care Organization (MCO) Policy Indicator	3	Header Record	152
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Nonscheduled Indemnity—Incurred Loss Amount Total	3	ICR Record 7-C	58-66
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<u>O</u>			
Occupation Description	3	Loss Record	150-167
Original Administration Number Identifier	3	Header Record	71-80
<u>P</u>			
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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
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Paid Indemnity Amount Total	3	Unit Total Record	123-132
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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
Paid Permanent Total Benefits to Valuation Date Amount	3	ICR Record 7-H	93-102
Paid Physician Costs to Valuation Date Amount	3	ICR Record 7-I	65-74
Paid Single Sum Settlement Amount to Valuation Date Amount	3	ICR Record 7-I	55-64
Paid Temporary Disability Benefits to Valuation Date Amount	3	ICR Record 7-H	63-72
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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Previous Carrier Code	3	ICR Record 7-C	94-102
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Previous Policy Effective Date	3	Header Record	222-223
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R			
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Record Type Code 1	3	Header Record	41
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Record Type Code 7	3	ICR Record 7-A	41
	3	ICR Record 7-B	41
	3	ICR Record 7-C	41
	3	ICR Record 7-D	41
	3	ICR Record 7-E	41
	3	ICR Record 7-F	41
	3	ICR Record 7-G	41
	3	ICR Record 7-H	41
	3	ICR Record 7-I	41
	3	ICR Record 7-J	41
Record Type Code 9	3	Submission Control	41
Records in Unit Report Total	3	Unit Total Record	109-113
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Report Level Code/Report Number	3	Link Data	39
Reported Date	3	ICR Record 7-A	92-97
Reserve Type Code	3	ICR Record 7-A	55-56
Reserved For BEEP Use Edit Bypass Code	3	Header Record	249
Reserved for Insurer Use	3	Header Record	231-242
Reserved for Jurisdiction Use	3	Header Record	243-248
Retrospective Rated Policy Indicator	3	Header Record	150
Risk ID Number	3	Header Record	61-69
S			
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
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	3	ICR Record 7-B	75-77
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Single Sum Paid Date	3	ICR Record 7-J	75-80
Social Security Number	3	Loss Record	101-109
	3	ICR Record 7-F	109-117
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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Subject Premium Total	3	Unit Total Record	63-72
Submission Control Record	3	Submission Control Record	
Surgery Code	3	ICR Record 7-I	105
<u>I</u>			
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Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number (FEIN)	3	Header Record	113-121
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Total Gross Incurred Amount	3	Loss Record	219-227
	3	ICR Record 7-G	82-91
Total Incurred Vocational Rehabilitation Amount	3	Loss Record	133-139
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Type of Claim	3	ICR Record 7-A	129-130
	3	Loss Record	129-130
Type of Coverage ID Code	3	Header Record	157-158
Type of Loss	3	ICR Record 7-A	125-126
	3	Loss Record	125-126
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Type of Plan ID Code	3	Header Record	159-160
Type of Recovery	3	ICR Record 7-A	127-128
	3	Loss Record	127-128
Type of Settlement	3	ICR Record 7-A	131-132
	3	Loss Record	131-132
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	3	ICR Record 7-A	250
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Unit Submission Code	3	Submission Control	250
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Update Type Code	3	Exposure Record	121
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<u>V</u>			
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
<u>W</u>			
Weekly Wage Amount	3	Loss Record	74-78
Worker's Last Name	3	ICR Record 7-F	73-90
Worker's Occupation	3	ICR Record 7-F	91-108
Worker's Sex Code	3	ICR Record 7-A	79
<u>Y</u>			
Year Last Exposed	3	ICR Record 7-A	57-60

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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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
Manager, MIS
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
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371
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
E-mail: jmurphy@pcrb.com

Insurance Services Office, Inc.
Cliff Hall
545 Washington Blvd
Jersey City, NJ 07310-1686
Telephone: 201-469-2228
Fax: 201-469-2141
E-mail: chall@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
Customer Service
525 Market Street, Suite 800
San Francisco, CA 94105
Telephone: 888-229-2472

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~~
~~Supervisor of Statistical Data Services~~
101 Arch Street, 5th 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**

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 space filled **(ASCII Hex 20, EBCDIC Hex 40) unless otherwise specified**. These fields should be 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, MA, 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 factor, 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.~~

~~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, MI, MN, NC, WI~~

~~OPTIONAL: NCCI~~

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

~~The minimum records required for a 1st Report 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	Optional: All DCOs*	At least 1 required; no maximum See note 4-1: DE, MA, MN, NJ, PA, WI See note 4-2: NCCI See note 4-3: TX	Required only if loss data must be reported in accordance with the Jurisdictional Statistical Plan; 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, MI, MN, NC, WI Optional: NCCI
1st Replacement Reports N/A: DE, NJ, NY, PA NCCI: Contact NCCI for reporting requirements	Must have 1 and only 1	Must have 1 and only 1	Optional: 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 Optional: NCCI	Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum N/A: CA, MI, MN, NC, WI Optional: 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	Optional: All DCOs*	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, MI, MN, NC, WI Optional: NCCI
Subsequent Replacement Report N/A: NCCI, NJ, NY	Must have 1 and only 1	Must have 1 and only 1	Optional: All DCOs*	None allowed	At least 1 required; no maximum	No more than 1 allowed	Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum N/A: CA (if ASWG), MI, MN, NC, WI
Correction Reports— Correction Type H (Header)	Must have 1 and only 1	None required* Must have 1 and only 1: DE, MA, MI, NJ, NY, PA, WI	Optional: All DCOs*	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	Optional: All DCOs*	At least 1 required; no maximum	None allowed	No more than 1 allowed Optional: NCCI	None allowed
Correction Reports— Correction Type L (Loss)	Must have 1 and only 1	Must have 1 and only 1	Optional: All DCOs*	None allowed	At least 1 required; no maximum	No more than 1 allowed Optional: NCCI	None allowed Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum: MA, NJ
Correction Reports— Correction Type M (Multiple)	Must have 1 and only 1	Must have 1 and only 1	Optional: All DCOs*	None required; no maximum	None required; no maximum	No more than 1 allowed Optional: NCCI	None allowed Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum: MA, NJ

GENERAL RECORD SPECIFICATIONS

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	Optional: All DCOs*	None required; no maximum None allowed: MI, NJ, WI	None required; no maximum None allowed: MI, NJ, WI	No more than 1 allowed Optional: NCCI Must have 1 and only 1: NJ	None allowed Required only if ICR data must be reported in accordance with the Jurisdiction; no maximum: MA
Correction Reports— Correction Type-A (Aggravated Inequity) N/A: CA, DE, NJ, NY, PA	Must have 1 and only 1	Must have 1 and only 1	Optional: All DCOs*	None allowed	At least 1 required; no maximum See note 5-1: NCCI	No more than 1 allowed Optional: NCCI	None allowed
Correction Reports— Correction Type-C (ICRs) N/A: CA, MI, NCCI, NJ, NY, NC, MN, WI	Must have 1 and only 1	Must have 1 and only 1	Optional: All DCOs*	None allowed	None allowed	No more than 1 allowed	At least 1 set of 10 records required; no maximum
Correction Replacement Report N/A: NCCI, NJ, NY	All Correction Types: Must have 1 and only 1	All Correction Types: Must have 1 and only 1	All Correction Types: Optional All DCOs*	Correction Type E: At least 1 required; no maximum H, L, A, C: None allowed M, T: None required; no maximum None allowed: WI (T),	Correction Type L, A: At least 1 required; no maximum H, E, C: None allowed M, T: None required; no maximum None allowed: WI (T),	Correction Type H: None allowed E, L, M, T, A: No more than one allowed	Correction Type C: At least one set of 10 records required; no maximum N/A: CA, MI, NCCI, NJ, NY, NC, MN, WI

* If reported, no more than 1 allowed.

4-1: DE, MA, 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
RESERVED FOR FUTURE USE**

**WORKERS COMPENSATION STATISTICAL
REPORTING SPECIFICATIONS (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 COMMON TO ALL RECORDS

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	CARRIER CODE Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.	(N)	1-5	5
2	POLICY NUMBER IDENTIFIER 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.	(AN)	6-23	18
3	RESERVED FOR FUTURE USE		24	1
4	UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) 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.	(N)	25-30	6
5	EXPOSURE STATE CODE 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.	(N)	31-32	2
6	POLICY EFFECTIVE DATE 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.	(N)	33-38	6

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.

Field No.	Field Title/Description	Class	Position	Bytes
7	REPORT LEVEL CODE/REPORT NUMBER Report the code that corresponds to the report level based on the loss valuation date.	(AN)	39	1

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.

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

8	CORRECTION SEQUENCE NUMBER Report the number that corresponds to the number of correction reports submitted within a particular report level.	(AN)	40	1
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Exposure and loss corrections on the same report level must be numbered consecutively.

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

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

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.

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Field No.	Field Title/Description	Class	Position	Bytes
I. HEADER RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "1".	(N)	41	1
10	RESERVED FOR FUTURE USE		42-54	13
11	POLICY EXPIRATION OR CANCELLATION DATE Report the month, day and year upon which the policy expired. For mid-term cancelled policies, report the cancellation date as the expiration date. For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page. For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. In the event the policy contains a Policy Period Endorsement, then the expiration date must coincide with the date indicated in the schedule of that endorsement. For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement. Format: YYMMDD.	(N)	55-60	6
12	RISK ID NUMBER 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. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional. NOT APPLICABLE: DE, NJ, PA OPTIONAL: CA, MN, NCCI, NC, WI	(AN)	61-69	9
13	RESERVED FOR FUTURE USE		70	1

Field No.	Field Title/Description	Class	Position	Bytes
14	<p>ORIGINAL ADMINISTRATION NUMBER IDENTIFIER (NCCI, 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.</p> <p><u>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, NC, PA</u></p>	(AN)	71-80	10
15	RESERVED FOR FUTURE USE		81	1
16	<p>EMPLOYEE LEASING CODE (NCCI ONLY) Report an "E" in this field for Employee Leasing policy; otherwise, leave this field blank.</p> <p>(Previously known as Unit Report Resubmission Indicator.)</p>	(A)	82	1
17	RESERVED FOR FUTURE USE		83-104	22
18	<p>REPLACEMENT REPORT CODE 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. MI: Report an "R" to identify a Replacement Report being submitted in response to an error report. MN: Report an "R" to identify a Replacement Report being submitted in response to a unit report that has been rejected. 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. WI: The data provider is to report an "R" in the Replacement Report Code field to identify the new report as a replacement report being submitted in response to a unit report previously filed with WI that has a documented error(s) that requires correction. The "R" is to be reported in the Header Record for the report that is replacing another unit report in a "Rejected" status on Manage USR. Replacement reports can ONLY be filed if the status of the unit report being replaced on the WI database is "Rejected". This filing instruction applies only to carriers approved to file directly with WI.</p> <p>NOT APPLICABLE: CA, DE, NJ, NY, NC, PA</p>	(AN)	105	1

Field No.	Field Title/Description	Class	Position	Bytes
19	BUSINESS SEGMENT IDENTIFIER Any series of identifying codes maintained and reported by the data provider. NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	106-112	7
20	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier). NOT APPLICABLE: DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	113-121	9
21	CORRECTION TYPE CODE Report the 1-letter code that indicates the type of correction report being submitted. Applicable only to correction reports.	(A)	122	1
	Code Description 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". Ⓞ IGR Correction (MA only)			
22	STATE EFFECTIVE DATE Report the Endorsement Effective Date if the state coverage was endorsed mid-term. Otherwise, zero-fill. Format YYMMDD. NOT APPLICABLE: CA, MI	(N)	123-128	6
23	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) 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. NOT APPLICABLE: NJ OPTIONAL: CA, MI, NCCI, NC, WI	(N)	129-137	9
24	RESERVED FOR FUTURE USE	(N)	138-145	8

Field No.	Field Title/Description	Class	Position	Bytes
25-32	POLICY CONDITIONS INDICATORS This data element is comprised of the following data elements: 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. Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(A)	146- 152 153	78
25	THREE-YEAR FIXED RATE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. Code Description Y This is a three-year fixed rate policy. N This is not a three-year fixed rate policy. NOT APPLICABLE: CA, NJ	(A)	146	1
26	MULTISTATE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. Code Description Y This is a multistate policy. N This is not a multistate policy. NOT APPLICABLE: CA, NJ	(A)	147	1
27	INTERSTATE RATED POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. Code Description Y This is an interstate rated policy. N This is not an interstate rated policy. NOT APPLICABLE: CA, NJ	(A)	148	1
28	ESTIMATED EXPOSURE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. Code Description Y This policy has an estimated exposure. N This policy does not have an estimated exposure. NOT APPLICABLE: NJ	(A)	149	1

Field No.	Field Title/Description	Class	Position	Bytes
29	RETROSPECTIVE RATED POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	150	1
	Code Description Y This is a retrospective rated policy. N This is not a retrospective rated policy.			
	NOT APPLICABLE: CA, NJ			
30	CANCELLED MID-TERM POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	151	1
	Code Description Y This policy was cancelled mid-term. N This policy was not cancelled mid-term.			
	NOT APPLICABLE: CA, NJ			
31	MANAGED CARE ORGANIZATION (MCO) POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	152	1
	Code Description Y This is a Managed Care Organization (MCO) policy. N This is not a Managed Care Organization (MCO) policy.			
	NOT APPLICABLE: CA, NJ			
32	CERTIFIED HEALTH CARE NETWORK POLICY INDICATOR (NCCI ONLY) Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	153	1
	Code Description Y This is a Certified Health Care Network policy. N This is not a Certified Health Care Network policy.			
33	RESERVED FOR FUTURE USE		154-156	3
34-36	POLICY TYPE ID CODES This data element is comprised of the following data elements: Type of Coverage ID Code, Type of Plan ID Code, and Non-Standard Type ID Code. Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	157-162	6
34	TYPE OF COVERAGE ID CODE Report the 2-digit code that indicates the Type of Coverage.	(N)	157-158	2
	Code Description 01 Standard Workers Compensation Policy 02 Alternative Workers Compensation Coverage (NCCI only) 03 Group Policy (NCCI only)			

Field No.	Field Title/Description	Class	Position	Bytes
04	Reserved for Future Use			
05	Large Risk Rated Option (MA only)			
09	Nonstandard Workers Compensation Coverage (used only in conjunction with other than Code 01 in Positions 161-162 of this field) N/A: CA, MI, WI			
10	Reserved for <u>Future</u> Use in WGPOLS			

NOT APPLICABLE: NJ

35	TYPE OF PLAN ID CODE Report the 2-digit code that indicates the Type of Plan.	(N)	159-160	2
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Code Description

01	Voluntary Policy
02	Normal Assigned Risk Policy-including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06 – N/A: CA, NY
03	Reserved for Future Use
04	Reserved for Future Use
05	Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)
06	Reserved For Future Use
07	Assigned Risk Policy originally assigned by another DCO (NC only)

NOT APPLICABLE: NJ

36	TYPE OF NON-STANDARD ID CODE Report the 2-digit code that indicates the Non-Standard ID Code.	(N)	161-162	2
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Code Description

01	Nonstandard Code does not apply
02	Excluding Medical N/A: CA, DE, MA, MI, MN, NCCI, PA, WI
03	Reserved for Future Use
04	Reserved for Future Use
05	Excess Policy (NCCI 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 N/A: CA, MA, MI, MN, NY, NC, WI OPT: NCCI
09	Voluntary Coverage not mandatory by State Act N/A: CA, MA, MI, MN, NY, WI
99	Self-Insured Groups N/A: CA, DE, MI, MN, NCCI, NY, PA, WI

NOT APPLICABLE: NJ

Field No.	Field Title/Description	Class	Position	Bytes																														
37	RESERVED FOR FUTURE USE		163-164	2																														
38-39	DEDUCTIBLE TYPE CODES This data element is comprised of the following data elements: Losses Subject to Deductible Code and Basis of Deductible Calculation Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	165-168	4																														
38	LOSSES SUBJECT TO DEDUCTIBLE CODE Report the 2-digit code that identifies the type of deductible being reported.	(N)	165-166	2																														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No Deductible</td> </tr> <tr> <td>01</td> <td>Medical Losses Only</td> </tr> <tr> <td>02</td> <td>Indemnity Losses Only</td> </tr> <tr> <td>03</td> <td>Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MI, NJ, WI</p>	Code	Description	00	No Deductible	01	Medical Losses Only	02	Indemnity Losses Only	03	Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.																							
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39	BASIS OF DEDUCTIBLE CALCULATION CODE Report the 2-digit code that identifies the type of deductible being reported.	(N)	167-168	2																														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No Deductible</td> </tr> <tr> <td>01</td> <td>Per Claim Deductible Amount</td> </tr> <tr> <td>02</td> <td>Per Accident Deductible Amount</td> </tr> <tr> <td>03</td> <td>Per Policy Deductible Aggregate Limit</td> </tr> <tr> <td>04</td> <td>Percent of Claim Cost N/A: NC</td> </tr> <tr> <td>05</td> <td>Percent of Premium N/A: NC</td> </tr> <tr> <td>06</td> <td>Coinsurance Only Percent With Per Claim Amount Limit</td> </tr> <tr> <td>07</td> <td>Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit N/A: NC</td> </tr> <tr> <td>08</td> <td>Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit N/A: NC</td> </tr> <tr> <td>09</td> <td>Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit</td> </tr> <tr> <td>10</td> <td>Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit N/A: MN</td> </tr> <tr> <td>11</td> <td>Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit N/A: MN, NC</td> </tr> <tr> <td>12</td> <td>Variable — as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined. N/A: MN, NCCI, NY, NC</td> </tr> <tr> <td>13</td> <td>Negotiated (NCCI only)</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MI, NJ, WI</p>	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, NY, NC	13	Negotiated (NCCI only)			
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13	Negotiated (NCCI only)																																	

Field No.	Field Title/Description	Class	Position	Bytes
40	<p>DEDUCTIBLE PERCENT FACTOR PERCENTAGE Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program.</p> <p>Applicable only when the second position of Deductible Type <u>Basis of Deductible Calculation</u> Code is 04 through 08 or 11.</p> <p>NOT APPLICABLE: MI, NJ, NC, WI</p>	(N)	169-170	2
41	<p>DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT 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
42	<p>DEDUCTIBLE AMOUNT – AGGREGATE 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: MI, NJ, WI</p> <p>NOTE: Positions 189-230 are to be used only when correcting link record data</p>	(N)	180-188	9
43	<p>PREVIOUS REPORT LEVEL CODE/REPORT NUMBER Report the report number code that was previously reported.</p> <p>NOT APPLICABLE: MN</p>	(N)	189-190	2
44	RESERVED FOR FUTURE USE		191	1
45	<p>PREVIOUS CORRECTION SEQUENCE NUMBER Report the correction sequence number that was previously reported.</p> <p>NOT APPLICABLE: MN, NCCI</p>	(AN)	192	1
46	<p>PREVIOUS CARRIER CODE Report the carrier code that was previously reported.</p> <p>NOT APPLICABLE: MN</p>	(N)	193-197	5
47	<p>PREVIOUS POLICY NUMBER IDENTIFIER Report the policy number identifier that was previously reported.</p> <p>NOT APPLICABLE: MN</p>	(AN)	198-215	18
48	<p>PREVIOUS POLICY EFFECTIVE DATE Report the policy effective date that was previously reported.</p> <p>NOT APPLICABLE: MN</p> <p>Format: YYMMDD</p>	(N)	216-221	6

Field No.	Field Title/Description	Class	Position	Bytes						
49	PREVIOUS EXPOSURE STATE CODE Report the exposure state code that was previously reported. NOT APPLICABLE: MN	(N)	222-223	2						
50	PREVIOUS UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) Report the unit/certificate number identifier that was previously reported.	(AN)	224-230	7						
51	RESERVED FOR INSURER USE		231-242	12						
52	RESERVED FOR JURISDICTION USE		243-248	6						
53	RESERVED FOR BEEP USE EDIT BYPASS CODE BEEP (Bureau Entry & Edit Package) uses this field to indicate when a unit statistical report has been forced onto the submission file without passing all of the validations. <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> Refer to the Statistical Plan of each rating/statistical organization for use of this code. NOT APPLICABLE: MN, NCCI, NJ, NC, WI	Code	Description	F	Forced leave	Blank	No edit bypass	(AN)	249	1
Code	Description									
F	Forced leave									
Blank	No edit bypass									
54	UNIT FORMAT SUBMISSION CODE The following values apply: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>ASWG Format N/A: CA</td> </tr> <tr> <td>E</td> <td>Expanded ASWG report (CA only)</td> </tr> </tbody> </table>	Code	Description	A	ASWG Format N/A: CA	E	Expanded ASWG report (CA only)	(AN)	250	1
Code	Description									
A	ASWG Format N/A: CA									
E	Expanded ASWG report (CA only)									

Field No.	Field Title/Description	Class	Position	Bytes
II. NAME RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "2".	(N)	41	1
10	INSURED NAME 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.	(AN)	42-120	79
NOTE: NCCI, NJ—Only Positions 42–91 of the first name record are printed on the units produced from these jurisdictions' systems.				
11	RESERVED FOR FUTURE USE		121-250	130

THIS NAME RECORD IS REQUIRED FOR ALL JURISDICTIONS.

Field No.	Field Title/Description	Class	Position	Bytes
III. ADDRESS RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "3".	(N)	41	1
10	INSURED ADDRESS 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. NOTE: NCCI, NJ—Only Positions 42–91 are printed on the unit reports produced from these jurisdictions' systems.	(AN)	42-120	79
11	RESERVED FOR FUTURE USE		121-250	130

THIS ADDRESS RECORD IS OPTIONAL FOR ALL JURISDICTIONS.

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

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "4".	(N)	41	1
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10	RESERVED FOR FUTURE USE		42	1
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11	CLASSIFICATION CODE 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, MA, 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	RESERVED FOR FUTURE USE		47-50	4
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13	EXPERIENCE MODIFICATION FACTOR 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.	(N)	51-54	4
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Report the experience modification factor that applies to the exposure reported in this detail record. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. Use "0000" for nonrated exposures.

Example:

Modification 1.260 would be reported in this field as 1260.
 Format—XXXX.

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.

Field No.	Field Title/Description	Class	Position	Bytes
14	<p>EXPERIENCE MODIFICATION EFFECTIVE DATE 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>This is required on all exposure records. Format: YYMMDD.</p>	(N)	55-60	6
15	<p>RATE EFFECTIVE DATE 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>NOTE: 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>This is required on all exposure records. Format: YYMMDD.</p>	(N)	61-66	6
16	<p>EXPOSURE AMOUNT 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>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>	(N)	67-76	10

Field No.	Field Title/Description	Class	Position	Bytes
17	<p>PREMIUM AMOUNT 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>NOT APPLICABLE: CA</p>	(N)	77-85	9
18	<p>MANUAL / CHARGED RATE Report the charge per unit of exposure for each classification.</p> <p>Please contact the DCO for instructions for this field.</p> <p>There is an assumed decimal point between Positions 89 and 90.</p> <p>NOT APPLICABLE: CA</p> <p>Example: A rate of 1.24 would be reported in this field as 0001240.</p> <p>NOT APPLICABLE: CA</p>	(N)	86-92	7
19	<p>SPLIT PERIOD CODE 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>NOT APPLICABLE: CA, NJ (Split period codes 2-9)</p>	(N)	93	1
20	RESERVED FOR FUTURE USE		94-110	17
21	<p>RATING TIER ID CODE (NCCI ONLY) Report the appropriate rating tier ID code (RTI) on all classification codes for policies with an effective date of 09/01/92 and after.</p>	(N)	111-112	2
22	RESERVED FOR FUTURE USE		113-120	8

Field No.	Field Title/Description	Class	Position	Bytes																										
23	<p>UPDATE TYPE CODE Report the 1-letter code that identifies the activity of an exposure record.</p> <p>Method 1—Common to all Jurisdictions and Insurers</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Previously Reported</td> </tr> <tr> <td>R</td> <td>Revised</td> </tr> </tbody> </table> <p>Method 2—Jurisdictions may offer as optional reporting to insurers</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Add Record</td> </tr> <tr> <td>C</td> <td>Change Record</td> </tr> <tr> <td>D</td> <td>Delete Record</td> </tr> </tbody> </table> <p>NOTE: On original first reports, this field is always R or A</p>	Code	Description	P	Previously Reported	R	Revised	Code	Description	A	Add Record	C	Change Record	D	Delete Record	(A)	121	1												
Code	Description																													
P	Previously Reported																													
R	Revised																													
Code	Description																													
A	Add Record																													
C	Change Record																													
D	Delete Record																													
24	RESERVED FOR FUTURE USE		122	1																										
25	<p>EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit code indicating the Act (Law) or coverage under which the exposure for this record's classification code is associated.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>For Use With Statistical Codes*</td> </tr> <tr> <td>01</td> <td>State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act</td> </tr> <tr> <td>02</td> <td>USL&HW "F" or USL&HW Coverage on Non-F-Classes</td> </tr> <tr> <td>03</td> <td>Federal Coal Mine Health and Safety Act Only (NCCI, WI only)N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA</td> </tr> <tr> <td>04</td> <td>Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only)N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA</td> </tr> <tr> <td>05</td> <td>Oil and Other Minerals Over Water (NCCI only)</td> </tr> <tr> <td>06</td> <td>Excluding Medical (NCCI, NC only)N/A: CA, DE, MA, MI, MN, NJ, NY, PA, WI</td> </tr> <tr> <td>07</td> <td>Excess Benefits Coverage (NCCI only)</td> </tr> <tr> <td>08</td> <td>Reserved For Future Use</td> </tr> <tr> <td>09</td> <td>Endorsed Maritime Coverage (NCCI only)</td> </tr> <tr> <td>10</td> <td>Voluntary Compensation Coverage (DE, PA only)N/A: CA, MA, MI, MN, NCCI, NJ, NY, NC, WI</td> </tr> <tr> <td>11</td> <td>Reserved for <u>Future</u> Use in <u>WGPOLS</u></td> </tr> </tbody> </table> <p>*NOTE: An exposure act/exposure coverage code is required for all exposure records. Statistical codes can be coded to 00, or the <u>Type of Act-act</u> (law) governing the policy.</p>	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, WI only) N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA	04	Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only) N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA	05	Oil and Other Minerals Over Water (NCCI only)	06	Excluding Medical (NCCI, NC only) N/A: CA, DE, MA, MI, MN, NJ, NY, PA, WI	07	Excess Benefits Coverage (NCCI only)	08	Reserved For Future Use	09	Endorsed Maritime Coverage (NCCI only)	10	Voluntary Compensation Coverage (DE, PA only) N/A: CA, MA, MI, MN, NCCI, NJ, NY, NC, WI	11	Reserved for <u>Future</u> Use in <u>WGPOLS</u>	(N)	123-124	2
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																													
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26	RESERVED FOR FUTURE USE		125-250	126																										

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

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "5".	(N)	41	1
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10	RESERVED FOR FUTURE USE		42	1
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11	CLASSIFICATION CODE Report the appropriate 4-digit classification code where the payroll or other exposure amount of the claimant was reported.	(N)	43-46	4
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12	RESERVED FOR FUTURE USE		47-50	4
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13	CLAIM COUNT Report the claim count as defined by the respective statistical plan. This field is never left blank or zero-filled for grouped claims. Report the number of claims in the grouping.	(N)	51-54	4
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NOTE: CA—Zeros are accepted for claims with claim numbers.

Individually listed claims are reported as either "0001" or "0000."

NOTE: MN, NCCI, NJ, WI—Must be "0001" for individually listed claims (claim number and accident date reported).

14	ACCIDENT DATE Report the month, day and year on which the injury occurred.	(N)	55-60	6
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This field applies only to individually listed losses. Leave blank when reporting grouped losses. Format: YYMMDD.

15	CLAIM NUMBER 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.	(AN)	61-72	12
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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.

NOTE: 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.

Field No.	Field Title/Description	Class	Position	Bytes																				
16	CLAIM/STATUS CODE Report the 1-digit code that indicates the status of the claim: <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																							
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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)																							
17	WEEKLY WAGE AMOUNT (CA ONLY) Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Not the maximum or minimum weekly earnings specified in the Labor Code). Report whole dollars only.	(N)	74-78	5																				
18	INJURY CODE (INJURY TYPE) Report the 2-digit code that identifies under which provision of the law benefits are paid or expected to be paid. <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: DE, MA, PA, 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: DE, MA, PA, WI	08	Compromise Death (CA only)	09	Permanent Partial Disability – N/A: CA, MI, NJ	(N)	79-80	2
Code	Description																							
01	Death																							
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08	Compromise Death (CA only)																							
09	Permanent Partial Disability – N/A: CA, MI, NJ																							
19	CATASTROPHE NUMBER 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. Refer to the Statistical Plan for exact criteria used in the reporting of catastrophe losses.	(N)	81-82	2																				

Field No.	Field Title/Description	Class	Position	Bytes
20	<p>INCURRED INDEMNITY AMOUNT 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>NOTE: Allocated Loss Adjustment Expenses for other than employer's liability coverage must be excluded from indemnity loss amounts.</p>	(N)	83-91	9
21	<p>INCURRED MEDICAL AMOUNT 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
22	<p>SOCIAL SECURITY NUMBER (CA ONLY) Report the injured worker's Social Security Number assigned by the Social Security Administration. Enter "000000000" if not available.</p>	(N)	101-109	9
23	RESERVED FOR FUTURE USE		110-120	11
24	<p>UPDATE TYPE CODE Report the 1-letter code that identifies the activity of a loss record.</p>	(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

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.

25	RESERVED FOR FUTURE USE		122	1
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Field No.	Field Title/Description	Class	Position	Bytes
26-30	LOSS CONDITION CODES This data element is comprised of the following data elements: Loss Coverage Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	123-132	10
26	LOSS COVERAGE ACT Report the 2-digit code that corresponds to the loss coverage act. Code Description 00 Reserved For Future Use 01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act 02 USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes 03 Federal Coal Mine Health and Safety Act Only (NCCI, WI only) N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA 04 Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only) N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA 05 Oil and Other Minerals Over Water (NCCI only)	(N)	123-124	2
27	TYPE OF LOSS Report the 2-digit code that corresponds to the type of loss. Code Description 01 Trauma 02 Occupational Disease 03 Cumulative Injury Other Than Disease	(N)	125-126	2
28	TYPE OF RECOVERY Report the 2-digit code that corresponds to the type of recovery. Code Description 01 No Recovery 02 Second Injury Fund Only—N/A: CA 03 Subrogation Only (Third Party) 04 Subrogation with Second Injury Fund (Third Party)—N/A: CA 05 Joint Coverage—Without Subrogation (CA, MA, NC only) N/A: DE, MI, MN, NCCI, NJ, NY, PA, WI 06 Joint Coverage—With Subrogation (CA, NC only) N/A: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI	(N)	127-128	2
29	TYPE OF CLAIM Report the 2-digit code that corresponds to the type of claim. Code Description 01 Workers Compensation Only 02 Employers Liability Only—N/A: WI 03 Workers Compensation including Employers Liability 04 Liability Over—N/A: CA, DE, PA, WI	(N)	129-130	2

Field No.	Field Title/Description	Class	Position	Bytes
	05 Excess Benefits (NCCI only)			
	06 Excess Special Compensation (NCCI only)			
30	TYPE OF SETTLEMENT Report the 2-digit code that corresponds to the type of settlement.	(N)	131-132	2
	Code Description			
	00 Claim Not Subject to Settlement			
	01 Noncompensable, Previously Alleged (CA only)			
	02 Reserved for Future Use			
	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			
	10 Aggravation of Prior Work Related Injuries (NCCI only)			
	NOTE: CA – Code 00 is applicable for open claims only.			
31	TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT (CA ONLY) Report the whole dollar amount for the incurred amount of vocational rehabilitation benefits including vocational rehabilitation indemnity, evaluation and training.	(N)	133-139	7
32	JURISDICTION STATE CODE 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. OPTIONAL: NC	(N)	140-141	2
33	MANAGED CARE ORGANIZATION TYPE CODE Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses to this claim.	(N)	142-143	2
	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 02–07 below. N/A: MA			
	02 The claim's medical losses are administered by a Health Maintenance Organization. N/A: MI, MN, NJ, NY			
	03 The claim's medical losses are administered by a Preferred Provider Organization. N/A: MI, MN, NJ			

Field No.	Field Title/Description	Class	Position	Bytes
04	The claim's medical losses are administered by an Exclusive Provider Organization. N/A: MA, MI, MN, NJ, NY			
05	The claim's medical losses are administered by an Independent Practice Association. N/A: MA, MI, MN, NJ, NY			
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, MN, NJ, NY, PA, WI			
07	The claim's medical losses are administered by a Certified Health Care Network (NCCI only)			
	NOT APPLICABLE: CA			
34-36	INJURY DESCRIPTION CODES This data element is comprised of the following data elements: Part of Body, Nature of Injury, and Cause of Injury. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	144-149	6
34	PART OF BODY Report the 2-digit code that represents the part of body for a given claim. Refer to Statistical Plan for applicable codes. 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.	(N)	144-145	2
35	NATURE OF INJURY Report the 2-digit code that represents the nature of injury for a given claim. Refer to Statistical Plan for applicable codes.	(N)	146-147	2
36	CAUSE OF INJURY 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
37	OCCUPATION DESCRIPTION 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

Field No.	Field Title/Description	Class	Position	Bytes
38	<p>VOCATIONAL REHABILITATION INDICATOR Report the value that indicates the inclusion of vocational rehabilitation costs in the losses.</p> <p>Indicator Description Y Claim includes Vocational Rehabilitation costs N Claim does not include Vocational Rehabilitation costs</p> <p>NOT APPLICABLE: NJ, NY</p>	(A)	168	1
39	<p>LUMP SUM INDICATOR Report the value that identifies a lump sum agreement for the claim.</p> <p>Indicator Description Y Claim has been settled by an agreement to a lump sum amount N Claim has not been settled with a lump sum agreement</p> <p>NOT APPLICABLE: CA, DE, MN, NJ, PA</p> <p>OPTIONAL: NC</p>	(A)	169	1
40	<p>FRAUDULENT CLAIM CODE Report the 2-digit code that identifies the involvement of fraud in the claim.</p> <p>Code Description 00 Not fraudulent 01 Partially fraudulent 02 Fully fraudulent—N/A: CA</p> <p>NOT APPLICABLE: MA, MI, MN, NJ, WI</p>	(N)	170-171	2
41	RESERVED FOR FUTURE USE		172-173	2
42	<p>PAID INDEMNITY AMOUNT 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>NOTE: 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

Field No.	Field Title/Description	Class	Position	Bytes
43	<p>PAID MEDICAL AMOUNT 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
44	<p>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT 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><u>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</u></p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: DE, NCCI, NC, PA</p>	(N)	192-200	9
45	<p>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT 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><u>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</u></p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NCCI, NC</p>	(N)	201-209	9
46	<p>DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY) 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>Report zeros if experience rating is to be calculated on gross losses.</p>	(N)	210-218	9
47	<p>TOTAL GROSS INCURRED AMOUNT (CA ONLY) 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
48	RESERVED FOR FUTURE USE		228-229	2

Field No.	Field Title/Description	Class	Position	Bytes
49	<p>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT 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.</p> <p>NOT APPLICABLE: MI, MN, NJ</p>	(N)	230-238	9
50	<p>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT 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.</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NJ</p> <p>OPTIONAL: DE, NCCI, NY, NC, PA, WI</p>	(N)	239-247	9
51	<p>SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY (CA ONLY) 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.</p> <p>No implied decimal, whole percentage only.</p>	(N)	248-250	3

Field No.	Field Title/Description	Class	Position	Bytes
VI. UNIT TOTAL RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "6". OPTIONAL: NCCI	(N)	41	1
10	EXPOSURE – PAYROLL TOTAL A. 1ST Report 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. Exposure Correction Report Report the revised exposure payroll total as defined above. C. Subsequent Report of Loss Correction Report This field will always contain zeros.	(N)	42-52	11
11	RESERVED FOR FUTURE USE		53-62	10
12	SUBJECT PREMIUM TOTAL A. 1ST Report Report the sum of premium amounts subject to experience modification prior to the application of the modification factor. This field is required. B. Exposure Correction Report Report the revised subject premium total. This field is required. C. Subsequent Report of Loss Correction Report This field will always contain zeros. NOT APPLICABLE: CA	(N)	63-72	10
13	STANDARD PREMIUM TOTAL A. 1ST Report Report the sum of all premium dollars, both subject to modification and not subject to modification, which are to be included in standard premium.	(N)	73-83	11

Field No.	Field Title/Description	Class	Position	Bytes
	<p>NOTE 1: 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>Premium discount and expense constant should be reflected in Final Premium (see NOTE 2).</p> <p>NOTE 2: CA—This field shall be used to report final premium. Final premium is to be reported as defined in the California Workers Compensation Uniform Statistical Reporting Plan - 1995.</p> <p>B. Exposure Correction Report Report the revised standard premium total.</p> <p>C. Subsequent Report of Loss Correction Report This field will always contain zeros.</p>			
14	<p>CLAIM COUNT TOTAL 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>A. 1ST Report 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. Exposure Correction Report This field will always contain zeros.</p> <p>C. Subsequent Report of Loss Correction Report This field will contain the revised number of claims.</p> <p>NOT APPLICABLE: CA</p>	(N)	84-88	5
15	<p>INCURRED INDEMNITY AMOUNT TOTAL 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>A. 1ST Report Report the total of the incurred indemnity amounts on this report.</p> <p>B. Exposure Correction Report This field will always contain zeros.</p> <p>C. Subsequent Report of Loss Correction Report This will be the revised incurred indemnity total.</p>	(N)	89-98	10

Field No.	Field Title/Description	Class	Position	Bytes
16	<p>INCURRED MEDICAL AMOUNT TOTAL 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>A. 1ST Report Report the total of the incurred medical amounts on this report.</p> <p>B. Exposure Correction Report This field will always contain zeros.</p> <p>C. Subsequent Report of Loss Correction Report Report the revised incurred medical total.</p>	(N)	99-108	10
17	<p>RECORDS IN UNIT REPORT TOTAL Report the total number of records including the unit total record reported for this unit report, excluding any ICR records (type 7).</p> <p>Example: 1 header, 1 name, 1 address, 1 exposure, 10 losses and 1 unit total = 15 records.</p> <p>NOTE: 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	RESERVED FOR FUTURE USE		114-122	9
19	<p>PAID INDEMNITY AMOUNT TOTAL 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</p> <p>OPTIONAL: NC</p>	(N)	123-132	10
20	<p>PAID MEDICAL AMOUNT TOTAL 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</p> <p>OPTIONAL: NC</p>	(N)	133-142	10

Field No.	Field Title/Description	Class	Position	Bytes
21	<p>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL 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>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: DE, NCCI, NC, PA</p>	(N)	143-152	10
22	<p>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL 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>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NCCI, NC</p>	(N)	153-162	10
23	<p>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL 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
24	<p>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL 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</p> <p>OPTIONAL: DE, NCCI, NY, NC, PA, WI</p>	(N)	173-182	10
25	RESERVED FOR FUTURE USE		183-250	68

Field No.	Field Title/Description	Class	Position	Bytes																																																							
VII. ICR RECORD 7-A																																																											
1-8	LINK DATA		1-40	40																																																							
9	RECORD TYPE CODE Report "7".	(N)	41	1																																																							
	NOT APPLICABLE: CA, MA , MI, MN, NC, WI																																																										
	OPTIONAL: NCCI																																																										
10	SUB-RECORD TYPE CODE Report "A".	(AN)	42	1																																																							
11	CLAIM NUMBER 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	RESERVE TYPE CODE Report the 2-digit code that identifies the type of reserve for this claim:	(N)	55-56	2																																																							
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13	YEAR LAST EXPOSED Format: YYYY.	(N)	57-60	4																																																							
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14	RESERVED FOR FUTURE USE		61-68	8																																																							

Field No.	Field Title/Description	Class	Position	Bytes																						
15	CLASSIFICATION CODE Report the appropriate 4-digit classification code in accordance with the appropriate Statistical Plan instructions.	(N)	69-72	4																						
16	RESERVED FOR FUTURE USE		73	1																						
17	INJURY CODE (INJURY TYPE) Report the 2-digit code that identifies under which provision of the law benefits are paid or expected to be paid.	(N)	74-75	2																						
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18	RESERVED FOR FUTURE USE		76-77	2																						
19	TRANSACTION TYPE CODE Report the appropriate 1-digit code as follows:	(N)	78	1																						
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Code	Description																									
M	Male																									
F	Female																									
21	ACCIDENT DATE Report the date on which the injury occurred. Format: YYMMDD.	(N)	80-85	6																						
22	DECEASED DATE Report the date on which the worker died. Format: YYMMDD.	(N)	86-91	6																						
23	REPORTED DATE Report the date on which the claim was reported to the insurer. Format: YYMMDD.	(N)	92-97	6																						
	OPTIONAL: MA																									
24	BIRTH DATE Report the date on which the injured worker was born. Format: YYMMDD.	(N)	98-103	6																						

Field No.	Field Title/Description	Class	Position	Bytes														
25	RESERVED FOR FUTURE USE		104-109	6														
26	CLOSED DATE Report the year and month on which the claim was closed in the insurer's statistical/accounting system. Format: YYMM.	(N)	110-113	4														
27	RESERVED FOR FUTURE USE		114-118	5														
28	CLAIM/STATUS CODE Report the 1-digit code that indicates the status of the claim:	(N)	119	1														
	<table border="0"> <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: MA</td> </tr> <tr> <td>3</td> <td>Resolved Claim N/A: DE, MA, NY, PA</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: MA	3	Resolved Claim N/A: DE, MA , NY, PA	4	Open Claim – Payment not made or initiated (MI only)					
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29	RESERVED FOR FUTURE USE		120-122	3														
30-34	LOSS CONDITION CODES This data element is comprised of the following data elements: Loss Coverage Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions. OPTIONAL: MA	(N)	123-132	10														
30	LOSS COVERAGE ACT Report the 2-digit code that corresponds to the loss coverage act.	(N)	123-124	2														
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31	TYPE OF LOSS Report the 2-digit code that corresponds to the type of loss.	(N)	125-126	2														
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Field No.	Field Title/Description	Class	Position	Bytes
32	TYPE OF RECOVERY Report the 2-digit code that corresponds to the type of recovery. Code Description 01 No Recovery 02 Second Injury Fund Only 03 Subrogation Only (Third Party) 04 Subrogation With Second Injury Fund (Third Party) 05 Joint Coverage—Without Subrogation (MA only) 06 Joint Coverage—With Subrogation (NC only)	(N)	127-128	2
33	TYPE OF CLAIM Report the 2-digit code that corresponds to the type of claim. Code Description 01 Workers Compensation Only 02 Employers Liability Only 03 Workers Compensation including Employers Liability 04 Liability Over 05 Excess Benefits (NCCI only) 06 Excess Special Compensation (NCCI only)	(N)	129-130	2
34	TYPE OF SETTLEMENT Report the 2-digit code that corresponds to the type of settlement. Code Description 00 Claim Not Subject to Settlement 01 Noncompensable, Previously Alleged (CA only) 02 Reserved for Future Use 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 10 Aggravation of Prior Work Related Injuries (NCCI only)	(N)	131-132	2
35	RESERVED FOR FUTURE USE		133-139	7
36	JURISDICTION STATE CODE 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. OPTIONAL: MA	(N)	140-141	2

Field No.	Field Title/Description	Class	Position	Bytes
37	<p>MANAGED CARE ORGANIZATION TYPE CODE Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses to this claim.</p> <p>Code Description</p> <p>00 The claim is not administered by an approved/certified Managed Care Organization</p> <p>01 The claim's medical losses are administered by an approved/certified Managed Care Organization not specifically identified by Codes 02–07 below—N/A: MA</p> <p>02 The claim's medical losses are administered by a Health Maintenance Organization—N/A: NJ</p> <p>03 The claim's medical losses are administered by a Preferred Provider Organization—N/A: NJ</p> <p>04 The claim's medical losses are administered by an Exclusive Provider Organization—N/A: MA, NJ</p> <p>05 The claim's medical losses are administered by an Independent Practice Association—N/A: MA, NJ</p> <p>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</p> <p>07 The claim's medical losses are administered by a Certified Health Care Network (NCCI only)</p> <p>OPTIONAL: MA</p>	(N)	142-143	2
38	<p>LUMP SUM INDICATOR Report the value that identifies a lump sum agreement for the claim.</p> <p>Indicator Description</p> <p>Y Claim has been settled by an agreement to a lump sum amount.</p> <p>N Claim has not been settled with a lump sum agreement.</p> <p>NOT APPLICABLE: NJ, NY</p> <p>OPTIONAL: MA</p>	(A)	144	1
39	<p>FRAUDULENT CLAIM CODE Report the 2-digit code that identifies the involvement of fraud in the claim.</p> <p>Code Description</p> <p>00 Not Fraudulent</p> <p>01 Partially Fraudulent</p> <p>02 Fully Fraudulent</p> <p>NOT APPLICABLE: MA, NJ</p>	(N)	145-146	2

Field No.	Field Title/Description	Class	Position	Bytes
40	<p>SOCIAL SECURITY OFFSET INDICATOR 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>Code Description 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
41	RESERVED FOR FUTURE USE		148-249	102
42	<p>UNIT FORMAT SUBMISSION CODE 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
VIII. ICR RECORD 7-B				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, <u>MA</u> , MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "B".	(AN)	42	1
11	CLAIM NUMBER 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	AVERAGE WEEKLY WAGE AMOUNT Report the full average weekly wage amount of the injured worker rounded to the nearest whole dollar.	(N)	55-59	5
13-15	INJURY DESCRIPTION CODES This data element is comprised of the following data elements: Part of Body, Nature of Injury, and Cause of Injury Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	60-65	6
13	PART OF BODY Report the 2-digit code that represents the part of body for a given claim. Refer to Statistical Plan for applicable codes. OPTIONAL: MA	(N)	60-61	2
	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.			
14	NATURE OF INJURY Report the 2-digit code that represents the nature of injury for a given claim. Refer to Statistical Plan for applicable codes. OPTIONAL: MA	(N)	62-63	2

Field No.	Field Title/Description	Class	Position	Bytes
15	<p>CAUSE OF INJURY Report the 2-digit code that represents the cause of injury for a given claim. Refer to Statistical Plan for applicable codes.</p> <p>OPTIONAL: MA</p>	(N)	64-65	2
16	<p>INCURRED COST OF TEMPORARY INDEMNITY AMOUNT TOTAL 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>	(N)	66-74	9
17	<p>SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY 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</p> <p>OPTIONAL: MA</p>	(N)	75-77	3
18	<p>SCHEDULED INDEMNITY – BODY MEMBER CODE 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: MA</p>	(N)	78-79	2
19	<p>SCHEDULED INDEMNITY – NUMBER OF WEEKS 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</p>	(N)	80-83	4
20	<p>SCHEDULED INDEMNITY – INCURRED LOSS AMOUNT TOTAL Report the incurred indemnity amount (paid + outstanding) as of the valuation date of all scheduled benefits.</p> <p>Report whole dollars only.</p>	(N)	84-92	9
21	<p>NUMBER OF WEEKS FOR TEMPORARY BENEFIT Report the number of weeks for benefits related to temporary loss of earnings due to lost time from work.</p> <p>OPTIONAL: MA</p>	(N)	93-96	4
22	RESERVED FOR FUTURE USE		97-102	6

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. ICR RECORD 7-C				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7".	(N)	41	1
	NOT APPLICABLE: CA, <u>MA</u> , MI, MN, NC, WI			
	OPTIONAL: NCCI			
10	SUB-RECORD TYPE CODE Report "C".	(AN)	42	1
11	CLAIM NUMBER 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	NONSCHEDULED INDEMNITY – PERCENTAGE DISABILITY Report the percentage of whole body upon which the nonscheduled indemnity benefit (other than scheduled body member code) was based.	(N)	55-57	3
	OPTIONAL: MA			
13	NONSCHEDULED INDEMNITY – INCURRED LOSS AMOUNT TOTAL Report the total incurred indemnity amount (paid + outstanding) as of the valuation date on all nonscheduled benefits. Report whole dollars only.	(N)	58-66	9
14	EMPLOYERS LIABILITY OR OTHER INDEMNITY AMOUNT INCURRED	(N)	67-75	9
15	VOCATIONAL REHABILITATION – INCURRED AMOUNT TOTAL Report the incurred total (paid + outstanding) of any vocational rehabilitation expenses incurred as of the valuation date.	(N)	76-84	9
	NOT APPLICABLE: NY			
16	PENSION INDEMNITY BENEFITS – PAID TO VALUATION DATE AMOUNT Report the amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment.	(N)	85-93	9
	Report amount to the nearest whole dollar.			

Field No.	Field Title/Description	Class	Position	Bytes
17	PRESENT VALUE OF FUTURE INDEMNITY PAYMENT AMOUNT TOTAL Report the present value of total future indemnity payment amount. Report amount to the nearest whole dollar.	(N)	94-102	9
18	FUNERAL ALLOWANCE AMOUNT Report the amount of funeral allowance rounded to the nearest whole dollar.	(N)	103-111	9
19	LUMP SUM REMARRIAGE PAYMENT AMOUNT Report the amount paid upon the remarriage of the injured worker's spouse. Report amount to the nearest whole dollar. NOT APPLICABLE: MA	(A N)	112-120	9
20	RESERVED FOR FUTURE USE		121-250	130

Field No.	Field Title/Description	Class	Position	Bytes
X. ICR RECORD 7-D				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, <u>MA</u> , MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "D".	(AN)	42	1
11	CLAIM NUMBER 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	INCURRED INDEMNITY AMOUNT 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.	(N)	55-64	10
13	INCURRED MEDICAL AMOUNT 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.	(N)	65-74	10
14	PAID INDEMNITY AMOUNT Report the paid total indemnity to valuation date amount. Report the amount rounded to nearest whole dollar. OPTIONAL: MA	(N)	75-84	10
15	PAID MEDICAL AMOUNT Report the paid total medical to valuation date amount. Report the amount rounded to nearest whole dollar. OPTIONAL: MA	(N)	85-94	10

Field No.	Field Title/Description	Class	Position	Bytes
16	SOCIAL SECURITY OFFSET AMOUNT 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: DE, PA	(N)	95-103	9
17	PENSION INDEMNITY AMOUNT PREVIOUSLY RESERVED, NOT PAID Report the amount of pension indemnity reserved at a previous valuation, but not yet paid (i.e., accruals). NOT APPLICABLE: NY	(N)	104-113	10
18	RESERVED FOR FUTURE USE		114-250	137

Field No.	Field Title/Description	Class	Position	Bytes																		
XI. ICR RECORD 7-E																						
1-8	LINK DATA		1-40	40																		
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, MA , MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1																		
10	SUB-RECORD TYPE CODE Report "E".	(AN)	42	1																		
11	CLAIM NUMBER 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	BENEFICIARY CODE - RELATIONSHIP 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</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: 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. NOTE: Use Code 9 for "Handicapped Child" in NJ.	Code	Description	1	Injured Worker	2	Widow	3	Widower	4	Sons or Daughters	5	Brothers or Sisters	6	Mothers or Fathers	7	Handicapped Child—N/A: DE, MA , NJ, PA	9	Other— N/A: MA	(N)	55	1
Code	Description																					
1	Injured Worker																					
2	Widow																					
3	Widower																					
4	Sons or Daughters																					
5	Brothers or Sisters																					
6	Mothers or Fathers																					
7	Handicapped Child—N/A: DE, MA , NJ, PA																					
9	Other— N/A: MA																					
13	BENEFICIARY CODE - DEPENDENCY <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	BENEFICIARY BIRTH DATE Report the beneficiary's birth date. Format: YYMMDD.	(N)	57-62	6																		

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

Field No.	Field Title/Description	Class	Position	Bytes
XII. ICR RECORD 7-F				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, <u>MA</u> , MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "F".	(AN)	42	1
11	CLAIM NUMBER 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	CARRIER NAME Report the first 18 characters of the insurer's name. OPTIONAL: MA	(AN)	55-72	18
13	WORKER'S LAST NAME Report the first 18 characters of the worker's last name.	(AN)	73-90	18
14	WORKER'S OCCUPATION Report the first 18 characters of the worker's occupation. OPTIONAL: MA	(AN)	91-108	18
15	SOCIAL SECURITY NUMBER 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"	(N)	109-117	9
16	RESERVED FOR FUTURE USE		118-250	133

Field No.	Field Title/Description	Class	Position	Bytes
XIII. ICR RECORD 7-G				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, MA , MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "G". NOT APPLICABLE: NY	(AN)	42	1
11	CLAIM NUMBER 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	PAID HOSPITAL COSTS TO VALUATION AMOUNT NOT APPLICABLE: DE, PA OPTIONAL: MA	(N)	55-63	9
13	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT NOT APPLICABLE: DE, PA OPTIONAL: MA	(N)	64-72	9
14	CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT 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: MA	(N)	73-81	9
15	TOTAL GROSS INCURRED AMOUNT NOT APPLICABLE: DE, MA , NJ, PA	(N)	82-91	10
16	VOCATIONAL REHABILITATION – INDEMNITY AMOUNT NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(N)	92-100	9

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

Field No.	Field Title/Description	Class	Position	Bytes
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XIV. ICR RECORD 7-H

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "7".	(N)	41	1
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NOT APPLICABLE: CA, ~~MA~~, MI, MN, NC, WI

OPTIONAL: NCCI

10	SUB-RECORD TYPE CODE Report "H".	(AN)	42	1
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NOT APPLICABLE: NY

11	CLAIM NUMBER 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	HIRE DATE Report the date on which the injured worker began his/her most recent employment with the employer.	(N)	55-60	6
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Format: YYMMDD.

NOT APPLICABLE: DE, ~~MA~~, PA

13	EMPLOYMENT STATUS CODE 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.	(N)	61-62	2
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Code Description

01	Regular Employee
02	Part-Time Employee
03	Unemployed
04	On Strike
05	Disabled
06	Retired
07	Reserved For Future Use
08	Unemployed Due to Plant Shutdown, Closing or Other Reduction
09	Other

~~NOT APPLICABLE: MA~~

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

Field No.	Field Title/Description	Class	Position	Bytes
XV. ICR RECORD 7-I				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, <u>MA</u> , MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "I". NOT APPLICABLE: NY	(AN)	42	1
11	CLAIM NUMBER 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	PAID SINGLE SUM SETTLEMENT AMOUNT TO VALUATION DATE AMOUNT 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	(N)	55-64	10
13	PAID PHYSICIANS COSTS TO VALUATION DATE AMOUNT 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: MA	(N)	65-74	10

Field No.	Field Title/Description	Class	Position	Bytes						
14	<p>PAID APPLICANT'S MEDICAL EVALUATIONS COSTS TO VALUATION DATE AMOUNT 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: MA</p>	(N)	75-84	10						
15	<p>PAID DEFENSE MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT 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: MA</p>	(N)	85-94	10						
16	<p>PAID INDEPENDENT/AGREED MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT 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: MA</p>	(N)	95-104	10						
17	<p>SURGERY CODE Report the 1-digit code reflecting whether or not the injured worker's injury required surgery as follows:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </tbody> </table> <p>OPTIONAL: MA</p>	Code	Description	1	Yes	2	No	(N)	105	1
Code	Description									
1	Yes									
2	No									

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

Field No.	Field Title/Description	Class	Position	Bytes
XVI. ICR RECORD 7-J				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7".	(N)	41	1
	NOT APPLICABLE: CA, MA , MI, MN, NC, WI			
	OPTIONAL: NCCI			
10	SUB-RECORD TYPE CODE Report "J".	(AN)	42	1
	NOT APPLICABLE: NY			
11	CLAIM NUMBER 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	ANNUITY PURCHASE AMOUNT Report the purchase price (cost to the insurer) for the annuity purchased. Report amount to the nearest whole dollar.	(N)	55-64	10
	NOT APPLICABLE: MA , NJ			
13	RESERVED FOR FUTURE USE		65-74	10
14	SINGLE SUM PAID DATE Report the date (YYMMDD) on which the single sum/commutation payment was made to the claimant. NOT APPLICABLE: NJ	(N)	75-80	6
15	DATA PROVIDER COMMENTS 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	RESERVED FOR FUTURE USE		141-250	110

Field No.	Field Title/Description	Class	Position	Bytes
XVII. SUBMISSION CONTROL RECORD				
1	FILLER Fill the first 40 characters of this record with nines.	(N)	1-40	40
2	RECORD TYPE CODE Report "9".	(N)	41	1
3	DETAIL RECORD COUNT TOTAL Report the total number of records on the submission including the transmittal record, excluding this submission control record.	(N)	42-49	8
4	UNIT REPORTS SUBMITTED TOTAL Report the total number of unit reports submitted. NCCI ONLY: 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.	(N)	50-56	7
5	PRIMARY EFFECTIVE MONTH/YEAR Report the primary effective year and month of this submission. Format: YYYY MM . Required only if the Transmittal Record is used.	(N)	57- 62 60	64
<u>6</u>	<u>PRIMARY EFFECTIVE MONTH</u> <u>Report the primary effective month of this submission.</u> <u>Format: MM.</u> <u>Required only if the Transmittal Record is used.</u>	<u>(N)</u>	<u>61-62</u>	<u>2</u>
<u>67</u>	<u>ICR TOTAL</u> Report the total number of ICRs on this submission. NOT APPLICABLE: CA, <u>MA</u> , MI, MN, WI OPTIONAL: NCCI	(N)	63-70	8
<u>78</u>	RESERVED FOR FUTURE USE		71-249	179
<u>89</u>	UNIT SUBMISSION CODE Report the 1-letter code that describes this submission: Code Description T ASWG Test Submission P ASWG Production Submission	(A)	250	1

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

SECTION 4

DATA COLLECTION ORGANIZATION DIFFERENCES

NOTE: Refer to individual field descriptions for specific DCO requirements.

DCO DIFFERENCES
 IN WCSTAT ELECTRONIC SPECIFICATIONS

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
LINK DATA											
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	N/A
Exposure State Code											
Policy Effective Date											
Report Level Code/Report Number											
Correction Sequence Number											
HEADER RECORD											
Record Type Code											
Policy Expiration or Cancellation Date											
Risk ID Number	OPT	N/A			OPT	OPT	N/A		OPT	N/A	OPT
Original Administration Number Identifier	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
Employee Leasing Code	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Replacement Report Code	N/A	N/A	+	+	+	+	N/A	N/A	N/A	N/A	+
Business Segment Identifier	N/A	N/A		N/A		N/A	N/A	N/A	N/A	N/A	N/A
Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number		N/A		N/A		N/A	N/A	N/A	N/A	N/A	N/A
Correction Type Code	+	+	+	+	+	+	+	+	+	+	+
State Effective Date	N/A			N/A							
Federal Employer Identification Number (FEIN)	OPT			OPT		OPT	N/A		OPT		OPT
Three-Year Fixed Rate Policy Indicator	+N/A	+	+	+	+	+	N/A	+	+	+	+
Multistate Policy Indicator	+N/A	+	+	+	+	+	N/A	+	+	+	+
Interstate Rated Policy Indicator	N/A+	+	+	+	+	+	N/A	+	+	+	+
Estimated Exposure Indicator	+	+	+	+	+	+	N/A	+	+	+	+
Retrospective Rated Policy Indicator	+N/A	+	+	+	+	+	N/A	+	+	+	+
Cancelled Mid-Term Policy Indicator	+N/A	+	+	+	+	+	N/A	+	+	+	+
Managed Care Organization (MCO) Policy Indicator	+N/A	+	+	+	+	+	N/A	+	+	+	+
Certified Health Care Network Indicator	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Type of Coverage ID Code	+	+	+	+	+	+	N/A	+	+	+	+
Type of Plan ID Code	+	+	+	+	+	+	N/A	+	+	+	+
-Type of Non-Standard ID Code	+	+	+	+	+	+	N/A	+	+	+	+
Losses Subject to Deductible Code				N/A	+	+	N/A	+	+		N/A
Basis of Deductible Calculation Code				N/A	+	+	N/A	+	+		N/A
Deductible Percent Factor Percentage				N/A			N/A		N/A		N/A
Deductible Amount Per Claim/Accident				N/A			N/A				N/A
Deductible Amount—Aggregate				N/A			N/A				N/A

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Previous Report Level Code/Report Number					N/A						
Previous Correction Sequence Number					N/A	N/A					
Previous Carrier Code					N/A						
Previous Policy Number Identifier					N/A						
Previous Policy Effective Date					N/A						
Previous Exposure State Code					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	N/A
Reserved for BEEP Use Edit Bypass Code					N/A	N/A	N/A		N/A		N/A
Unit Format Submission Code	+	+	+	+	+	+	+	+	+	+	+
NAME RECORD											
Record Type Code											
Insured Name						+	+				
ADDRESS RECORD											
Record Type Code	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT
Insured Address						+	+				
EXPOSURE RECORD											
Record Type Code											
Classification Code		+	+		+	+	+			+	+
Experience Modification Factor											
Experience Modification Effective Date											
Rate Effective Date					+						
Exposure Amount											
Premium Amount	N/A										
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	N/A
Update Type Code											
Exposure Act/ Exposure Coverage Code	+	+	+	+	+	+	+	+	+	+	+
LOSS RECORD											
Record Type Code											
Classification Code											
Claim Count	+				+	+	+				+
Accident Date											
Claim Number	+										
Claim/Status Code	+	+	+	+	+	+	+	+	+	+	+
Weekly Wage Amount		N/A	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											

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	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Social Security Number		N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A
Update Type Code	+										
Loss Coverage 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	N/A
Jurisdiction State Code									OPT		
Managed Care Organization Type Code	N/A	+	+	+	+	+	+	+		+	+
Part of Body											
Nature of Injury											
Cause of Injury											
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			N/A		N/A		OPT	N/A	
Fraudulent Claim Code	+		N/A	N/A	N/A		N/A				N/A
Paid Indemnity Amount				N/A			N/A		OPT		
Paid Medical Amount				N/A			N/A		OPT		
Claimant's Attorney Fees Incurred Amount	N/A	OPT		N/A	N/A	OPT±	N/A	N/A	OPT	OPT	N/A
Employer's Attorney Fees Incurred Amount	N/A			N/A	N/A	OPT±	N/A	N/A	OPT		N/A
Deductible Reimbursement Amount	N/A	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	N/A
Paid Allocated Loss Adjustment Expense (ALAE) Amount				N/A	N/A		N/A				
Incurred Allocated Loss Adjustment Expense (ALAE) Amount	N/A	OPT	N/A	N/A	N/A	OPT	N/A	OPT	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	N/A
UNIT TOTAL RECORD						OPT					
Record Type Code											
Exposure—Payroll Total											
Subject Premium Total											
Standard Premium Total	N/A	+	+	+	+	+	+	+	+	+	+
Claim Count Total	N/A										
Incurred Indemnity Amount Total											
Incurred Medical Amount Total											
Records in Unit Report Total						+					
Paid Indemnity Amount Total	N/A			N/A			N/A		OPT		
Paid Medical Amount Total	N/A			N/A			N/A		OPT		
Claimant's Attorney Fees Incurred Amount Total	N/A	OPT		N/A	N/A	OPT	N/A	N/A	OPT	OPT	N/A

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Employer's Attorney Fees Incurred Amount Total	N/A			N/A	N/A	OPT	N/A	N/A	OPT		N/A
Paid Allocated Loss Adjustment Expense Amount Total	N/A			N/A	N/A		N/A				
Incurred Allocated Loss Adjustment Amount Total	N/A	OPT	N/A	N/A	N/A	OPT	N/A	OPT	OPT	OPT	OPT
ICR RECORD 7-A	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Reserve Type Code		+	+			+	+	+		+	
Year Last Exposed			OPT					N/A			
Classification Code											
Injury Code (Injury Type)		+	+			+	+	+		+	
Transaction Type Code			N/A								
Worker's Sex <u>Code</u>											
Accident Date											
Deceased Date											
Reported Date			OPT								
Birth Date											
Closed Date											
Claim/Status Code		+	+				+	+		+	
Loss Coverage Act		+	OPT+			+	+	+		+	
Type of Loss			OPT								
Type of Recovery		+	OPT+			+	+	+		+	
Type of Claim		+	OPT+			+	+	+		+	
Type of Settlement		+	OPT+			+	+	+		+	
Jurisdiction State Code			OPT								
Managed Care Organization Type Code		+	OPT+				+			+	
Lump Sum Indicator			OPT				N/A	N/A			
Fraudulent Claim Code			N/A				N/A				
Social Security Offset Indicator		N/A					N/A			N/A	
Unit Format Submission Code											
ICR RECORD 7-B	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Average Weekly Wage Amount											
Part of Body			OPT								
Nature of Injury			OPT								
Cause of Injury			OPT								

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Incurring Cost of Temporary Indemnity Amount Total											
Scheduled Indemnity—Percentage of Disability			OPT							N/A	
Scheduled Indemnity—Body Member Code			OPT								
Scheduled Indemnity—Number of Weeks			N/A								
Scheduled Indemnity—Incurred Loss Amount Total											
Number of Weeks for Temporary Benefit			OPT						N/A		
ICR RECORD 7-C	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Nonscheduled Indemnity—Percentage Disability			OPT								
Nonscheduled Indemnity—Incurred Loss Amount Total											
Employers Liability or Other Indemnity Amount Incurred											
Vocational Rehabilitation—Incurred Amount Total								N/A			
Pension Indemnity Benefits—Paid to Valuation Date Amount											
Present Value of Future Indemnity Payment Amount Total											
Funeral Allowance Amount											
Lump Sum Remarriage Payment Amount			N/A								
ICR RECORD 7-D	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Incurred Indemnity Amount		+								+	
Incurred Medical Amount											
Paid Indemnity Amount			OPT								
Paid Medical Amount			OPT								
Social Security Offset Amount		N/A								N/A	
Pension Indemnity Amount Previously Reserved, Not Paid								N/A			N/A
ICR RECORD 7-E	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Beneficiary Code—Relationship		+	+				+			+	
Beneficiary Code—Dependency		N/A					N/A	N/A		N/A	
Beneficiary Birth Date											

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	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Insured Name											
ICR RECORD 7-F	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Carrier Name			OPT								
Worker's Last Name											
Worker's Occupation			OPT								
Social Security Number		N/A	N/A				N/A	N/A		N/A	
ICR RECORD 7-G	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code								N/A			
Claim Number											
Paid Hospital Costs to Valuation Amount		N/A	OPT							N/A	
Employer's Attorney Fees Incurred Amount		N/A	OPT							N/A	
Claimant's Attorney Fees Incurred Amount			OPT								
Total Gross Incurred Amount		N/A	N/A				N/A			N/A	
Vocational Rehabilitation—Indemnity Amount		N/A	OPT				N/A			N/A	
Vocational Rehabilitation—Training Amount		N/A	OPT				N/A			N/A	
Vocational Rehabilitation—Evaluation Amount		N/A	OPT				N/A			N/A	
ICR RECORD 7-H	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code								N/A			
Claim Number											
Hire Date		N/A	N/A							N/A	
Employment Status Code			N/A								
Paid Temporary Disability Benefits to Valuation Date Amount		N/A	OPT							N/A	
Paid Permanent Partial Benefits to Valuation Date Amount		N/A	OPT				N/A			N/A	
Paid Vocational Rehabilitation Benefits to Valuation <u>Date</u> Amount		N/A	OPT							N/A	
Paid Permanent Total Benefits to Valuation Date Amount		N/A	OPT				N/A			N/A	
Paid Death Benefits to Valuation Date Amount		N/A	OPT				N/A			N/A	
ICR RECORD 7-I	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code								N/A			
Claim Number											
Paid Single Sum Settlement Amount to Valuation Date Amount							N/A				

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Paid Physicians Costs to Valuation Date Amount		N/A	OPT							N/A	
Paid Applicant's Medical Evaluations Costs to Valuation Date Amount		N/A	OPT				N/A			N/A	
Paid Defense Medical Evaluations to Valuation Date Amount		N/A	OPT				N/A			N/A	
Paid Independent/Agreed Medical Evaluations to Valuation Date Amount		N/A	OPT				N/A			N/A	
Surgery Code			OPT								
Attorney or Authorized Representative Code		+	OPT +			+	+	+		+	
Attorney Disclosure Form Received Date		N/A	N/A			OPT	N/A	N/A		N/A	
ICR RECORD 7-J	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code								N/A			
Claim Number											
Annuity Purchase Amount			N/A				N/A				
Single Sum Paid Date							N/A				
Data Provider Comments											
SUBMISSION CONTROL RECORD											
Record Type Code											
Detail Record Count Total						+					+
Unit Reports Submitted Total						+					+
Primary Effective Month /Year											
<u>Primary Effective Month</u>											
ICR Total	N/A		N/A	N/A	N/A	OPT					N/A
Unit Submission Code											

+ The data element is applicable; however special data population rules may apply and/or 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
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	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.	1	2								
EXPOSURE 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
	A.	Total Subject Premium												Act	Type	Recov	Cim	Settl			
	B.	Experience Mod (XX.XXX)					Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
	C.	Total Modified Premium					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
	D.													Act	Type	Recov	Cim	Settl			
	E.						Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
	F.						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
	G.		Total Standard Exposure		Total Standard Premium									Act	Type	Recov	Cim	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
	I.	090_	Expense Constant Amt.				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
	J.													Act	Type	Recov	Cim	Settl			
	K.						Social Security Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical				
	L.						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							