

WCIO WORKERS COMPENSATION

DATA SPECIFICATIONS MANUAL

WORKERS COMPENSATION STATISTICAL

REPORTING SPECIFICATIONS (WCSTAT)

FOR REPORTING

STATISTICAL AND INDIVIDUAL CASE REPORT DATA

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

CONTENTS

INDEX

WCSTAT CONTACT PAGE

SECTION I. INSURER PREPARATION OF UNIT REPORT AND ICR DATA

~~Tape Specifications~~
General Record Specifications
Where to Submit States

SECTION II. ~~DATA ELEMENT COMPARISON OF UNIT REPORT DATA~~ RESERVED FOR FUTURE USE

SECTION III. WORKERS COMPENSATION DATA REPORTING SPECIFICATIONS FOR UNIT REPORTS AND ICRS

Link Data Common to All Records
Header Record
Name Record
Address Record
Exposure Record
Loss Record
Unit Total Record
ICR Record 7-A
ICR Record 7-B
ICR Record 7-C
ICR Record 7-D
ICR Record 7-E
ICR Record 7-F
ICR Record 7-G
ICR Record 7-H
ICR Record 7-I
ICR Record 7-J
Submission Control Record

SECTION IV. DCO DIFFERENCES IN SPECIFICATIONS

~~SECTION V. APPENDIX~~

SECTION VI. ELECTRONIC RECORD LAYOUTS AND HARD COPY EXAMPLES

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
A			
Accident Date	3	Loss Record	55-60
	3	ICR Record 7-A	80-85
Address Record	3	Address Record	
Appendix	5	Appendix	
Annuity Purchase Amount	3	ICR Record 7-J	55-64
ASWC Unit Submission Code	3	Header Record	250
	3	Submission Control	250
	3	ICR Record 7-A	250
Attorney Disclosure Form Received Date	3	ICR Record 7-I	107-112
Attorney or Authorized Representative Code	3	ICR Record 7-I	106
Average Weekly Wage Amount	3	ICR Record 7-B	55-59
B			
Basis of Deductible Calculation Code	3	Header Record	167-168
Beneficiary Birth Date	3	ICR Record 7-E	57-62
	3	ICR Record 7-E	65-70
	3	ICR Record 7-E	73-78
	3	ICR Record 7-E	81-86
	3	ICR Record 7-E	89-94
Beneficiary Code—Dependency	3	ICR Record 7-E	56
	3	ICR Record 7-E	64
	3	ICR Record 7-E	72
	3	ICR Record 7-E	80
	3	ICR Record 7-E	88
Beneficiary Code—Relationship	3	ICR Record 7-E	55
	3	ICR Record 7-E	63
	3	ICR Record 7-E	71
	3	ICR Record 7-E	79
	3	ICR Record 7-E	87
Birth Date	3	ICR Record 7-A	98-103
Business Segment Identifier	3	Header Record	106-112
C			
Cancelled Mid-Term Policy Indicator	3	Header Record	151
Card Serial Number	3	Header Record H	250
Carrier Code	3	Link Data	1-5
Carrier Name	3	ICR Record 7-F	55-72
Catastrophe Number	3	Loss Record	81-82
Cause of Injury	3	Loss Record	148-149
Certified Health Care Network Indicator	3	ICR Record 7-B	64-65
	3	Header Record	153
Claim Count	3	Loss Record	51-54
Claim Count Total	3	Unit Total Record	84-88
Claim Number	3	Loss Record	61-72
	3	ICR Record 7-A	43-54
	3	ICR Record 7-B	43-54
	3	ICR Record 7-C	43-54
	3	ICR Record 7-D	43-54
	3	ICR Record 7-E	43-54
	3	ICR Record 7-F	43-54
	3	ICR Record 7-G	43-54
	3	ICR Record 7-H	43-54
	3	ICR Record 7-I	43-54
	3	ICR Record 7-J	43-54
Claim/_Status Code	3	ICR Record 7-A	119
	3	Loss Record	73
Claimant's Attorney Fees Incurred Amount	3	Loss Record	192-200
	3	ICR Record 7-G	73-81
Claimant's Attorney Fees Incurred Amount Total	3	Unit Total Record	143-152
Classification Code	3	Exposure Record	43-46
	3	Loss Record	43-46
	3	ICR Record 7-A	69-72
Closed Date	3	ICR Record 7-A	110-113
Correction Sequence Number	3	Link Data	40
Correction Type Code	3	Header Record	122

D

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
Data Element Comparison	2		
Data Provider Comments	3	ICR Record 7-J	81-140
DCO Differences in Specifications	4	DCO Differences	
Deceased Date	3	ICR Record 7-A	86-91
Deductible Amount—Aggregate	3	Header Record	180-188
Deductible Amount Per Claim/Accident	3	Header Record	171-179
Deductible Percent Factor	3	Header Record	169-170
Deductible Reimbursement Amount	3	Loss Record	210-218
Deductible Type Code	3	Header Record	166-168
Detail Record Count Total	3	Submission Control	42-49
<u>E</u>			
Electronic Submission Unit Report Record Set Matrix	1	General Record Specifications	
Employee Leasing Code	3	Header Record	82
Employer's Attorney Fees Incurred Amount	3	Loss Record	201-209
	3	ICR Record 7-G	64-72
Employer's Attorney Fees Incurred Amount Total	3	Unit Total Record	153-162
Employers Liability or Other Indemnity Amount Incurred	3	ICR Record 7-C	67-75
Employment Status Code	3	ICR Record 7-H	61-62
Estimated Exposure Indicator	3	Header Record	149
Expense Constant Amount	3	Exposure Record E**	125-250
Experience Modification Factor	3	Exposure Record	51-54
Experience Modification Effective Date	3	Exposure Record	55-60
Exposure—Other Than Payroll Total	3	Unit Total Record	53-62
Exposure—Payroll Total	3	Unit Total Record	42-52
Exposure Amount	3	Exposure Record	67-76
Exposure Act/Exposure Coverage Code	3	Exposure Record	123-12449-50
	3	Exposure Record	123-124
Exposure Record	3	Exposure Record	
Exposure State Code	3	Link Data	31-32
<u>F</u>			
Federal Employer Identification Number (FEIN)	3	Header Record	129-137
Fraudulent Claim Code	3	Loss Record	170-171
	3	ICR Record 7-A	145-146
Funeral Allowance Amount	3	ICR Record 7-C	103-111
<u>G</u>			
General Record Specifications	1	General Record Specifications	
<u>H</u>			
Header Record	3	Header Record	
Hire Date	3	ICR Record 7-H	55-60
<u>I</u>			
ICR Record 7-A	3	ICR Record 7-A	
ICR Record 7-B	3	ICR Record 7-B	
ICR Record 7-C	3	ICR Record 7-C	
ICR Record 7-D	3	ICR Record 7-D	
ICR Record 7-E	3	ICR Record 7-E	
ICR Record 7-F	3	ICR Record 7-F	
ICR Record 7-G	3	ICR Record 7-G	
ICR Record 7-H	3	ICR Record 7-H	
ICR Record 7-I	3	ICR Record 7-I	
ICR Record 7-J	3	ICR Record 7-J	
ICR Total	3	Submission Control	63-70
Incurred Allocated Loss Adjustment Expense (ALAE) Amount	3	Loss Record	239-247
Incurred Allocated Loss Adjustment Expense (ALAE) Amount Total	3	Unit Total Record	173-182
Incurred Cost of Temporary Indemnity Amount Total	3	ICR Record 7-B	66-74
Incurred Indemnity Amount Total	3	Unit Total Record	89-98
Incurred Indemnity Amount	3	Loss Record	83-91
	3	ICR Record 7-D	55-64
Incurred Medical Amount	3	Loss Record	92-100
	3	ICR Record 7-D	65-74
Incurred Medical Amount Total	3	Unit Total Record	99-108

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
Injury Code (Injury Type)	3	Loss Record	79-80
	3	ICR Record 7-A	74-75
Injury Description Code (Part, Nature, Cause)	3	Loss Record	144-149
Injury Description Code—Cause	3	Loss Record	148-149
	3	ICR Record 7-B	64-65
Injury Description Code—Part	3	Loss Record	144-145
	3	ICR Record 7-B	60-61
Injury Description Code—Nature	3	Loss Record	146-147
	3	ICR Record 7-B	62-63
Insured Name	3	Name Record	42-120
	3	ICR Record 7-E	97-120
Insured Address	3	Addresss Record	42-120
<u>Interstate Rated Policy Indicator</u>	<u>3</u>	<u>Header Record</u>	<u>148</u>
J			
Jurisdiction State Code	3	Loss Record	140-141
	3	ICR Record 7-A	140-141
L			
<u>Last Page Number</u>	<u>3</u>	<u>Header Record H**</u>	<u>250</u>
Legal Expense—Claimant Amount	3	ICR Record 7-G	73-81
Legal Expense—Defense Amount	3	ICR Record 7-G	64-72
Link Data	3	Link Data	
	3	Header Record	1-40
	3	Name Record	1-40
	3	Address Record	1-40
	3	Exposure Record	1-40
	3	Loss Record	1-40
	3	Unit Total Record	1-40
	3	ICR Record 7-A	1-40
	3	ICR Record 7-B	1-40
	3	ICR Record 7-C	1-40
	3	ICR Record 7-D	1-40
	3	ICR Record 7-E	1-40
	3	ICR Record 7-F	1-40
	3	ICR Record 7-G	1-40
	3	ICR Record 7-H	1-40
	3	ICR Record 7-I	1-40
	3	ICR Record 7-J	1-40
Link Data Record	3	Link Data Record	
<u>Loss Condition Codes (Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement)</u>	<u>3</u>	<u>ICR Record 7-A</u>	<u>123-132</u>
	<u>3</u>	<u>Loss Record</u>	<u>123-132</u>
Loss Condition Codes—Act/Coverage Act	3	ICR Record 7-A	123-124
	3	Loss Record	123-124
Loss Condition Codes—Type of Claim	3	ICR Record 7-A	129-130
	3	Loss Record	129-130
Loss Condition Codes—Type of Loss	3	ICR Record 7-A	125-126
	3	Loss Record	125-126
Loss Condition Codes—Type of Recovery	3	ICR Record 7-A	127-128
	3	Loss Record	127-128
Loss Condition Codes—Type of Settlement	3	ICR Record 7-A	131-132
	3	Loss Record	131-132
Loss Coverage Code	3	ICR Record 7-A	76-77
	3	Loss Record	49-50
<u>Losses Subject to Deductible Code</u>	<u>3</u>	<u>Header Record</u>	<u>165-166</u>
Loss Record	3	Loss Record	
Lump Sum Indicator	3	ICR Record 7-A	144
	3	Loss Record	169
Lump Sum Remarriage Payment Amount	3	ICR Record 7-C	112-120
M			
<u>Managed Care Organization (MCO) Policy Indicator</u>	<u>3</u>	<u>Header Record</u>	<u>152</u>
Managed Care Organization Type Code	3	Loss Record	142-143
	3	ICR Record 7-A	142-143
Manual / Charged Rate	3	Exposure Record	86-92
Method of Settlement Code	3	ICR Record 7-A	120
<u>Multistate Policy Indicator</u>	<u>3</u>	<u>Header Record</u>	<u>147</u>

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
N			
Name Record	3	Name Record	
<u>Nature of Injury</u>	<u>3</u>	<u>Loss Record</u>	<u>146-147</u>
	<u>3</u>	<u>ICR Record 7-B</u>	<u>62-63</u>
Number of Weeks for Temporary Benefit	3	ICR Record 7-B	93-96
Nonscheduled Indemnity—Incurred Loss Amount Total	3	ICR Record 7-C	58-66
Nonscheduled Indemnity—Percentage Disability	3	ICR Record 7-C	55-57
O			
Occupation Description	3	Loss Record	150-167
Original Administration Number Identifier	3	Header Record	71-80
P			
<u>Page Number</u>	<u>3</u>	<u>Header Record H*</u>	<u>250</u>
Paid Allocated Loss Adjustment Expense (ALAE) Amount	3	Loss Record	230-238
Paid Allocated Loss Adjustment Expense (ALAE) Amount Total	3	Unit Total Record	163-172
Paid Applicant's Medical Evaluations Costs to Valuation Date Amount	3	ICR Record 7-I	75-84
Paid Death Benefits to Valuation Date Amount	3	ICR Record 7-H	103-112
Paid Defense Medical Evaluations to Valuation Date Amounts	3	ICR Record 7-I	85-94
Paid Hospital Costs to Valuation Amount	3	ICR Record 7-G	55-63
Paid Indemnity Amount	3	Loss Record	174-182
	3	ICR Record 7-D	75-84
Paid Indemnity Amount Total	3	Unit Total Record	123-132
Paid Independent/ Agreed Medical Evaluations to Valuation Date Amount	3	ICR Record 7-I	95-104
Paid Medical Amount	3	Loss Record	183-191
	3	ICR Record 7-D	85-94
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
Paid Vocational Rehabilitation Benefits to Valuation Date Amount	3	ICR Record 7-H	83-92
<u>Part of Body</u>	<u>3</u>	<u>Loss Record</u>	<u>144-145</u>
	<u>3</u>	<u>ICR Record 7-B</u>	<u>60-61</u>
<u>Pending File Number</u>	<u>3</u>	<u>Header Record H*</u>	<u>250</u>
Pension Indemnity Benefits—Paid to Valuation Date Amount	3	ICR Record 7-C	85-93
Pension Indemnity Amount Previously Reserved, Not Paid	3	ICR Record 7-D	104-113
<u>Policy Conditions Code</u>	<u>3</u>	<u>Header Record</u>	<u>42-53</u>
<u>Policy Conditions Indicators</u>	<u>3</u>	<u>Header Record</u>	<u>146-152</u>
Policy Effective Date	3	Link Data	33-38
Policy Expiration or Cancellation Date	3	Header Record	55-60
Policy Number Identifier	3	Link Data	6-23
<u>Policy Type ID Codes</u>	<u>3</u>	<u>Header Record</u>	<u>157-162</u>
<u>Policy Type ID Codes—Non-Standard Type</u>	<u>3</u>	<u>Header Record</u>	<u>161-162</u>
<u>Policy Type ID Codes—Plan</u>	<u>3</u>	<u>Header Record</u>	<u>159-160</u>
<u>Policy Type ID Codes—Type of Coverage</u>	<u>3</u>	<u>Header Record</u>	<u>157-158</u>
<u>Policy Type Identification Code</u>	<u>3</u>	<u>Header Record</u>	<u>83-84</u>
Premium Amount	3	Exposure Record	77-85
<u>Premium Discount Amount</u>	<u>3</u>	<u>Exposure Record E*</u>	<u>125-250</u>
Present Value of Future Indemnity Payment Amount Total	3	ICR Record 7-C	94-102
Previous Carrier Code	3	Header Record	193-197
Previous Correction Sequence Number	3	Header Record	192
Previous Exposure State Code	3	Header Record	222-223
Previous Policy Effective Date	3	Header Record	216-221
Previous Policy Number Identifier	3	Header Record	198-215
Previous Report Level Code/Report Number	3	Header Record	189-190
Previous Unit/Certificate Number Identifier	3	Header Record	224-230
<u>Previously Reported Code</u>	<u>3</u>	<u>Exposure Record</u>	<u>48</u>
	<u>3</u>	<u>Loss Record</u>	<u>48</u>
	<u>3</u>	<u>Unit Total Record</u>	<u>144</u>
Primary Effective Month/Year	3	Submission Control	57-62
R			
Rate Effective Date	3	Exposure Record	61-66
Rating Tier ID Code	3	Exposure Record	111-112

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
Record Layout Charts	6	Electronic Record Layouts	
Record Type Code 1	3	Header Record	41
Record Type Code 2	3	Name Record	41
Record Type Code 3	3	Address Record	41
Record Type Code 4	3	Exposure Record	41
Record Type Code 5	3	Loss Record	41
Record Type Code 6	3	Unit Total Record	41
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
Replacement Report Code	3	Header Record	105
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
Revised Carrier Code	3	Header Record	193-197
Revised Correction Sequence Number	3	Header Record	192
Revised Exposure State Code	3	Header Record	222-223
Revised Policy Effective Date	3	Header Record	216-221
Revised Policy Number Identifier	3	Header Record	192-215
Revised Report Level Code/Report Number	3	Header Record	189-190
Revised Unit/ Certificate Number Indicator	3	Header Record	224-230
Risk ID Number	3	Header Record	61-69
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
Scheduled Indemnity—Number of Weeks	3	ICR Record 7-B	80-83
	3	ICR Record 7-B	108-111
Scheduled Indemnity—Percentage of Disability	3	Loss Record	248-250
	3	ICR Record 7-B	75-77
	3	ICR Record 7-B	103-105
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
Social Security Offset Amount	3	ICR Record 7-D	95-103
Social Security Offset Indicator	3	ICR Record 7-A	147
Split Period Code	3	Exposure Record	93
Standard Premium Total	3	Unit Total Record	73-83
State Effective Date	3	Header Record	123-128
Sub-Record Type Code A	3	ICR Record 7-A	42
Sub-Record Type Code B	3	ICR Record 7-B	42
Sub-Record Type Code C	3	ICR Record 7-C	42
Sub-Record Type Code D	3	ICR Record 7-D	42
Sub-Record Type Code E	3	ICR Record 7-E	42
Sub-Record Type Code F	3	ICR Record 7-F	42
Sub-Record Type Code G	3	ICR Record 7-G	42
Sub-Record Type Code H	3	ICR Record 7-H	42
Sub-Record Type Code I	3	ICR Record 7-I	42
Sub-Record Type Code J	3	ICR Record 7-J	42
Subject Premium Total	3	Unit Total Record	63-72
Submission Control Record	3	Submission Control Record	
Surgery Code	3	ICR Record 7-I	105

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
<u>I</u>			
Tape Specifications	1	Tape Specifications	
Term Code	3	Header Record	84
Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number (FEIN)	3	Header Record	113-121
Three- Year Fixed Rate Indicator	3	Header Record	146
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
Total Modified Premium	3	Unit Total Record-T*	63-72
Transaction Type Code	3	ICR Record 7-A	78
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
Type of Non-Standard ID Code	3	Header Record	161-162
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
<u>U</u>			
Unit/Certificate Number Identifier	3	Link Data	25-30
Unit Format Submission Code	3	Header Record	250
	3	ICR Record 7-A	250
Unit Reports Submitted Total	3	Submission Control	50-56
Unit Submission Code	3	Submission Control	250
Unit Total Record	3	Unit Total Record	
Update Type Code	3	Exposure Record	121
	3	Loss Record	121
<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	3	ICR Record 7-A	79
<u>Y</u>			
Year Last Exposed	3	ICR Record 7-A	57-60

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
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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**

TAPE SPECIFICATIONS

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

The following table shows the acceptable characteristics.

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

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

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

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

NOTE: ~~Wisconsin will no longer accept tape submissions. Effective 1-1-05, Compensation Data Exchange (CDX) is the only option for submitting data in Wisconsin.
Effective 1-1-07 Massachusetts will no longer accept tape submissions.
Effective 4-1-08, NCCI will no longer accept tape submissions.~~

GENERAL RECORD SPECIFICATIONS

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

1. Data Field Formats

Unless otherwise specified, the following field formats shall apply:

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

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

All fields are in character mode, unsigned and unpacked.

All records are fixed in length.

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

All alpha (A) and alphanumeric (AN) data fields are to be left-justified, right 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, NCCI, 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, rating rate effective date, and 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

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)
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	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 ₇
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

~~DATA ELEMENT COMPARISON OF UNIT REPORT DATA~~ RESERVED FOR FUTURE USE

DATA ELEMENT COMPARISON

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

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

DATA ELEMENT*	ELECTRONIC	HARD COPY
Link and Header Information (cont'd)		
Previous Unit/Certificate Number Identifier	7-AN	N/A
Revised Report Number	N/A	2-N
Revised Correction Sequence Number	N/A	2-N
Revised Carrier Code	N/A	5-N
Revised Policy Number	N/A	18-AN
Revised Policy Effective Date	N/A	6-N
Revised Exposure State	N/A	2-N
Revised Unit/Certificate Number Identifier	N/A	6-N
Reserved for Insurer Use	12-AN	12-AN
Reserved for Jurisdiction Use	7-N	7-N
ASWG Unit Submission Indicator	1-AN	1-AN
Reserved for BEEP Use Edit Bypass Code	1-AN	N/A
Name Information		
Insured Name	79-AN	79-AN
Address Information		
Insured Address	79-AN	79-AN
Exposure Information		
Update Type	1-A	1-A
Exposure Coverage Code (Act)	2-N	2-N
Class Code	4-N	4-N
Exposure Amount	10-N	10-N
Manual Rate	7-N	7-N
Premium Amount	9-N	9-N
Total Subject Premium	10-N	10-N
Experience Modification	4-N	5-N
Total Modified Premium	N/A	10-N
Total Standard Exposure	11-N	11-N
Total Standard Premium	11-N	11-N
Premium Discount	N/A	9-N
Expense Constant	N/A	9-N
Split Period Code	1-N	N/A
Loss Information		
Update Type	1-A	1-A
Claim Number	12-AN	12-AN
Accident Date (both Acc. Date/# of Claims on hard copy)	6-N	6-N
Number of Claims (reported in Acc. Date/# of Claims on hard copy)	4-N	4-N
Incurred Indemnity	9-N	9-N
Incurred Medical	9-N	9-N
Class Code	4-N	4-N
Injury Type	2-N	2-N

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

DATA ELEMENT*	ELECTRONIC	HARD COPY
Loss Information (cont'd)		
Claim Status	1-N	1-N
Loss Conditions—Act	2-N	2-N
Loss Conditions—Type of Loss	2-N	2-N
Loss Conditions—Type of Recovery	2-N	2-N
Loss Conditions—Type of Coverage	2-N	2-N
Loss Conditions—Type of Settlement	2-N	2-N
Jurisdiction State	2-N	2-N
Catastrophe Code	2-N	2-N
Managed Care Organization Type	2-N	2-N
Social Security Number	9-N	9-N
Injury Description Code	6-N	6-N
Occupation Description	18-AN	18-AN
Vocational Rehabilitation Indicator	1-A	1-A
Lump Sum Indicator	1-A	1-A
Fraudulent Claim Indicator	2-N	1-N
Paid Indemnity	9-N	9-N
Paid Medical	9-N	9-N
Claimant's Attorney Fees Incurred	9-N	9-N
Employer's Attorney Fees Incurred	9-N	9-N
Deductible Reimbursement Amount	9-N	9-N
Weekly Wage Amount	5-N	5-N
Scheduled Indemnity Percent of Disability	3-N	3-N
Total Incurred Vocational Rehabilitation Costs	7-N	7-N
Gross Incurred Amount	9-N	9-N
Allocated Loss Adjustment Expense—Paid	9-N	9-N
Allocated Loss Adjustment Expense—Incurred	9-N	9-N
Total Number of Claims	5-N	5-N
Total Incurred Indemnity	10-N	10-N
Total Incurred Medical	10-N	10-N
Total Paid Indemnity	10-N	10-N
Total Paid Medical	10-N	10-N
Total Claimant's Attorney Fees	10-N	10-N
Total Employer's Attorney Fees	10-N	10-N
Total ALAE—Paid	10-N	10-N
Total ALAE—Incurred	10-N	10-N

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

Not Applicable for Electronic Submission

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

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

Not Applicable on Hard Copy

~~Unit Report Resubmission Code
Split Period Code~~

Fields Not Available on Current Hard Copy Form

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

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

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

Accident Date/Number of Claims

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

Use of Shading on Hard Copy Forms

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

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

WORKERS COMPENSATION STATISTICAL
REPORTING SPECIFICATONS (WCSTAT)
SECTION 3
WORKERS COMPENSATION DATA REPORTING SPECIFICATIONS
FOR UNIT REPORTS AND ICRS

Field No.	Field Title/Description	Class	Position	Bytes
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LINK DATA 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
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~~Electronic reporting—this field is the most current/correct value for this data element.~~

~~Hard copy reporting—use this field to report the value that was originally reported for this data element.~~

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

~~Hard copy reporting—use this field to report the value that was originally reported for this data element.~~

3	RESERVED FOR FUTURE USE		24	1
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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
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~~Electronic reporting—this field is the most current/correct value for this data element.~~

~~Hard copy reporting—use this field to report the value that was originally reported for this data element.~~

Field No.	Field Title/Description	Class	Position	Bytes
5	<p>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.</p> <p>Electronic reporting—this field is the most current/correct value for this data element.</p> <p>Hard copy reporting—use this field to report the value that was originally reported for this data element.</p>	(N)	31-32	2
6	<p>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.</p> <p>For the second period of extended-term policies, report the effective date as the date the second period began as shown in the Policy Period Endorsement.</p> <p>Electronic reporting—this field is the most current/correct value for this data element.</p> <p>Hard copy reporting—use this field to report the value that was originally reported for this data element.</p>	(N)	33-38	6
7	<p>REPORT LEVEL CODE/REPORT NUMBER Report the code that corresponds to the report level based on the loss valuation date.</p>	(AN)	39	1

Field No.	Field Title/Description	Class	Position	Bytes
	Electronic Reporting:			
	Code Report Level Loss Valuation Schedule			
1	First Report			Valued 18 months from policy effective month
2	Second Report			Valued 30 months from policy effective month
3	Third Report			Valued 42 months from policy effective month
4	Fourth Report			Valued 54 months from policy effective month
5	Fifth Report			Valued 66 months from policy effective month
6*	Sixth Report			Valued 78 months from policy effective month
7*	Seventh Report			Valued 90 months from policy effective month
8*	Eighth Report			Valued 102 months from policy effective month
9*	Ninth Report			Valued 114 months from policy effective month
A*	Tenth Report			Valued 126 months from policy effective month

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Report in this field the 2-digit value that was originally reported for this data element.</p> <p>For hard copy, it is acceptable to suppress leading zeros of the Report Number.</p> <p>*NOTE: Refer to the Statistical Plan of each rating/statistical organization for the number of report levels to be submitted for each policy.</p>			
8	<p>CORRECTION SEQUENCE NUMBER</p> <p>Report the number that corresponds to the number of correction reports submitted within a particular report level.</p> <p>Exposure and loss corrections on the same report level must be numbered consecutively.</p> <p>NOTE: CA only—This field is used to determine if the report is sent as a correction. The sequence of the correction is not stored or used for processing.</p> <p>Electronic reporting—Report “1” through “9” and then “A” through “Z” as a correction number within a particular report level. This number sequence will accommodate up to 35 corrections. Report “0” for noncorrections.</p> <p>This field is the most current/correct value for this data element.</p> <p>Electronic example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3. This is the revised correction sequence number on header corrections to change the correction sequence number.</p> <p>Hard copy reporting—Report the sequential number that corresponds to the number of correction reports submitted within a particular report level. Report blanks for original report level submissions.</p> <p>Use this field to report the value that was originally reported for this data element.</p> <p>Hard copy example: Third correction to a first report = Report Number 01, Correction Sequence Number 03.</p> <p>For hard copy it is acceptable to suppress leading zeros of the Correction Sequence Number.</p>	(AN)	40	1

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

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "1".	(N)	41	1
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40	POLICY CONDITIONS CODE	(N)	42-53	12
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~~ASWG NOTE: This field is not applicable when reporting in an ASWG format.~~

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

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

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

~~NOT APPLICABLE: CA~~

4410	RESERVED FOR FUTURE USE		5442-54	13
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Field No.	Field Title/Description	Class	Position	Bytes
<u>4211</u>	<p>POLICY EXPIRATION OR CANCELLATION DATE Report the month, day and year upon which the policy expired.</p> <p>For mid-term cancelled policies, report the cancellation date as the expiration date.</p> <p>For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page.</p> <p>For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. In the event the policy contains a Policy Period Endorsement, then the expiration date must coincide with the date indicated in the schedule of that endorsement.</p> <p>For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement.</p> <p>Electronic reporting — format: YYMMDD.</p> <p>Hard copy reporting — format: MM/DD/YY.</p>	(N)	55-60	6
<u>4312</u>	<p>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.</p> <p>For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.</p> <p>NOT APPLICABLE: DE, NJ, PA</p> <p>OPTIONAL: CA, MN, NCCI, NC, WI</p>	(AN)	61-69	9
<u>4413</u>	RESERVED FOR FUTURE USE		70	1

Field No.	Field Title/Description	Class	Position	Bytes
<u>4514</u>	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.	(AN)	71-80	10
<u>4615</u>	TERM CODE RESERVED FOR FUTURE USE ASWG NOTE: This field is not applicable when reporting in an ASWG format. Code Description 1 Non-three-year fixed rate 3 Three-year fixed rate NOT APPLICABLE: CA	(N)	81	1
<u>4716</u>	EMPLOYEE LEASING CODE (NCCI ONLY) Report an "E" in this field for Employee Leasing policy; otherwise, leave this field blank. Electronic field only. (Previously known as Unit Report Resubmission Indicator.)	(A)	82	1
<u>18</u>	POLICY TYPE IDENTIFICATION CODE (NCCI ONLY) ASWG NOTE: This field is not applicable when reporting in an ASWG format. Report the code that corresponds to the type of policy being reported: Code Description 01 Standard Policy—Voluntary 02 Standard Policy—Small Premium Policy Plan 03 Standard Policy—Employers Rejected Risk Fund 04 Group Policy—Voluntary 05 Group Policy—Small Premium Policy Plan 06 Group Policy—Employers Rejected Policy Plan 07 Self Insurance Policy Plan 08 State Fund Policy	(N)	83-84	2
<u>4917</u>	RESERVED FOR FUTURE USE		8583- 104	2022

Field No.	Field Title/Description	Class	Position	Bytes
<u>2018</u>	<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
<u>2419</u>	<p>BUSINESS SEGMENT IDENTIFIER Any series of identifying codes maintained and reported by the data provider.</p> <p>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, NC, PA, WI</p>	(N)	106-112	7
<u>2220</u>	<p>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).</p> <p>NOT APPLICABLE: DE, MI, NCCI, NJ, NY, NC, PA, WI</p>	(N)	113-121	9

Field No.	Field Title/Description	Class	Position	Bytes
	ASWG NOTE: The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved For Future Use fields blank and zero-fill all (N) fields.			
<u>2321</u>	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
	<p>Code Description</p> <p>H Header Record Correction (Including Link Data)</p> <p>E Exposure Record Correction (First Reports Only)</p> <p>L Loss Record Correction*</p> <p>T Total Record Correction</p> <p>M Corrections to Multiple Record Types</p> <p>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".</p> <p>C ICR Correction (MA only)</p>			
<u>2422</u>	STATE EFFECTIVE DATE Report the Endorsement Effective Date if the state coverage was endorsed mid-term. Otherwise, zero-fill.	(N)	123-128	6
	Electronic reporting — fFormat YYMMDD.			
	Hard copy reporting — format MM/DD/YY.			
	NOT APPLICABLE: CA, MI			
<u>2523</u>	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.	(N)	129-137	9
	NOT APPLICABLE: NJ			
	OPTIONAL: CA, MI, NCCI, NC, WI			
<u>2624</u>	RESERVED FOR FUTURE USE	(N)	138-145	8

Field No.	Field Title/Description	Class	Position	Bytes
<u>2725-32</u>	POLICY CONDITIONS INDICATORS This data element is comprised of the following data elements: <u>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</u> Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions. Report "Y" (Yes) or "N" (No) for each policy condition: three year fixed rate indicator, multistate policy indicator, interstate rated indicator, estimated exposure indicator, retrospective rated indicator, cancelled mid-term indicator and managed care organization indicator as defined below. *Three-Year Fixed Rate Policy (Y/N) OPTIONAL: CA (146) (1) *Multistate Policy (Y/N) OPTIONAL: CA (147) (1) *Interstate Rated Policy (Y/N) OPTIONAL: CA (148) (1) Estimated Exposure Indicator (Y/N) (149) (1) *Retrospective Rated Policy (Y/N) OPTIONAL: CA (150) (1) *Cancelled Mid-Term Policy (Y/N) OPTIONAL: CA (151) (1) Managed Care Organization (MCO) Policy (Y/N) OPTIONAL: CA (152) (1) Certified Health Care Network (Y/N) NCCI-Only (153) (1) NOT APPLICABLE: NJ	(A)	146-152	7
<u>25</u>	THREE-YEAR FIXED RATE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. <u>Code Description</u> 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
<u>26</u>	MULTISTATE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. <u>Code Description</u> Y This is a multistate policy. N This is not a multistate policy. NOT APPLICABLE: CA, NJ	(A)	147	1
<u>27</u>	INTERSTATE RATED POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable. <u>Code Description</u> Y This is an interstate rated policy. N This is not an interstate rated policy. NOT APPLICABLE: CA, NJ	(A)	148	1

Field No.	Field Title/Description	Class	Position	Bytes
<u>28</u>	<u>ESTIMATED EXPOSURE POLICY INDICATOR</u> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	<u>149</u>	<u>1</u>
	<u>Code</u> <u>Description</u> <u>Y</u> <u>This policy has an estimated exposure.</u> <u>N</u> <u>This policy does not have an estimated exposure.</u>			
	<u>NOT APPLICABLE: NJ</u>			
<u>29</u>	<u>RETROSPECTIVE RATED POLICY INDICATOR</u> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	<u>150</u>	<u>1</u>
	<u>Code</u> <u>Description</u> <u>Y</u> <u>This is a retrospective rated policy.</u> <u>N</u> <u>This is not a retrospective rated policy.</u>			
	<u>NOT APPLICABLE: CA, NJ</u>			
<u>30</u>	<u>CANCELLED MID-TERM POLICY INDICATOR</u> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	<u>151</u>	<u>1</u>
	<u>Code</u> <u>Description</u> <u>Y</u> <u>This policy was cancelled mid-term.</u> <u>N</u> <u>This policy was not cancelled mid-term.</u>			
	<u>NOT APPLICABLE: CA, NJ</u>			
<u>31</u>	<u>MANAGED CARE ORGANIZATION (MCO) POLICY INDICATOR</u> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	<u>152</u>	<u>1</u>
	<u>Code</u> <u>Description</u> <u>Y</u> <u>This is a Managed Care Organization (MCO) policy.</u> <u>N</u> <u>This is not a Managed Care Organization (MCO) policy.</u>			
	<u>NOT APPLICABLE: CA, NJ</u>			
<u>32</u>	<u>CERTIFIED HEALTH CARE NETWORK POLICY INDICATOR (NCCI ONLY)</u> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	<u>153</u>	<u>1</u>
	<u>Code</u> <u>Description</u> <u>Y</u> <u>This is a Certified Health Care Network policy.</u> <u>N</u> <u>This is not a Certified Health Care Network policy.</u>			
<u>2833</u>	RESERVED FOR FUTURE USE		154-156	3

Field No.	Field Title/Description	Class	Position	Bytes																
<u>2934-36</u>	POLICY TYPE ID CODES <u>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.</u> <u>Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions. Report the three 2-digit codes that correspond to the type of coverage, plan indicator and nonstandard provisions of the policy.</u> NOT APPLICABLE: NJ	(N)	157-162	6																
<u>34</u>	TYPE OF COVERAGE ID CODE <u>Report the 2-digit code that indicates the Type of Coverage.</u> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td><u>01</u></td> <td><u>Standard Workers Compensation Policy</u></td> </tr> <tr> <td><u>02</u></td> <td><u>Alternative Workers Compensation Coverage (NCCI only)</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Group Policy (NCCI only)</u></td> </tr> <tr> <td><u>04</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>05</u></td> <td><u>Large Risk Rated Option (MA only)</u></td> </tr> <tr> <td><u>09</u></td> <td><u>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</u></td> </tr> <tr> <td><u>10</u></td> <td><u>Reserved for Use in WCPOLS</u></td> </tr> </tbody> </table> NOT APPLICABLE: NJ	Code	Description	<u>01</u>	<u>Standard Workers Compensation Policy</u>	<u>02</u>	<u>Alternative Workers Compensation Coverage (NCCI only)</u>	<u>03</u>	<u>Group Policy (NCCI only)</u>	<u>04</u>	<u>Reserved for Future Use</u>	<u>05</u>	<u>Large Risk Rated Option (MA only)</u>	<u>09</u>	<u>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</u>	<u>10</u>	<u>Reserved for Use in WCPOLS</u>	(N)	<u>157-158</u>	<u>2</u>
Code	Description																			
<u>01</u>	<u>Standard Workers Compensation Policy</u>																			
<u>02</u>	<u>Alternative Workers Compensation Coverage (NCCI only)</u>																			
<u>03</u>	<u>Group Policy (NCCI only)</u>																			
<u>04</u>	<u>Reserved for Future Use</u>																			
<u>05</u>	<u>Large Risk Rated Option (MA only)</u>																			
<u>09</u>	<u>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</u>																			
<u>10</u>	<u>Reserved for Use in WCPOLS</u>																			
<u>35</u>	TYPE OF PLAN ID CODE <u>Report the 2-digit code that indicates the Type of Plan.</u> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td><u>01</u></td> <td><u>Voluntary Policy</u></td> </tr> <tr> <td><u>02</u></td> <td><u>Normal Assigned Risk Policy-including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06 – N/A: CA, NY</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>04</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>05</u></td> <td><u>Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)</u></td> </tr> <tr> <td><u>06</u></td> <td><u>Reserved For Future Use</u></td> </tr> <tr> <td><u>07</u></td> <td><u>Assigned Risk Policy originally assigned by another DCO (NC only)</u></td> </tr> </tbody> </table> NOT APPLICABLE: NJ	Code	Description	<u>01</u>	<u>Voluntary Policy</u>	<u>02</u>	<u>Normal Assigned Risk Policy-including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06 – N/A: CA, NY</u>	<u>03</u>	<u>Reserved for Future Use</u>	<u>04</u>	<u>Reserved for Future Use</u>	<u>05</u>	<u>Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)</u>	<u>06</u>	<u>Reserved For Future Use</u>	<u>07</u>	<u>Assigned Risk Policy originally assigned by another DCO (NC only)</u>	(N)	<u>159-160</u>	<u>2</u>
Code	Description																			
<u>01</u>	<u>Voluntary Policy</u>																			
<u>02</u>	<u>Normal Assigned Risk Policy-including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06 – N/A: CA, NY</u>																			
<u>03</u>	<u>Reserved for Future Use</u>																			
<u>04</u>	<u>Reserved for Future Use</u>																			
<u>05</u>	<u>Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)</u>																			
<u>06</u>	<u>Reserved For Future Use</u>																			
<u>07</u>	<u>Assigned Risk Policy originally assigned by another DCO (NC only)</u>																			

Field No.	Field Title/Description	Class	Position	Bytes
<u>36</u>	<u>TYPE OF NON-STANDARD ID CODE</u> <u>Report the 2-digit code that indicates the Non-Standard ID Code.</u>	<u>(N)</u>	<u>161-162</u>	<u>2</u>
	<u>Code</u> <u>Description</u>			
	<u>01</u> <u>Nonstandard Code does not apply</u>			
	<u>02</u> <u>Excluding Medical</u> <u>N/A: CA, DE, MA, MI, MN, NCCI, PA, WI</u>			
	<u>03</u> <u>Reserved for Future Use</u>			
	<u>04</u> <u>Reserved for Future Use</u>			
	<u>05</u> <u>Excess Policy (NCCI only)</u>			
	<u>06</u> <u>Excess Medical</u> <u>(NY only)</u>			
	<u>07</u> <u>Reserved for Future Use</u>			
	<u>08</u> <u>Coverage excludes certain individuals listed on</u> <u>exclusion endorsement, such as officers, partners,</u> <u>sole proprietors or others</u> <u>N/A: CA, MA, MI, MN, NY, NC, WI</u> <u>OPT: NCCI</u>			
	<u>09</u> <u>Voluntary Coverage not mandatory by State Act N/A:</u> <u>CA, MA, MI, MN, NY, WI</u>			
	<u>99</u> <u>Self-Insured Groups</u> <u>N/A: CA, DE, MI, MN, NCCI, NY, PA, WI</u>			
	<u>NOT APPLICABLE: NJ</u>			

Field No.	Field Title/Description	Class	Position	Bytes
TYPE OF COVERAGE (157-158)		PLAN (159-160)		NON-STANDARD TYPE (161-162)
Code	Description	Code	Description	Code
01	Standard Workers Compensation Policy	01	Voluntary Policy	01 Nonstandard Code does not apply
02	Alternative Workers Compensation Coverage (NCGI only)	02	Normal Assigned Risk Policy- including Texas Employers Rejected Risk Fund— excluding MA Plan Type Codes 05 and 06 NOT APPLICABLE: CA, NY	02 Excluding Medical NOT APPLICABLE: CA, DE, MA, MI, MN, NCGI, PA, WI
03	Group Policy (NCGI only)	03	Reserved for Future Use	03 Reserved for Future Use
04	Reserved for Future Use	04	Reserved for Future Use	04 Reserved for Future Use
05	Large Risk Rated Option (MA only)	05	Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)	05 Excess Policy (CA, NCGI only)
		06	Reserved For Use in WCPOLS	06 Excess Medical (NY only)
		07	Assigned Risk Policy originally assigned by another DCO (NC only)	07 Reserved for Future Use
				08 Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others NOT APPLICABLE: CA, MA, MI, MN, NY, NC, WI OPTIONAL: NCGI
09	Nonstandard Workers Compensation Coverage (used only in conjunction with other than Code 01 in Positions 161-162 of this field) NOT APPLICABLE: CA, MI, WI			09 Voluntary Coverage not mandatory by State Act NOT APPLICABLE: CA, MA, MI, MN, NY, WI
				99 Self-Insured Groups NOT APPLICABLE: CA, DE, MI, MN, NCGI, NY, PA, WI

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

Field No.	Field Title/Description	Class	Position	Bytes
<u>3037</u>	RESERVED FOR FUTURE USE		163-164	2
<u>3438-39</u>	DEDUCTIBLE TYPE CODES	(N)	165-168	4

~~Report the two 2-digit codes that identify the type of deductible being reported. For example, Deductible Type Code 0103 indicates that the deductible amount applies to medical losses only on a per policy basis. 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.~~

First Two Positions (165–166)

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

Second Two Positions (167-168)

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

~~SEE APPENDIX FOR DEFINITIONS OF DEDUCTIBLE TYPE CODE VALUES.~~

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

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

Field No.	Field Title/Description	Class	Position	Bytes																														
<u>38</u>	<u>LOSSES SUBJECT TO DEDUCTIBLE CODE</u> <u>Report the 2-digit code that identifies the type of deductible being reported.</u>	(N)	<u>165-166</u>	<u>2</u>																														
	<table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>00</u></td> <td><u>No Deductible</u></td> </tr> <tr> <td><u>01</u></td> <td><u>Medical Losses Only</u></td> </tr> <tr> <td><u>02</u></td> <td><u>Indemnity Losses Only</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: MI, NJ, WI</u></p>	<u>Code</u>	<u>Description</u>	<u>00</u>	<u>No Deductible</u>	<u>01</u>	<u>Medical Losses Only</u>	<u>02</u>	<u>Indemnity Losses Only</u>	<u>03</u>	<u>Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</u>																							
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<u>03</u>	<u>Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</u>																																	
<u>39</u>	<u>BASIS OF DEDUCTIBLE CALCULATION CODE</u> <u>Report the 2-digit code that identifies the type of deductible being reported.</u>	(N)	<u>167-168</u>	<u>2</u>																														
	<table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>00</u></td> <td><u>No Deductible</u></td> </tr> <tr> <td><u>01</u></td> <td><u>Per Claim Deductible Amount</u></td> </tr> <tr> <td><u>02</u></td> <td><u>Per Accident Deductible Amount</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Per Policy Deductible Aggregate Limit</u></td> </tr> <tr> <td><u>04</u></td> <td><u>Percent of Claim Cost (N/A: NC)</u></td> </tr> <tr> <td><u>05</u></td> <td><u>Percent of Premium (N/A: NC)</u></td> </tr> <tr> <td><u>06</u></td> <td><u>Coinsurance Only Percent With Per Claim Amount Limit</u></td> </tr> <tr> <td><u>07</u></td> <td><u>Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit (N/A: NC)</u></td> </tr> <tr> <td><u>08</u></td> <td><u>Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit (N/A: NC)</u></td> </tr> <tr> <td><u>09</u></td> <td><u>Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit</u></td> </tr> <tr> <td><u>10</u></td> <td><u>Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit (N/A: MN)</u></td> </tr> <tr> <td><u>11</u></td> <td><u>Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit (N/A: MN, NC)</u></td> </tr> <tr> <td><u>12</u></td> <td><u>Variable -- as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined. (N/A: MN, NCCI, NY, NC)</u></td> </tr> <tr> <td><u>13</u></td> <td><u>Negotiated (NCCI only)</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: MI, NJ, WI</u></p>	<u>Code</u>	<u>Description</u>	<u>00</u>	<u>No Deductible</u>	<u>01</u>	<u>Per Claim Deductible Amount</u>	<u>02</u>	<u>Per Accident Deductible Amount</u>	<u>03</u>	<u>Per Policy Deductible Aggregate Limit</u>	<u>04</u>	<u>Percent of Claim Cost (N/A: NC)</u>	<u>05</u>	<u>Percent of Premium (N/A: NC)</u>	<u>06</u>	<u>Coinsurance Only Percent With Per Claim Amount Limit</u>	<u>07</u>	<u>Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit (N/A: NC)</u>	<u>08</u>	<u>Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit (N/A: NC)</u>	<u>09</u>	<u>Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit</u>	<u>10</u>	<u>Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit (N/A: MN)</u>	<u>11</u>	<u>Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit (N/A: MN, NC)</u>	<u>12</u>	<u>Variable -- as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined. (N/A: MN, NCCI, NY, NC)</u>	<u>13</u>	<u>Negotiated (NCCI only)</u>			
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<u>13</u>	<u>Negotiated (NCCI only)</u>																																	
<u>3240</u>	<u>DEDUCTIBLE PERCENT FACTOR</u> Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program. Applicable only when the second position of Deductible Type Code is 04 through 08 or 11. NOT APPLICABLE: CA , MI, NJ, NC, WI	(N)	169-170	2																														

Field No.	Field Title/Description	Class	Position	Bytes
<u>3341</u>	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. NOT APPLICABLE: CA, MI, NJ, WI	(N)	171-179	9
<u>3442</u>	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. NOT APPLICABLE: CA , MI, NJ, WI NOTE: Positions 189-230 are to be used only when correcting link record data NOTE: Each field has been identified as being applicable to either electronic or hard copy reporting	(N)	180-188	9
<u>3543</u>	PREVIOUS REPORT LEVEL CODE/REPORT NUMBER Report the report number code that was previously reported. NOT APPLICABLE: MN Electronic field only. NOTE: This is a 2-digit field. REVISED REPORT LEVEL CODE/REPORT NUMBER Report the revised report number code immediately below the report number code field on the unit report. NOT APPLICABLE: MN Hard copy field only. NOTE: This is a 2-digit field. For hard copy, it is acceptable to suppress leading zeros of the Revised Report Number.	(N)	189-190	2
<u>3644</u>	RESERVED FOR FUTURE USE		191	1

Field No.	Field Title/Description	Class	Position	Bytes
<u>3745</u>	PREVIOUS CORRECTION SEQUENCE NUMBER Report the correction sequence number that was previously reported. NOT APPLICABLE: MN, NCCI Electronic field only. NOTE: This is a 1-digit field. REVISED CORRECTION SEQUENCE NUMBER Report the revised correction sequence number immediately below the correction sequence number field on the unit report. NOT APPLICABLE: MN, NCCI NOTE: This is a 2-digit field. For hard copy, it is acceptable to suppress leading zeros of the Revised Correction Sequence number.	(AN)	192	1
<u>3846</u>	PREVIOUS CARRIER CODE Report the carrier code that was previously reported. NOT APPLICABLE: MN Electronic field only. REVISED CARRIER CODE Report the revised carrier code immediately below the carrier code field on the unit report. NOT APPLICABLE: MN Hard copy field only.	(N)	193-197	5
<u>3947</u>	PREVIOUS POLICY NUMBER IDENTIFIER Report the policy number identifier that was previously reported. NOT APPLICABLE: MN Electronic field only. REVISED POLICY NUMBER IDENTIFIER Report the revised policy number identifier immediately below the policy number field on the unit report. NOT APPLICABLE: MN Hard copy field only.	(AN)	198-215	18

Field No.	Field Title/Description	Class	Position	Bytes
<u>4048</u>	PREVIOUS POLICY EFFECTIVE DATE Report the policy effective date that was previously reported. NOT APPLICABLE: MN Electronic reporting — Format: YYMMDD Electronic field only. REVISED POLICY EFFECTIVE DATE Report the revised policy effective date immediately below the policy effective on the unit report. NOT APPLICABLE: MN Hard copy reporting — format: MM/DD/YY Hard copy field only.	(N)	216-221	6
<u>4149</u>	PREVIOUS EXPOSURE STATE CODE Report the exposure state code that was previously reported. NOT APPLICABLE: MN Electronic field only. REVISED EXPOSURE STATE CODE Report the revised exposure state code immediately below the exposure state code field on the unit report. NOT APPLICABLE: MN Hard copy field only.	(N)	222-223	2
<u>4250</u>	PREVIOUS UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) Report the unit/certificate number identifier that was previously reported. Electronic field only. REVISED UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) Report the unit/certificate number identifier immediately below the unit/certificate number identifier field on the unit report. Hard copy field only.	(AN)	224-230	7
<u>4351</u>	RESERVED FOR INSURER USE		231-242	12
<u>4452</u>	RESERVED FOR JURISDICTION USE		243-248	6

Field No.	Field Title/Description	Class	Position	Bytes								
4553	<p>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.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Forced leave</td> </tr> <tr> <td>Blank</td> <td>No edit bypass</td> </tr> </tbody> </table> <p>Refer to the Statistical Plan of each rating/statistical organization for use of this code.</p> <p>NOT APPLICABLE: MN, NCCI, NJ, NC, WI</p>	Code	Description	F	Forced leave	Blank	No edit bypass	(AN)	249	1		
Code	Description											
F	Forced leave											
Blank	No edit bypass											
4654	<p>ASWG UNIT FORMAT SUBMISSION CODE For electronic reporting this field is the ASWG code. The following values apply:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>ASWG Format (N/A: CA)</td> </tr> <tr> <td>E</td> <td>Expanded ASWG report (CA only)</td> </tr> <tr> <td>Blank</td> <td>Pre-ASWG</td> </tr> </tbody> </table> <p>For hard copy units an "X" in the reserved field identifies a pre-ASWG unit statistical report. An "E" in the reserved field identifies an Expanded ASWG unit statistical report (CA only).</p>	Code	Description	A	ASWG Format (N/A: CA)	E	Expanded ASWG report (CA only)	Blank	Pre-ASWG	(AN)	250	1
Code	Description											
A	ASWG Format (N/A: CA)											
E	Expanded ASWG report (CA only)											
Blank	Pre-ASWG											
H	<p>CARD SERIAL NUMBER Report the card serial number. Must be sequential with each transmittal submission. No gaps between numbers are allowed within any given submission. The numbering may, at the insurer's option, be continual from submission to submission as long as the requirement of continuity within each submission is met. This is a 7-digit field. Leading zeros may be suppressed.</p> <p>Hard copy field only. H—Refer to the hard copy example (Section 6) for placement of this data element.</p> <p>NOT APPLICABLE: MA, NY, NC</p>											

Field No.	Field Title/Description	Class	Position	Bytes
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H*	PAGE NUMBER Report the page number of multiple page hard copy unit reports. It is not required on single page unit reports. This is a 4-digit field. Leading zeros may be suppressed. Example: page 1 of X. Hard copy field only. H*—Refer to the hard copy example (Section 6) for placement of this data element.			
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H**	LAST PAGE NUMBER Report the last page number of multiple page hard copy unit reports. Not required on single page unit reports. This is a 4-digit field. Leading zeros may be suppressed. Example: page X of 10. Hard copy field only. H*—Refer to the hard copy example (Section 6) for placement of this data element.			
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H*	PENDING FILE NUMBER Report the Original Administration Number Identifier assigned by NCCI in this field when the Replacement Report Code is "R" and the intent of the insurer is to replace a previously reported unit report. *Refer to the hard copy example (Section 6) for placement of this data element.			
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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	44
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13	PREVIOUSLY REPORTED CODE ASWG NOTE: This field is not applicable when reporting in an ASWG format.	(N)	48	4
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~~The codes in this position are to indicate the "Previous" or "Revised" side of any correction report.~~

Code	Description
4	Data as previously reported
0	Revised data

~~Electronic field only.~~

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

Field No.	Field Title/Description	Class	Position	Bytes
14	EXPOSURE ACT/EXPOSURE COVERAGE CODE ASWG NOTE: This field is not applicable when reporting in an ASWG format. Report the 2-digit exposure coverage code for each classification as per the Statistical Plan. NOT APPLICABLE: CA	(N)	49-50	2
4513	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. Electronic reporting—Report the experience modification factor that applies to the exposure reported in this detail record. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. Use "0000" for nonrated exposures. Example: Modification 1.260 would be reported in this field as 1260. Electronic reporting format—XXXX. Hard copy reporting—This is a 5-digit field. Hard copy reporting format—XX.XXX. For hard copy, it is acceptable to suppress leading zeros of the Experience Modification Factor. If a change in experience modification factor occurs subsequent to the policy effective date due to an Anniversary Rating Date change, the payrolls, authorized rates, and corresponding premiums must be split, and reported on separate pages of the hard copy unit report.	(N)	51-54	4
4614	EXPERIENCE MODIFICATION EFFECTIVE DATE Refer to specific jurisdictions for requirements. 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 YYYYMMDD format. For electronic reporting, this This is required on all exposure records. Format: YYYYMMDD. For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.	(N)	55-60	6

Field No.	Field Title/Description	Class	Position	Bytes
<u>4715</u>	<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>For electronic reporting, †This is required on all exposure records. Format: YYMMDD.</p> <p>For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.</p>	(N)	61-66	6
<u>4816</u>	<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>Electronic example: The decimal point is assumed between positions 75 and 76. To report one and one-half per capita exposure, enter a “15” in the exposure amount field.</p> <p>Hard copy example: To report one and one-half per capita exposure use “1.5” in the exposure amount field.</p>	(N)	67-76	10

Field No.	Field Title/Description	Class	Position	Bytes
<u>4917</u>	<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>NOTE: This field is not applicable for CA as of the first 1995 Normal Anniversary Date.</p> <p>NOT APPLICABLE: CA</p>	(N)	77-85	9
<u>2018</u>	<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 Aassumed decimal point between Positions 89 and 90 for electronic reporting only.</p> <p>NOT APPLICABLE: CA</p> <p>Electronic reporting Eexample: A rate of 1.24 would be reported in this field as 0001240.</p> <p>Hard copy reporting example: A rate of 1.24 would be reported in this field as 0001.240.</p> <p>For hard copy it is acceptable to suppress the leading zeros of the Manual/Charged Rate.</p>	(N)	86-92	7
<u>2419</u>	<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>Electronic field only.</p> <p>NOT APPLICABLE: CA, NJ (Split period codes 2-9)</p>	(N)	93	1
<u>2220</u>	<p>RESERVED FOR FUTURE USE</p>		94-110	17

Field No.	Field Title/Description	Class	Position	Bytes
<u>2321</u>	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.	(N)	111-112	2
<u>2422</u>	RESERVED FOR FUTURE USE ASWG NOTE: The remainder of this record contains fields applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero fill all (N) fields.		113-120	8
<u>2523</u>	UPDATE TYPE CODE Report the 1-letter code that identifies the activity of an exposure record.	(A)	121	1

Method 1—Common to all Jurisdictions and Insurers		Method 2—Jurisdictions may offer as optional reporting to insurers	
Code	Description	Code	Description
P	Previously Reported	A	Add Record
R	Revised	B	Reserved for Use in WCESTAT
B	Reserved for Use in WCESTAT	C	Change Record
		D	Delete Record

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

<u>2624</u>	RESERVED FOR FUTURE USE		122	1
<u>2725</u>	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.	(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
02	USL&HW "F" or USL&HW Coverage on Non-F-Classes
03	Federal Coal Mine Health and Safety Act Only (NCCI, WI only)
04	Federal Coal Mine Health and Safety Act and/or the State Act_(NCCI, WI only)
05	Oil and Other Minerals Over Water (NCCI only)
06	Excluding Medical (NCCI, NC only)
07	Excess Benefits Coverage (NCCI only)
08	Reserved For Future Use
09	Endorsed Maritime Coverage (NCCI only)
10	Voluntary Compensation Coverage (DE,PA only)
<u>11</u>	<u>Reserved for Use in WCPOLS</u>

~~Hard copy format: Leading zero may be suppressed.~~

Field No.	Field Title/Description	Class	Position	Bytes
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***NOTE:** An exposure act/exposure coverage code is required for all exposure records. Statistical codes can be coded to 00, or the Type of Act (law) governing the policy.

2826	RESERVED FOR FUTURE USE		125-250	126
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~~E*~~ **PREMIUM DISCOUNT AMOUNT**
 The premium adjustment amount resulting from the application of the premium discount plan reported under Statistical Code 0063 (stock company) or Statistical Code 0064 (non-stock company).

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

~~Hard copy field only.~~

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

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

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

~~Hard copy field only.~~

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

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

1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "5".	(N)	41	1
10	RESERVED FOR FUTURE USE		42	1
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
12	RESERVED FOR FUTURE USE		47-50	44
13	PREVIOUSLY REPORTED CODE	(N)	48	4

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

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

Code	Description
1	Data as previously reported
0	Revised data

~~Electronic field only.~~

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

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

~~Report the 2-digit code that identifies whether the loss is covered under the State Act, USL&HW Act, Employers Liability, Other State Benefits, or Admiralty or FELA Benefits and that further identifies the basis of liability as either trauma, disease, cumulative injury, liability over, or subrogation. Refer to the appropriate Statistical Plan for applicable codes.~~

~~NOT APPLICABLE: CA~~

Field No.	Field Title/Description	Class	Position	Bytes
<u>4513</u>	<p>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.</p> <p>NOTE: CA—Zeros are accepted for claims with claim numbers.</p> <p>For electronic reporting, iIndividually listed claims are reported as either “0001” or “0000.”</p> <p>NOTE: MN, NCCI, NJ, WI—Must be “0001” for individually listed claims (claim number and accident date reported).</p> <p>For hard copy reporting, the grouped claim count is reported in the Accident Date/Number of Claims field. Report the number of claims in the grouping. Claim Count is not reported for individually listed claims on hard copy.</p>	(N)	51-54	4
<u>4614</u>	<p>ACCIDENT DATE Report the month, day and year on which the injury occurred.</p> <p>For electronic reporting, tThis field applies only to individually listed losses. Leave blank when reporting grouped losses. Format: YY/MM/DD.</p> <p>For hard copy reporting, accident date is not reported in the Accident Date/Number of Claims field if the insurer elects the claim grouping option. Applies only to individually listed losses. Format: MM/DD/YY.</p>	(N)	55-60	6
<u>4715</u>	<p>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.</p> <p>Claim number of every individually listed loss must be reported as right-justified and with leading blanks if claim number is less than 12 positions. Letters are permitted, but not embedded blanks or marks of punctuation. Leave blank when reporting grouped losses. Refer to the Statistical Plan for reporting requirements.</p> <p>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.</p>	(AN)	61-72	12

Field No.	Field Title/Description	Class	Position	Bytes																				
<u>4816</u>	CLAIM STATUS CODE Report the 1-digit code that indicates the status of the claim:	(N)	73	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: 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)											
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)																							
<u>4917</u>	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																				
<u>2018</u>	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)	79-80	2																				
	<table border="0"> <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: <u>DE, MA, PA, WI</u></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: <u>DE, MA, PA, WI</u>	08	Compromise Death (CA only)	09	Permanent Partial Disability—N/A: CA, MI, NJ			
Code	Description																							
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09	Permanent Partial Disability—N/A: CA, MI, NJ																							

~~Hard copy reporting — Leading zero may be suppressed.~~

Field No.	Field Title/Description	Class	Position	Bytes
<u>2419</u>	<p>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.</p> <p>Refer to the Statistical Plan for exact criteria used in the reporting of catastrophe losses.</p> <p>Hard copy reporting—Leading zero may be suppressed.</p>	(N)	81-82	2
<u>2220</u>	<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
<u>2321</u>	<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
<u>2422</u>	<p>SOCIAL SECURITY NUMBER (CA ONLY) Report the injured worker's Social Security Number assigned by the Social Security Administration. CA: Enter "000000000" if not available.</p> <p>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI OPTIONAL: NC</p>	(N)	101-109	9
<u>2523</u>	<p>RESERVED FOR FUTURE USE</p> <p>ASWG NOTE: The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero fill all (N) fields.</p>		110-120	11

Field No.	Field Title/Description	Class	Position	Bytes
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<u>2624</u>	UPDATE TYPE CODE Report the 1-letter code that identifies the activity of a loss record.	(A)	121	1
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Method 1—Common to all Jurisdictions and Insurers		Method 2—Jurisdictions may offer as optional reporting to insurers	
Code	Description	Code	Description
P	Previously Reported	A	Add Record
R	Revised	C	Change Record
		D	Delete Record

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

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.

<u>2725</u>	RESERVED FOR FUTURE USE		122	1
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<u>2826-30</u>	LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPES OF SETTLEMENT)	(N)	123-132	10
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~~Report the five 2-digit codes that correspond to the act, type of loss, type of recovery, type of claim, and type of settlement. 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.~~

~~Hard-copy reporting—Leading zero may be suppressed. This field should contain the loss coverage codes for non-ASWG units.~~

<u>26</u>	LOSS COVERAGE ACT <u>Report the 2-digit code that corresponds to the loss coverage act.</u>	(N)	123-124	2
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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)
04	Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only)

Field No.	Field Title/Description	Class	Position	Bytes
	05 Oil and Other Minerals Over Water (NCCI only)			
<u>27</u>	TYPE OF LOSS <u>Report the 2-digit code that corresponds to the type of loss.</u>	(N)	125-126	2
	Code Description			
	01 Trauma			
	02 Occupational Disease			
	03 Cumulative Injury Other Than Disease			
<u>28</u>	TYPE OF RECOVERY <u>Report the 2-digit code that corresponds to the type of recovery.</u>	(N)	127-128	2
	Code Description			
	01 No Recovery			
	02 Second Injury Fund Only—N/A: CA			
	03 Subrogation Only (Third Party)			
	04 Subrogation with Second Injury Fund (Third Party)—N/A: CA			
	05 Joint Coverage—Without Subrogation (CA, MA, NC only)			
	06 Joint Coverage—With Subrogation (CA, NC only)			
<u>29</u>	TYPE OF CLAIM <u>Report the 2-digit code that corresponds to the type of claim.</u>	(N)	129-130	2
	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			
	05 Excess Benefits (NCCI only)			
	06 Excess Special Compensation (NCCI only)			
<u>30</u>	TYPE OF SETTLEMENT <u>Report the 2-digit code that corresponds to the type of settlement.</u>	(N)	131-132	2
	Code Description			
	00 Claim Not Subject to Settlement			
	01 Noncompensable, Previously Alleged (CA only)			
	02 Reserved for <u>Future Use in ICR-7A Record</u>			
	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)			
	<u>SEE APPENDIX FOR LOSS CONDITION CODES VALUE DEFINITIONS.</u>			

Field No.	Field Title/Description	Class	Position	Bytes
<u>2931</u>	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
<u>3032</u>	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
<u>3433</u>	MANAGED CARE ORGANIZATION TYPE CODE <u>Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses to this claim.</u>	(N)	142-143	2
	Code Description			
	00 The claim is not administered by an approved/certified <u>M</u> managed <u>C</u> care <u>O</u> rganization.			
	01 The claim's medical losses are administered by an approved/certified <u>M</u> managed <u>C</u> care <u>O</u> rganization not specifically identified by Codes 02- 06 -07 below. <u>NOT APPLICABLE N/A: CA, MA</u>			
	02 The claim's medical losses are administered by a Health Maintenance Organization. <u>NOT APPLICABLE N/A: CA, MI, MN, NJ, NY</u>			
	03 The claim's medical losses are administered by a Preferred Provider Organization. <u>NOT APPLICABLE N/A: CA, MI, MN, NJ</u>			
	04 The claim's medical losses are administered by an Exclusive Provider Organization. <u>NOT APPLICABLE N/A: CA, MA, MI, MN, NJ, NY</u>			
	05 The claim's medical losses are administered by an Independent Practice Association. <u>NOT APPLICABLE N/A: CA, MA, MI, MN, NJ, NY</u>			
	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. <u>NOT APPLICABLE N/A: DE, MA, MN, NJ, NY, PA, WI</u>			
	07 The claim's medical losses are administered by a Certified Health Care Network (NCCI only)			

~~For hard copy it is acceptable to suppress leading zeros of the Managed Care Organization Type Code.~~

NOT APPLICABLE: CA

Field No.	Field Title/Description	Class	Position	Bytes						
32 34-36	<p>INJURY DESCRIPTION CODES (PART, NATURE, CAUSE) Report the three 2-digit codes that represent the part of body, nature of injury, and cause of injury for a given claim. This data element is comprised of the following data elements: Part of Body, Nature of Injury, and Cause of Injury.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>	(N)	144-149	6						
34	<p>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.</p> <p>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.</p>	(N)	144-145	2						
35	<p>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.</p>	(N)	146-147	2						
36	<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. 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.</p>	(N)	148-149	2						
33 37	<p>OCCUPATION DESCRIPTION Report a narrative description of the regular occupation of the injured worker.</p> <p>NOT APPLICABLE: MI, MN, NJ, NY, WI</p> <p>OPTIONAL: CA, MA, NCCI</p>	(AN)	150-167	18						
34 38	<p>VOCATIONAL REHABILITATION INDICATOR Report the value that indicates the inclusion of vocational rehabilitation costs in the losses.</p> <table border="0"> <tr> <td>Indicator</td> <td>Description</td> </tr> <tr> <td>Y</td> <td>Claim includes Vocational Rehabilitation costs</td> </tr> <tr> <td>N</td> <td>Claim does not include Vocational Rehabilitation costs</td> </tr> </table> <p>NOT APPLICABLE: NJ, NY</p>	Indicator	Description	Y	Claim includes Vocational Rehabilitation costs	N	Claim does not include Vocational Rehabilitation costs	(A)	168	1
Indicator	Description									
Y	Claim includes Vocational Rehabilitation costs									
N	Claim does not include Vocational Rehabilitation costs									

Field No.	Field Title/Description	Class	Position	Bytes
<u>3539</u>	<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
<u>3640</u>	<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> <p>Hard copy reporting—Leading zero may be suppressed</p>	(N)	170-171	2
<u>3741</u>	RESERVED FOR FUTURE USE		172-173	2
<u>3842</u>	<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
<u>3943</u>	<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

Field No.	Field Title/Description	Class	Position	Bytes
<u>4044</u>	<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>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: DE, NCCI, NC, PA</p>	(N)	192-200	9
<u>4145</u>	<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>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NCCI, NC</p>	(N)	201-209	9
<u>4246</u>	<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>Electronic reporting—Report zeros if experience rating is to be calculated on gross losses. Hard copy reporting—Report blank if experience rating is to be calculated on gross losses.</p>	(N)	210-218	9
<u>4347</u>	<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
<u>4448</u>	<p>RESERVED FOR FUTURE USE</p>		228-229	2
<u>4549</u>	<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
<u>4650</u>	<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

Field No.	Field Title/Description	Class	Position	Bytes
<u>4751</u>	SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY (CA ONLY)	(N)	248-250	3

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

No implied decimal, whole percentage only.

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

~~Hard copy reporting only.~~

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

Field No.	Field Title/Description	Class	Position	Bytes
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VI. UNIT TOTAL RECORD

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "6".	(N)	41	1
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OPTIONAL: NCCI

10	EXPOSURE – PAYROLL TOTAL	(N)	42-52	11
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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.

11	EXPOSURE – OTHER PAYROLL TOTAL RESERVED FOR FUTURE USE	(N)	53-62	10
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~~For electronic reporting, there is an assumed decimal point between Positions 61 and 62.~~

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

~~**A. 1ST Report**~~

~~Report the total of non-payroll exposure amounts regardless of base.~~

~~**B. Exposure Correction Report**~~

~~Report the revised exposure other than payroll total.~~

~~**C. Subsequent Report of Loss Correction Report**~~

~~This field will always contain zeros.~~

12	SUBJECT PREMIUM TOTAL	(N)	63-72	10
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A. 1ST Report

Report the sum of premium amounts subject to experience modification prior to the application of the modification factor.

~~Electronic reporting~~—This field is required.

~~Hard copy reporting~~—For risks not subject to experience modification, this field may be blank.

Field No.	Field Title/Description	Class	Position	Bytes
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B. Exposure Correction Report

Report the revised subject premium total.

~~Electronic reporting—This field is required.~~

~~Hard copy reporting—For risks not subject to experience modification, this field may be blank.~~

C. Subsequent Report of Loss Correction Report

This field will always contain zeros.

NOT APPLICABLE: CA

~~†*~~ **TOTAL MODIFIED PREMIUM**

~~Report the sum of the total subject premium multiplied by the experience modification factor.~~

~~Hard copy field only.~~

~~NOTE: This is a 10-digit field.~~

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

13	STANDARD PREMIUM TOTAL	(N)	73-83	11
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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.

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.

Premium discount and expense constant should be reflected in Final Premium (see NOTE 2).

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.

Field No.	Field Title/Description	Class	Position	Bytes
	<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
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

Field No.	Field Title/Description	Class	Position	Bytes
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>Electronic field only.</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	<p>PREVIOUSLY REPORTED CODE (NCCI ONLY) ASWG NOTE: Under ASWG format, report this field as zero for all correction reports, including Exposure Correction. A previously reported total record for exposure corrections is not required for an ASWG format.</p> <p>The code in this position is used to indicate the “Previous” or “Revised” totals on Exposure Correction Reports.</p> <p>Code Description 4 Totals as previously reported 0 Revised totals Electronic field only.</p> <p>NOTE: Do not submit a previously reported total record for original first, subsequent and Loss Correction reports (i.e., for anything but an Exposure Correction, report this field as zero).</p>	(N)	114	4
<u>1918</u>	<p>RESERVED FOR FUTURE USE</p> <p>ASWG NOTE: The remainder of this record contains fields that are only applicable when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.</p>		115114-122	89

Field No.	Field Title/Description	Class	Position	Bytes
<u>2019</u>	<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
<u>2420</u>	<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
<u>2221</u>	<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>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: DE, NCCI, NC, PA</p>	(N)	143-152	10
<u>2322</u>	<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>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NCCI, NC</p>	(N)	153-162	10
<u>2423</u>	<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

Field No.	Field Title/Description	Class	Position	Bytes
<u>2524</u>	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. NOT APPLICABLE: CA, MA, MI, MN, NJ OPTIONAL: DE, NCCI, NY, NC, PA, WI	(N)	173-182	10
<u>2625</u>	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". NOT APPLICABLE: CA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1																																																								
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. NOT APPLICABLE: NY OPTIONAL: MA	(N)	57-60	4																																																								
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) <u>Report the 2-digit code that identifies under which provision of the law benefits are paid or expected to be paid.</u>	(N)	74-75	2																				
	<table border="0"> <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 (NJ only)</td> </tr> <tr> <td>04</td> <td>Minor Permanent Partial Disability (NJ only)</td> </tr> <tr> <td>05</td> <td>Temporary Total or Temporary Partial Disability N/A: MA</td> </tr> <tr> <td>06</td> <td>Medical Claims Only N/A: MA</td> </tr> <tr> <td>07</td> <td>Contract Medical or Hospital Allowance N/A: MA</td> </tr> <tr> <td>08</td> <td>Reserved for WCSTAT Loss Record<u>Compromise Death</u></td> </tr> <tr> <td>09</td> <td>Permanent Partial Disability—N/A: MA, NJ</td> </tr> </tbody> </table> <p>NOT APPLICABLE: CA</p>	Code	Description	01	Death	02	Permanent Total Disability	03	Major Permanent Partial Disability (NJ only)	04	Minor Permanent Partial Disability (NJ only)	05	Temporary Total or Temporary Partial Disability N/A: MA	06	Medical Claims Only N/A: MA	07	Contract Medical or Hospital Allowance N/A: MA	08	Reserved for WCSTAT Loss Record <u>Compromise Death</u>	09	Permanent Partial Disability—N/A: MA, NJ			
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18	LOSS COVERAGE CODE RESERVED FOR FUTURE USE ASWG NOTE: This field is not applicable when reporting in an ASWG format. Report the 2-digit code that identifies whether the loss is covered under the State Act, USL&HW Act, Employers Liability, or Admiralty or FELA Benefits and that further identifies the basis of liability as either trauma, disease, cumulative injury, liability over, or subrogation. Refer to the Statistical Plan for general definitions of the basis of liability.	(N)	76-77	2																				
19	TRANSACTION TYPE CODE Report the appropriate 1-digit code as follows: <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Initial Report</td> </tr> <tr> <td>2</td> <td>Subsequent Report</td> </tr> <tr> <td>3</td> <td>Revised Report (Jurisdiction Initiated)</td> </tr> <tr> <td>4</td> <td>Correction Report (Insurer Initiated)</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MA</p>	Code	Description	1	Initial Report	2	Subsequent Report	3	Revised Report (Jurisdiction Initiated)	4	Correction Report (Insurer Initiated)	(N)	78	1										
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20	WORKER'S SEX <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>M</td> <td>Male</td> </tr> <tr> <td>F</td> <td>Female</td> </tr> </tbody> </table>	Code	Description	M	Male	F	Female	(A)	79	1														
Code	Description																							
M	Male																							
F	Female																							
21	ACCIDENT DATE Report the date on which the injury occurred. Format: YYMMDD.	(N)	80-85	6																				

Field No.	Field Title/Description	Class	Position	Bytes																		
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. OPTIONAL: MA	(N)	92-97	6																		
24	BIRTH DATE Report the date on which the injured worker was born. Format: YYMMDD.	(N)	98-103	6																		
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 <u>corresponds to the status of the claim as of the valuation date as follows</u> 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 (Final Payment Not Made)</td> </tr> <tr> <td>1</td> <td>Closed Claim (Final Payment Made)</td> </tr> <tr> <td>2</td> <td>Reopened Claim (Claim Previously Closed)—N/A: MA</td> </tr> <tr> <td>3</td> <td>Resolved Claim (Agreement Reached or Award Made but Final Payment Not Made)—N/A: DE, MA, NY, PA</td> </tr> <tr> <td>4</td> <td><u>Open Claim – Payment not made or initiated (MI only)</u></td> </tr> </tbody> </table>	Code	Description	0	Open Claim (Final Payment Not Made)	1	Closed Claim (Final Payment Made)	2	Reopened Claim (Claim Previously Closed) —N/A: MA	3	Resolved Claim (Agreement Reached or Award Made but Final Payment Not Made) —N/A: DE, MA, NY, PA	4	<u>Open Claim – Payment not made or initiated (MI only)</u>	(N)	119	1						
Code	Description																					
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29	METHOD OF SETTLEMENT CODE ASWG NOTE: This field is not applicable when reporting in an ASWG format. Report the appropriate 1-digit code as follows: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Not Yet Settled—N/A: DE, PA</td> </tr> <tr> <td>1</td> <td>Lump Sum—N/A: NJ</td> </tr> <tr> <td>2</td> <td>Other Than Lump Sum—N/A: MA, NJ</td> </tr> <tr> <td>3</td> <td>Stipulated Award (Insurer/Claimant Settlement)—N/A: DE, MA, PA</td> </tr> <tr> <td>4</td> <td>Findings and Award (Judicial Award)—N/A: DE, MA, PA</td> </tr> <tr> <td>5</td> <td>Dismissed or Take Nothing—N/A: DE, MA, PA</td> </tr> <tr> <td>6</td> <td>NJ Section 20 (NJ only)</td> </tr> <tr> <td>7</td> <td>Other—N/A: DE, MA, NJ, PA</td> </tr> </tbody> </table>	Code	Description	0	Not Yet Settled—N/A: DE, PA	1	Lump Sum—N/A: NJ	2	Other Than Lump Sum—N/A: MA, NJ	3	Stipulated Award (Insurer/Claimant Settlement)—N/A: DE, MA, PA	4	Findings and Award (Judicial Award)—N/A: DE, MA, PA	5	Dismissed or Take Nothing—N/A: DE, MA, PA	6	NJ Section 20 (NJ only)	7	Other—N/A: DE, MA, NJ, PA	(N)	120	4
Code	Description																					
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Field No.	Field Title/Description	Class	Position	Bytes
<u>3029</u>	RESERVED FOR FUTURE USE		1240-122	<u>23</u>
	ASWG NOTE: The following fields are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero fill all (N) fields.			
<u>3130-34</u>	LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPE OF SETTLEMENT) Report the five 2-digit codes for each loss condition: act, type of loss, type of recovery, type of claim, and type of settlement. Refer to additional definitions for loss conditions. This data element is comprised of the following data elements: <u>Loss Coverage Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement.</u> <u>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</u> OPTIONAL: MA	(N)	123-132	10
<u>30</u>	LOSS COVERAGE ACT <u>Report the 2-digit code that corresponds to the loss coverage act.</u> Code Description <u>00 Reserved for Future Use</u> 01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act 02 USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes 03 Federal Coal Mine Health and Safety Act only (NCCI only) 04 Federal Coal Mine Health and Safety Act and/or the State Act (NCCI only) 05 Oil & Other Minerals Over Water (NCCI only)	(N)	123-124	2
<u>31</u>	TYPE OF LOSS <u>Report the 2-digit code that corresponds to the type of loss.</u> Code Description 01 Trauma 02 Occupational Disease 03 Cumulative Injury Other Than Disease	(N)	125-126	2

Field No.	Field Title/Description	Class	Position	Bytes
<u>32</u>	TYPE OF RECOVERY <u>Report the 2-digit code that corresponds to the type of recovery.</u> 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 <u>Joint Coverage—With Subrogation (NC only) Reserved for Use in WCSTAT Loss Record</u>	(N)	127-128	2
<u>33</u>	TYPE OF CLAIM <u>Report the 2-digit code that corresponds to the type of claim.</u> Code Description 01 Workers Compensation Only 02 Employers Liability Only 03 Workers Compensation & <u>including</u> Employers Liability 04 Liability Over 05 Excess Benefits (NCCI only) 06 Excess Special Compensation (NCCI only)	(N)	129-130	2
<u>34</u>	TYPE OF SETTLEMENT <u>Report the 2-digit code that corresponds to the type of settlement.</u> Code Description 00 Claim Not Subject to Settlement 01 <u>Reserved for Use in WCSTAT Loss Record Noncompensable, Previously Alleged (CA only)</u> 02 <u>Reserved for Future Use</u> 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 <u>Aggravation of Prior Work Related Injuries (NCCI Only)</u>	(N)	131-132	2
32 <u>35</u>	RESERVED FOR FUTURE USE		133-139	7
33 <u>36</u>	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
<u>3437</u>	<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 02-05-07 below—N/A: CA, MA</p> <p>02 The claim's medical losses are administered by a Health Maintenance Organization—N/A: CA, NJ</p> <p>03 The claim's medical losses are administered by a Preferred Provider Organization—N/A: CA, NJ</p> <p>04 The claim's medical losses are administered by an Exclusive Provider Organization—N/A: CA, MA, NJ</p> <p>05 The claim's medical losses are administered by an Independent Practice Association—N/A: CA, 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><u>07</u> <u>The claim's medical losses are administered by a Certified Health Care Network (NCCI only)</u></p> <p>OPTIONAL: MA</p>	(N)	142-143	2
<u>3538</u>	<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
<u>3639</u>	<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
<u>3740</u>	<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
<u>3841</u>	RESERVED FOR FUTURE USE		148-249	102
<u>3942</u>	<p>ASWG-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, 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
<u>13-15</u>	<u>INJURY DESCRIPTION CODES</u> <u>This data element is comprised of the following data elements: Part of Body, Nature of Injury, and Cause of Injury</u> <u>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</u>	<u>(N)</u>	<u>60-65</u>	<u>6</u>
13	<u>INJURY DESCRIPTION CODE—PART OF BODY</u> <u>Report the 2-digit code that identifies-represents the injured body part-part of body for a given claim.</u> <u>Refer to Statistical Plan for applicable codes.</u> <u>NOTE: Refer to Injury Description Code table of appropriate Statistical Plan.</u> OPTIONAL: MA <u>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.</u>	(N)	60-61	2
14	<u>INJURY DESCRIPTION CODE—NATURE OF INJURY</u> <u>Report the 2-digit code that represents the nature of injury for a given claim. identifies the nature of the injury.</u> <u>Refer to Statistical Plan for applicable codes.</u> <u>NOTE: Refer to Injury Description Code table of appropriate Statistical Plan.</u> OPTIONAL: MA	(N)	62-63	2

Field No.	Field Title/Description	Class	Position	Bytes
15	<p>INJURY DESCRIPTION CODE – CAUSE OF INJURY Report the 2-digit code that identifies the cause of the accident.<u>represents the cause of injury for a given claim.</u> Refer to Statistical Plan for applicable codes.</p> <p>NOTE: Refer to Injury Description Code table of appropriate Statistical Plan.</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

Field No.	Field Title/Description	Class	Position	Bytes
22	RESERVED FOR FUTURE USE		97-102	6
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". NOT APPLICABLE: CA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
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. OPTIONAL: MA	(N)	55-57	3
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. NOT APPLICABLE: NY	(N)	76-84	9
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. Report amount to the nearest whole dollar.	(N)	85-93	9

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	(AN)	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, 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, 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. <u>NOTE: Use Code 9 for "Handicapped Child" in NJ.</u>	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, 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, 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																				
XIV. ICR RECORD 7-H																								
1-8	LINK DATA		1-40	40																				
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1																				
10	SUB-RECORD TYPE CODE Report "H". 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	HIRE DATE Report the date on which the injured worker began his/her most recent employment with the employer. Format: YYMMDD. NOT APPLICABLE: DE, MA, PA	(N)	55-60	6																				
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. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Regular Employee</td></tr> <tr><td>02</td><td>Part-Time Employee</td></tr> <tr><td>03</td><td>Unemployed</td></tr> <tr><td>04</td><td>On Strike</td></tr> <tr><td>05</td><td>Disabled</td></tr> <tr><td>06</td><td>Retired</td></tr> <tr><td>07</td><td>Reserved For Future Use</td></tr> <tr><td>08</td><td>Unemployed Due to Plant Shutdown, Closing or Other Reduction</td></tr> <tr><td>09</td><td>Other</td></tr> </tbody> </table> NOT APPLICABLE: MA	Code	Description	01	Regular Employee	02	Part-Time Employee	03	Unemployed	04	On Strike	05	Disabled	06	Retired	07	Reserved For Future Use	08	Unemployed Due to Plant Shutdown, Closing or Other Reduction	09	Other	(N)	61-62	2
Code	Description																							
01	Regular Employee																							
02	Part-Time Employee																							
03	Unemployed																							
04	On Strike																							
05	Disabled																							
06	Retired																							
07	Reserved For Future Use																							
08	Unemployed Due to Plant Shutdown, Closing or Other Reduction																							
09	Other																							
14	PAID TEMPORARY DISABILITY BENEFITS TO VALUATION DATE AMOUNT Report the dollar amount paid as of the valuation date in Temporary Disability Benefits. Report the amount to the nearest whole dollar.	(N)	63-72	10																				

Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: DE, PA OPTIONAL: MA			
15	PAID PERMANENT PARTIAL BENEFITS TO VALUATION DATE AMOUNT Report the dollar amount paid as of the valuation date in Permanent Partial Disability Benefits. Report the amount to the nearest whole dollar. NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(N)	73-82	10
16	PAID VOCATIONAL REHABILITATION BENEFITS TO VALUATION AMOUNT Report the dollar amount paid as of the valuation date in Vocational Rehabilitation Benefits (including training, evaluation and vocational rehabilitation indemnity). Report the amount to the nearest whole dollar. NOT APPLICABLE: DE, PA OPTIONAL: MA	(N)	83-92	10
17	PAID PERMANENT TOTAL BENEFITS TO VALUATION DATE AMOUNT Report the dollar amount paid as of the valuation date in Permanent Total Benefits. Report the amount to the nearest whole dollar. NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(N)	93-102	10
18	PAID DEATH BENEFITS TO VALUATION DATE AMOUNT Report the total dollar amount paid as of the valuation date in Death Benefits. Report amount to the nearest whole dollar. NOT APPLICABLE: DE, NJ, PA OPTIONAL: MA	(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, 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". NOT APPLICABLE: CA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "J". 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	ANNUITY PURCHASE AMOUNT Report the purchase price (cost to the insurer) for the annuity purchased. Report amount to the nearest whole dollar. NOT APPLICABLE: MA, NJ	(N)	55-64	10
13	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
	NOT APPLICABLE FOR HARD COPY REPORTING			
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
	Electronic field only.			
4	UNIT REPORTS SUBMITTED TOTAL Report the total number of unit reports submitted.	(N)	50-56	7
	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.			
	Electronic field only.			
5	PRIMARY EFFECTIVE MONTH/YEAR Report the primary effective year and month of this submission. Format: YYYYMM. Required only if the Transmittal Record is used.	(N)	57-62	6
	Electronic field only.			
6	ICR TOTAL Report the total number of ICRs on this submission. NOT APPLICABLE: CA, MI, MN, WI OPTIONAL: NCCI	(N)	63-70	8
	Electronic field only			
7	RESERVED FOR FUTURE USE		71-249	179
	ASWG NOTE: The following fields are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero fill all (N) fields.			

Field No.	Field Title/Description	Class	Position	Bytes
8	ASWG-UNIT SUBMISSION CODE Report the 1-letter code that describes this submission:	(A)	250	1

Code Description

T ASWG Test Submission

P ASWG Production Submission

~~Leave this code blank for non-ASWG submissions.~~

~~Electronic field only.~~

WORKERS COMPENSATION STATISTICAL
REPORTING SPECIFICATIONS (WCSTAT)

SECTION 4

~~DCO DIFFERENCES IN SPECIFICATIONS~~ 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/DE	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 Conditions 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	
Term Code	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
Policy Type Identification Code	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
Replacement Report Code	N/A	N/A	+	+	+	+	N/A	N/A	N/A	N/A	+
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
Policy Conditions Indicators	+	+	+	+	+	N/A	+	+	+	+	
Three-Year Fixed Rate Policy Indicator	±	±	±	±	±	±	N/A	±	±	±	±
Multistate Policy Indicator	±	±	±	±	±	±	N/A	±	±	±	±
Interstate Rated Policy Indicator	±	±	±	±	±	±	N/A	±	±	±	±
Estimated Exposure Indicator	±	±	±	±	±	±	N/A	±	±	±	±
Retrospective Rated Policy Indicator	±	±	±	±	±	±	N/A	±	±	±	±
Cancelled Mid-Term Policy Indicator	±	±	±	±	±	±	N/A	±	±	±	±
Managed Care Organization (MCO) Policy Indicator	±	±	±	±	±	±	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
Policy Type ID Codes:						N/A					
-Type of Coverage ID Code	+	±	+	+	+	+	N/A	+	+	+	+
-Type of Plan ID Code	+	±	+	+	+	+	N/A	+	+	+	+
• Type of Non-Non-Standard Type ID Code	+	±	+	+	+	+	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/DE	WI
Deductible Type Code	N/A		N/A	+	+	N/A	+	+		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	N/A			N/A			N/A		N/A		N/A
Deductible Amount Per Claim/Accident	N/A			N/A			N/A				N/A
Deductible Amount—Aggregate	N/A			N/A			N/A				N/A
Previous Report Level Code/Report Number					N/A						
Revised Report Level Code/Report Number (Hard Copy Only)				N/A							
Previous Correction Sequence Number					N/A	N/A					
Revised Correction Sequence Number (Hard Copy Only)					N/A	N/A					
Previous Carrier Code					N/A						
Revised Carrier Code (Hard Copy Only)				N/A							
Previous Policy Number Identifier					N/A						
Revised Policy Number Identifier (Hard Copy Only)				N/A							
Previous Policy Effective Date					N/A						
Revised Policy Effective Date (Hard Copy Only)				N/A							
Previous Exposure State Code					N/A						
Revised Exposure State Code (Hard Copy Only)				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
Revised Unit/Certificate Number Identifier (Hard Copy Only)		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
ASWG-Unit Format Submission Code	+	±	+	+	+	+	+	+	+	+	+
Card Serial Number (Hard Copy Only)		N/A					N/A	N/A			
Page Number (Hard Copy Only)											
Last Page Number (Hard Copy Only)											
Pending File Number (Hard Copy Only)											
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		±	+		+	+	+			+	+
Previously Reported Code											
Exposure Act/Exposure Coverage Code	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/DE	WI
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	+	±	+	+	+	+	+	+	+	+	+
Premium Discount Amount (Hard Copy Only)											
Expense Constant Amount (Hard Copy Only)											
LOSS RECORD											
Record Type Code											
Classification Code											
Previously Reported Code											
Loss Coverage Code	N/A										
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											
Social Security Number	+	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A/OP ±	N/A	N/A
Update Type Code	+										
Loss Condition Codes:											
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+	±	+	+	+	+	+	+		+	+
Injury Description Code											
Part of Body											

+ 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/DE	WI
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											
Exposure—Other Payroll Total											
Subject Premium Total											
Total Modified Premium (Hard Copy Only)											
Standard Premium Total	N/A	±	+	+	+	+	+	+	+	+	+
Claim Count Total	N/A										
Incurred Indemnity Amount Total											
Incurred Medical Amount Total											
Records in Unit Report Total						+					
Previously Reported Code	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
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
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	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											

+ 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/DE	WI
Reserve Type Code		±	+			+	+	+		+	
Year Last Exposed			OPT					N/A			
Classification Code											
Injury Code (Injury Type)		±	+			+	+	+		+	
Loss Coverage Code											
Transaction Type Code			N/A								
Worker's Sex											
Accident Date											
Deceased Date											
Reported Date			OPT								
Birth Date											
Closed Date											
Claim/Status Code		±	+				±	+		+	
Method of Settlement Code		+			+	+	+		+		
Loss Condition Codes:		OPT									
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	
ASWG Unit <u>Format</u> Submission Code											
ICR RECORD 7-B	N/A			N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Average Weekly Wage Amount											
Injury Description Code—Part of Body			OPT								
Injury Description Code—Nature of Injury			OPT								
Injury Description Code—Cause of Injury			OPT								
Incurred Cost of Temporary Indemnity Amount Total											
Scheduled Indemnity—Percentage of Disability			OPT							N/A (PA)	
Scheduled Indemnity—Body Member Code			OPT								
Scheduled Indemnity—Number of Weeks			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/DE	WI
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	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	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	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											
Insured Name											
ICR Record 7-F	N/A			N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type 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.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA/DE	WI
Claim Number											
Carrier Name			OPT								
Worker's Last Name											N/A
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	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	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 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	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				
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	

+ 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/DE	WI
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	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 (Electronic Only)											
Record Type Code											
Detail Record Count Total						+					+
Unit Reports Submitted Total						+					+
Primary Effective Month/Year											
ICR Total	N/A			N/A	N/A	OPT					N/A
ASWG 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
APPENDIX**

**POLICY TYPE ID CODE DEFINITIONS
 PLAN**

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

NONSTANDARD TYPE CODE

Description	Code	Definition
Nonstandard does not apply	01	Coverage as described under the standard Workers Compensation and Employers Liability policy without Nonstandard exclusions, endorsements, or exceptions.
Excluding Medical	02	Coverage as described under the standard Workers Compensation and Employers Liability policy, except that the insured pays for all medical and hospital services as required by Workers Compensation law.
Reserved for Future Use	03	
Reserved for Future Use	04	
Excess Policy	05	Coverage as described under the standard Workers Compensation and Employers Liability policy except coverage was endorsed by the Excess Special Endorsement.
Excess Medical	06	Coverage as described under the standard Workers Compensation and Employers Liability policy, except that the insurer provides indemnification for the amount by which medical payments made by the employers as required by Workers Compensation law exceeds a specified per claim or per accident retention.
Reserved for Future Use	07	
State Act Excluding Officers, Partners, Sole Proprietors or Others	08	Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others.
Voluntary Coverage Not Mandatory	09	Voluntary Coverage not mandatory by State Act.
Self-Insured Group	99	Risk is self-insured by participation in a self-insured group.

DEDUCTIBLE TYPE CODE DEFINITIONS
First Two Positions

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

Second Two Positions

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

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

STATISTICAL PLAN ELECTRONIC RECORD LAYOUT

RECORD TYPE 3—ADDRESS RECORD

Link Data	R	Address of Insured																																																																																																																					
1		40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120																																					
		3																																																																																																																					

RECORD TYPE 3—ADDRESS RECORD (CONT'D)

Reserved for Future Use																																																																																																																							
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210																														

RECORD TYPE 3—ADDRESS RECORD (CONT'D)

Reserved for Future Use																																							
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

RECORD TYPE 4—EXPOSURE RECORD

Link Data	R	R	Classification Code	R	P	Exp. Cov.	Exp. Mod. Factor	Mod. Effective Date	Rate Effective Date	Exposure Amount	Premium Amount	Manual/Changed Rate	S	Reserved for Future Use															Rtg. Tier	Reserved for Future Use																																																																																															
1			40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120																																										
			4																																																																																																																										

RECORD TYPE 4—EXPOSURE RECORD (CONT'D)

U	R	Expos. Act.	Reserved for Future Use																																																																																																																			Rtg. Tier	Reserved for Future Use			
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210																																	

RECORD TYPE 4—EXPOSURE RECORD (CONT'D)

Reserved for Future Use																																							
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

UNIT STATISTICAL REPORT

POLICY INFORMATION																		
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number			Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.		
Insured's Name:													F.E.I.N.		Pending File No.			
Insured's Address:																		
Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct. Type 1	Deduct. Type 2	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.							

EXPOSURE INFORMATION										LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	*Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
														Act	Type	Recov	Clm	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reserved for Future Use					ALAE Paid		ALAE Incurred	
						*Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	A.	Total Subject Premium												Act	Type	Recov	Clm	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reserved for Future Use					ALAE Paid		ALAE Incurred	
	B.	Experience Mod (XX.XXX)												Act	Type	Recov	Clm	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	
	C.	Total Modified Premium												Act	Type	Recov	Clm	Settl			
						*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	Clm	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	
	D.													Act	Type	Recov	Clm	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	
	E.													Act	Type	Recov	Clm	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	
	F.													Act	Type	Recov	Clm	Settl			
						*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	Clm	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	
	G.	Total Standard Exposure			Total Standard Premium									Act	Type	Recov	Clm	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	
	H.	006_	Premium Discount Amt.											Act	Type	Recov	Clm	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	
	I.	090_	Expense Constant Amt.											Act	Type	Recov	Clm	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	
	J.													Act	Type	Recov	Clm	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	
	K.													Act	Type	Recov	Clm	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	
	L.													Act	Type	Recov	Clm	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	

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	