

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. RESERVED FOR FUTURE USE

SECTION II. 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. ELECTRONIC RECORD LAYOUT EXAMPLES

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.
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545 Washington Blvd
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Wisconsin Compensation Rating Bureau
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P.O. Box 3080
Milwaukee, WI 53226
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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
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Fax: 952-897-6495
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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
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
<u>A</u>			
Accident Date	3	Loss Record	55-60
	3	ICR Record 7-A	80-85
Address Record	3	Address Record	
Annuity Purchase Amount	3	ICR Record 7-J	55-64
Attorney or Authorized Representative Code	3	ICR Record 7-I	106
Average Weekly Wage Amount	3	ICR Record 7-B	55-59
<u>B</u>			
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
<u>C</u>			
Cancelled Mid-Term Policy Indicator	3	Header Record	151
Case Number Assigned by State	3	Loss Record	112-120
Carrier Code	3	Link Data	1-5
Catastrophe Number	3	Loss Record	81-82
Cause of Injury	3	Loss Record	148-149
	3	ICR Record 7-B	64-65
Certified Health Care Network Indicator	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
<u>D</u>			
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 Percentage	3	Header Record	169-170

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
Deductible Reimbursement Amount	3	Loss Record	210-218
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 Audit Code	3	Header Record	149
Experience Modification Factor	3	Exposure Record	51-54
Experience Modification Effective Date	3	Exposure Record	55-60
Exposure—Payroll Total	3	Unit Total Record	42-52
Exposure Amount	3	Exposure Record	67-76
Exposure Act/Exposure Coverage Code	3	Exposure Record	123-124
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
Injury Code (Injury Type)	3	Loss Record	79-80
	3	ICR Record 7-A	74-75
Insured Address	3	Address Record	42-120
Interstate Rated Policy Indicator	3	Header Record	148
<u>J</u>			
Jurisdiction State Code	3	Loss Record	140-141
	3	ICR Record 7-A	140-141
<u>L</u>			
Link Data	3	Link Data	

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
	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	
Loss Coverage Act	3	ICR Record 7-A	123-124
	3	Loss Record	123-124
Losses Subject to Deductible Code	3	Header Record	165-166
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
<u>M</u>			
Managed Care Organization (MCO) Policy Indicator	3	Header Record	152
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
Multistate Policy Indicator	3	Header Record	147
<u>N</u>			
Name of Carrier	3	ICR Record 7-F	55-72
Name of Insured	3	Name Record	42-120
	3	ICR Record 7-E	97-120
Name Record	3	Name Record	
Nature of Injury	3	Loss Record	146-147
	3	ICR Record 7-B	62-63
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
<u>O</u>			
Occupation Description	3	Loss Record	150-167
Original Administration Number Identifier	3	Header Record	71-80
<u>P</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

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
Part of Body	3	Loss Record	144-145
	3	ICR Record 7-B	60-61
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
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
Premium Amount	3	Exposure Record	77-85
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	225-230
Primary Effective Month	3	Submission Control	61-62
Primary Effective Year	3	Submission Control	57-60
R			
Rate Effective Date	3	Exposure Record	61-66
Rating Tier ID Code	3	Exposure Record	111-112
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
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

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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
<u>I</u>			
Tape Specifications	1	Tape Specifications	
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
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 Code	3	ICR Record 7-A	79
<u>Y</u>			
Year Last Exposed	3	ICR Record 7-A	57-60

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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**WORKERS COMPENSATION STATISTICAL
REPORTING SPECIFICATIONS (WCSTAT)
SECTION 1
RESERVED FOR FUTURE USE**

**WORKERS COMPENSATION STATISTICAL
REPORTING SPECIFICATIONS (WCSTAT)
SECTION 2
RESERVED FOR FUTURE USE**

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

Field No.	Field Title/Description	Class	Position	Bytes
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LINK DATA COMMON TO ALL RECORDS

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

1	CARRIER CODE Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.	(N)	1-5	5
2	POLICY NUMBER IDENTIFIER Report the number identifier that uniquely identifies the policy under which experience occurred. This number identifier must be identical to the number identifier set forth on the policy Information Page or as endorsed. The complete policy number identifier must remain the same throughout the life of the policy and for all experience reporting. Letters are permitted in this field, but not embedded blanks or marks of punctuation.	(AN)	6-23	18
3	RESERVED FOR FUTURE USE		24	1
4	UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number identifier as part of the policy number, report the numeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.	(N)	25-30	6
5	EXPOSURE STATE CODE Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.	(N)	31-32	2
6	POLICY EFFECTIVE DATE Report the month, day and year that the policy became effective. This date must be identical to the date set forth in Item 2 of the policy Information page or as endorsed. For interstate policies endorsed after the policy effective date to provide coverage for an additional state, report the effective date of the policy. For the second and third periods of three-year variable rate policies, report the effective date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the first period, report the policy effective date as shown on the policy Information Page, or as endorsed. In the event that the policy contains a Policy Period Endorsement, then the effective date must coincide with the dates indicated on the schedule of that endorsement.	(N)	33-38	6

Field No.	Field Title/Description	Class	Position	Bytes
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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.

Format: YYMMDD.

7	REPORT LEVEL CODE/REPORT NUMBER Report the code that corresponds to the report level based on the loss valuation date.	(AN)	39	1
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Code	Report Level	Loss Valuation Schedule
1	First Report	Valued 18 months from policy effective month
2	Second Report	Valued 30 months from policy effective month
3	Third Report	Valued 42 months from policy effective month
4	Fourth Report	Valued 54 months from policy effective month
5	Fifth Report	Valued 66 months from policy effective month
6*	Sixth Report	Valued 78 months from policy effective month
7*	Seventh Report	Valued 90 months from policy effective month
8*	Eighth Report	Valued 102 months from policy effective month
9*	Ninth Report	Valued 114 months from policy effective month
A*	Tenth Report	Valued 126 months from policy effective month

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

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
	This field is the most current/correct value for this data element.			
	Example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3. This is the revised correction sequence number on header corrections to change the correction sequence number.			

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

Field No.	Field Title/Description	Class	Position	Bytes
14	<p>ORIGINAL ADMINISTRATION NUMBER IDENTIFIER Report the Original Administration Number Identifier assigned by NCCI when the Replacement Report Code (Position 105) is "R" and the intent of the insurer is to replace a previously reported unit report.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, NC, PA</p>	(AN)	71-80	10
15	RESERVED FOR FUTURE USE		81	1
16	<p>EMPLOYEE LEASING CODE (NCCI ONLY) Report an "E" in this field for Employee Leasing policy; otherwise, leave this field blank.</p> <p>(Previously known as Unit Report Resubmission Indicator.)</p>	(A)	82	1
17	RESERVED FOR FUTURE USE		83-104	22
18	<p>REPLACEMENT REPORT CODE MA: Field must be blank for all reports other than replacement reports. May be used for any report level. Report an "R" to identify a Replacement Report being submitted May be used to replace a unit report that has a status of accepted, rejected or failed. A replacement USR may be used instead of a correction report. Submission of a replacement will delete previously reported unit statistical reports from the Bureau's database.</p> <p>MI: Report an "R" to identify a Replacement Report being submitted in response to an error report.</p> <p>MN: Report an "R" to identify a Replacement Report being submitted in response to a unit report that has been rejected.</p> <p>NCCI: This data element is applicable to 1st Reports only, and indicates that a unit report should "replace" what the jurisdiction has in its records. Report an "R" to identify a Replacement Report being submitted to NCCI in response to an NCCI URQ Error List, and the Original Administration Number Identifier Position 71-80 must also be reported; otherwise, leave this field blank.</p> <p>NC, 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 NC or 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 NC or WI database is "Rejected". This filing instruction applies only to carriers approved to file directly with NC or WI.</p> <p>NOT APPLICABLE: CA, DE, NJ, NY, NC, PA</p>	(AN)	105	1

Field No.	Field Title/Description	Class	Position	Bytes																
19	BUSINESS SEGMENT IDENTIFIER Any series of identifying codes maintained and reported by the data provider. NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	106-112	7																
20	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier). NOT APPLICABLE: <u>CA</u> , DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	113-121	9																
21	CORRECTION TYPE CODE Report the 1-letter code that indicates the type of correction report being submitted. Applicable only to correction reports. <table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td>H</td> <td>Header Record Correction (Including Link Data) MN: Link Data corrections are not applicable.</td> </tr> <tr> <td>E</td> <td>Exposure Record Correction (First Reports Only)</td> </tr> <tr> <td>L</td> <td>Loss Record Correction Not Due to Aggravated Inequity</td> </tr> <tr> <td>T</td> <td>Total Record Correction</td> </tr> <tr> <td>M</td> <td>Corrections to Multiple Record Types</td> </tr> <tr> <td>A</td> <td>Loss Record Corrections due to Aggravated Inequity</td> </tr> <tr> <td colspan="2">N/A: CA, DE, NJ, NY, NC, PA</td> </tr> </table>	Code	Description	H	Header Record Correction (Including Link Data) MN: Link Data corrections are not applicable.	E	Exposure Record Correction (First Reports Only)	L	Loss Record Correction Not Due to Aggravated Inequity	T	Total Record Correction	M	Corrections to Multiple Record Types	A	Loss Record Corrections due to Aggravated Inequity	N/A: CA, DE, NJ, NY, NC, PA		(A)	122	1
Code	Description																			
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A	Loss Record Corrections due to Aggravated Inequity																			
N/A: CA, DE, NJ, NY, NC, PA																				
22	STATE EFFECTIVE DATE Report the Endorsement Effective Date if the state coverage was endorsed mid-term. Otherwise, zero-fill. Format YYMMDD. NOT APPLICABLE: CA, MI	(N)	123-128	6																
23	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Report the Federal Employer Identification Number of the insured as shown on the policy Information Page. The primary FEIN is used when multiple FEIN numbers are on the policy. NOT APPLICABLE: NJ OPTIONAL: CA, MI, MN, NCCI, NC, WI	(N)	129-137	9																
24	RESERVED FOR FUTURE USE		138-145	8																

Field No.	Field Title/Description	Class	Position	Bytes
25-32	<p>POLICY CONDITIONS INDICATORS This data element is comprised of the following data elements: Three-Year Fixed Rate Indicator, Multistate Policy Indicator, Interstate Rated Indicator, Estimated Exposure IndicatorAudit Code, Retrospective Rated Indicator, Cancelled Mid-Term Indicator and Managed Care Organization Indicator.</p> <p>Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>		146-153	8
25	<p>THREE-YEAR FIXED RATE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.</p> <p>Code Description Y This is a three-year fixed rate policy. N This is not a three-year fixed rate policy.</p> <p>NOT APPLICABLE: CA, NJ</p>	(A)	146	1
26	<p>MULTISTATE POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.</p> <p>Code Description Y This is a multistate policy. N This is not a multistate policy.</p> <p>NOT APPLICABLE: CA, NJ</p>	(A)	147	1
27	<p>INTERSTATE RATED POLICY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.</p> <p>Code Description Y This is an interstate rated policy. N This is not an interstate rated policy.</p> <p>NOT APPLICABLE: CA, NJ</p>	(A)	148	1
28	<p>ESTIMATED EXPOSURE POLICY INDICATORAUDIT CODE Report "Y" (Yes) or "N" (No) in this field as applicable. Report the code that identifies whether this policy has estimated exposure or not.</p> <p>Code Description Y This policy has an estimated exposure. N This policy does not have an estimated exposure. U Uncooperative N/A: MN, NCCI</p> <p>NOT APPLICABLE: NJ</p>	(A)	149	1

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

Field No.	Field Title/Description	Class	Position	Bytes
	04 Reserved for Future Use			
	05 Large Risk Rated Option (MA only)			
	09 Nonstandard Workers Compensation Coverage (used only in conjunction with other than Code 01 in Positions 161-162 of this field) N/A: CA, MI, WI			
	10 Reserved for Future Use			
	NOT APPLICABLE: NJ			
35	TYPE OF PLAN ID CODE Report the 2-digit code that indicates the Type of Plan.	(N)	159-160	2
	Code Description			
	01 Voluntary Policy			
	02 Normal Assigned Risk Policy-including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06 – N/A: CA, NY			
	03 Reserved for Future Use			
	04 Reserved for Future Use			
	05 Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)			
	06 Reserved For Future Use			
	07 Assigned Risk Policy originally assigned by another DCO (NC only)			
	NOT APPLICABLE: NJ			
36	TYPE OF NON-STANDARD ID CODE Report the 2-digit code that indicates the Non-Standard ID Code.	(N)	161-162	2
	Code Description			
	01 Nonstandard Code does not apply			
	02 Excluding Medical N/A: CA, DE, MA, MI, MN, NCCI, PA, WI			
	03 Reserved for Future Use			
	04 Reserved for Future Use			
	05 Excess Policy (NCCI only)			
	06 Excess Medical (NY only)			
	07 Reserved for Future Use			
	08 Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others N/A: CA, MA, MI, MN, NY, NC, WI OPT: NCCI			
	09 Voluntary Coverage not mandatory by State Act N/A: CA, MA, MI, MN, NY, WI			
	99 Self-Insured Groups N/A: CA, DE, MI, MN, NCCI, NY, PA, WI			
	NOT APPLICABLE: NJ			

Field No.	Field Title/Description	Class	Position	Bytes																														
37	RESERVED FOR FUTURE USE		163-164	2																														
38-39	DEDUCTIBLE TYPE CODES This data element is comprised of the following data elements: Losses Subject to Deductible Code and Basis of Deductible Calculation Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.		165-168	4																														
38	LOSSES SUBJECT TO DEDUCTIBLE CODE Report the 2-digit code that identifies the type of deductible being reported.	(N)	165-166	2																														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No Deductible</td> </tr> <tr> <td>01</td> <td>Medical Losses Only</td> </tr> <tr> <td>02</td> <td>Indemnity Losses Only</td> </tr> <tr> <td>03</td> <td>Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MI, NJ, WI</p>	Code	Description	00	No Deductible	01	Medical Losses Only	02	Indemnity Losses Only	03	Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.																							
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39	BASIS OF DEDUCTIBLE CALCULATION CODE Report the 2-digit code that identifies the type of deductible being reported.	(N)	167-168	2																														
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Code	Description																																	
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Field No.	Field Title/Description	Class	Position	Bytes
40	DEDUCTIBLE PERCENTAGE 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 Basis of Deductible Calculation Code is 04 through 08 or 11. NOT APPLICABLE: MA , MI, NJ, NC, WI	(N)	169-170	2
41	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: MI, NJ, WI	(N)	171-179	9
42	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: MI, NJ, WI NOTE: Positions 189-230 are to be used only when correcting link record data	(N)	180-188	9
43	PREVIOUS REPORT LEVEL CODE/REPORT NUMBER Report the report number code that was previously reported. NOT APPLICABLE: MA, MN	(N)	189-190	2
44	RESERVED FOR FUTURE USE		191	1
45	PREVIOUS CORRECTION SEQUENCE NUMBER Report the correction sequence number that was previously reported. NOT APPLICABLE: MA, MN, NCCI	(AN)	192	1
46	PREVIOUS CARRIER CODE Report the carrier code that was previously reported. NOT APPLICABLE: MN	(N)	193-197	5
47	PREVIOUS POLICY NUMBER IDENTIFIER Report the policy number identifier that was previously reported. NOT APPLICABLE: MN	(AN)	198-215	18
48	PREVIOUS POLICY EFFECTIVE DATE Report the policy effective date that was previously reported. NOT APPLICABLE: MN Format: YYMMDD	(N)	216-221	6

Field No.	Field Title/Description	Class	Position	Bytes						
49	PREVIOUS EXPOSURE STATE CODE Report the exposure state code that was previously reported. NOT APPLICABLE: MN	(N)	222-223	2						
50	RESERVED FOR FUTURE USE		224	1						
51	PREVIOUS UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) Report the unit/certificate number identifier that was previously reported.	(N)	225-230	6						
52	RESERVED FOR INSURER USE		231-242	12						
53	RESERVED FOR JURISDICTION USE		243-248	6						
54	RESERVED FOR BEEP USE EDIT BYPASS CODE BEEP (Bureau Entry & Edit Package) uses this field to indicate when a unit statistical report has been forced onto the submission file without passing all of the validations. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Forced leave</td> </tr> <tr> <td>Blank</td> <td>No edit bypass</td> </tr> </tbody> </table> Refer to the Statistical Plan of each rating/statistical organization for use of this code. NOT APPLICABLE: MN, NCCI, NJ, NC	Code	Description	F	Forced leave	Blank	No edit bypass	(AN)	249	1
Code	Description									
F	Forced leave									
Blank	No edit bypass									
55	UNIT FORMAT SUBMISSION CODE The following values apply: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>ASWG Format N/A: CA</td> </tr> <tr> <td>E</td> <td>Expanded ASWG report (CA only)</td> </tr> </tbody> </table>	Code	Description	A	ASWG Format N/A: CA	E	Expanded ASWG report (CA only)	(AN)	250	1
Code	Description									
A	ASWG Format N/A: CA									
E	Expanded ASWG report (CA only)									

Field No.	Field Title/Description	Class	Position	Bytes
II. NAME RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "2".	(N)	41	1
10	NAME OF INSURED 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	ADDRESS OF INSURED Report the street address, city, state and zip code of the insured as shown in Item 1 of the policy Information Page or as endorsed. Maximum size of this field is 79 characters including spaces and punctuation marks. NOTE: NCCI, NJ—Only Positions 42–91 are printed on the unit reports produced from these jurisdictions' systems.	(AN)	42-120	79
11	RESERVED FOR FUTURE USE		121-250	130

THIS ADDRESS RECORD IS OPTIONAL FOR ALL JURISDICTIONS.

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

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "4".	(N)	41	1
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10	RESERVED FOR FUTURE USE		42	1
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11	CLASSIFICATION CODE Report the 4-digit classification code corresponding to the classification assigned to the insured according to the rules of the manual for Workers Compensation or the statistical code defined by the jurisdiction.	(N)	43-46	4
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NOTE: DE, MA, MN, NJ, PA, WI—There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, experience modification, rate effective date, exposure coverage code and experience modification effective date.

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

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

12	RESERVED FOR FUTURE USE		47-50	4
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13	EXPERIENCE MODIFICATION FACTOR Report the factor based on the past experience of the insured that is used to modify an insured's premium. Multiple experience modification factors may apply.	(N)	51-54	4
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Report the experience modification factor that applies to the exposure reported in this detail record. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. Use "0000" for nonrated exposures.

Example:

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

If a change in experience modification factor occurs subsequent to the policy effective date due to an Anniversary Rating Date change, the payrolls, authorized rates, and corresponding premiums must be split.

Field No.	Field Title/Description	Class	Position	Bytes
14	<p>EXPERIENCE MODIFICATION EFFECTIVE DATE Report the effective date of the applicable experience modification.</p> <p>Refer to specific jurisdictions for requirements.</p> <p>NOTE: NJ only - The Experience Modification Effective Date for the first period of a split USR (Split Period Code 0), must be prior to the policy effective date. The Experience Modification Effective Date for the second period of a split USR (Split Period Code 1), must be greater than the policy effective date and less than the policy expiration date.</p> <p>This is required on all exposure records. Format: YYMMDD.</p>	(N)	55-60	6
15	<p>RATE EFFECTIVE DATE Report the effective date of the applicable rate.</p> <p>The effective date of the rate change will not always be equal to the policy effective date. This may result in the rate effective date reported being greater than or less than the policy effective date.</p> <p>Refer to specific jurisdictions for requirements and the notes shown for this field.</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>DE, NJ, PA: The date reported must be equal to experience modification effective date of each split period.</p> <p>NJ only: The Rate Effective Date for the first period of a split USR (Split Period Code 0), must be prior to the policy effective date. The Rate Effective Date for the second period of a split USR (Split Period Code 1), must be greater than the policy effective date and less than the policy expiration date.</p> <p>This is required on all exposure records. Format: YYMMDD.</p>	(N)	61-66	6
16	<p>EXPOSURE AMOUNT The basis for determining premium on a per classification level. Exposure amount is normally on a payroll basis. Exceptions include per capita, seat surcharge, etc. Refer to Statistical Plans for classification code exceptions.</p> <p>Payroll Exposure Amount: Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.</p>	(N)	67-76	10

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Non-Payroll Exposure: Report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point. For non-payroll exposure amounts, there is an assumed decimal point between Positions 75 and 76.</p> <p>Example: The decimal point is assumed between positions 75 and 76. To report one and one-half per capita exposure, enter a "15" in the exposure amount field.</p>			
17	<p>PREMIUM AMOUNT Report the premium amount corresponding to each classification.</p> <p>The premium amount for payroll classes is the result of multiplying the exposure by the manual/charged rate divided by 100. Enter the premium amount developed by extension of payroll or other exposure amount at the authorized rate to the nearest whole dollar.</p> <p>For non-exposure classifications the premium is defined by the classification/statistical code. For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate.</p> <p>NOT APPLICABLE: CA</p>	(N)	77-85	9
18	<p>MANUAL / CHARGED RATE Report the charge per unit of exposure for each classification.</p> <p>Please contact the DCO for instructions for this field.</p> <p>There is an assumed decimal point between Positions 89 and 90.</p> <p>Example: A rate of 1.24 would be reported in this field as 0001240.</p> <p>NOT APPLICABLE: CA</p>	(N)	86-92	7
19	<p>SPLIT PERIOD CODE Use to indicate change in manual/charged rates or modification factors during life of policy. For policies with no change in manual/charged rates or modification factors, zero-fill. For policies with changes in manual/charged rates or modification factors, report "0" for the first period, "1" for the second period, "2" for the third period, etc., through "9".</p> <p>NOT APPLICABLE: CA, NJ (Split period codes 2-9)</p>	(N)	93	1
20	<p>RESERVED FOR FUTURE USE</p>		94-110	17

Field No.	Field Title/Description	Class	Position	Bytes
21	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
22	RESERVED FOR FUTURE USE		113-120	8
23	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

Code	Description
P	Previously Reported
R	Revised

Method 2—Jurisdictions may offer as optional reporting to insurers

Code	Description
A	Add Record
C	Change Record
D	Delete Record

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

24	RESERVED FOR FUTURE USE		122	1
25	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 N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA
04	Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA
05	Oil and Other Minerals Over Water (NCCI only)
06	Excluding Medical N/A: CA, DE, MA, MI, MN, NJ, NY, PA, WI
07	Excess Benefits Coverage (NCCI only)
08	Reserved For Future Use
09	Endorsed Maritime Coverage (NCCI only)
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NCCI, NJ, NY, NC, WI
11	Reserved for Future Use

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

Field No.	Field Title/Description	Class	Position	Bytes
26	RESERVED FOR FUTURE USE		125-250	126

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

1-8	LINK DATA		1-40	40
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9	RECORD TYPE CODE Report "5".	(N)	41	1
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10	RESERVED FOR FUTURE USE		42	1
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11	CLASSIFICATION CODE Report the appropriate 4-digit classification code where the payroll or other exposure amount of the claimant was reported.	(N)	43-46	4
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12	RESERVED FOR FUTURE USE		47-50	4
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13	CLAIM COUNT Report the claim count as defined by the respective statistical plan. This field is never left blank or zero-filled for grouped claims. Report the number of claims in the grouping.	(N)	51-54	4
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Individually listed claims are reported as either "0001" or "0000."

NOTE: CA—Zeros are accepted for claims with claim numbers.

NOTE: [CA, MN, NY—For policies effective 1/1/2011 and after, grouped claims reporting will no longer be accepted.](#)

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

14	ACCIDENT DATE Report the month, day and year on which the injury occurred.	(N)	55-60	6
----	--	-----	-------	---

This field applies only to individually listed losses. Leave blank when reporting grouped losses. Format: YYMMDD.

15	CLAIM NUMBER Report the alphanumeric number that uniquely identifies the claim (excluding blanks). The complete claim number must remain the same throughout the life of the claim. Claim number is not reported if the insurer elects the claim grouping option.	(AN)	61-72	12
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Claim number of every individually listed loss must be reported as right-justified and with leading blanks if claim number is less than 12 positions. Letters are permitted, but not embedded blanks or marks of punctuation. Leave blank when reporting grouped losses. Refer to the Statistical Plan for reporting requirements.

Field No.	Field Title/Description	Class	Position	Bytes
	<p>NOTE: CA has historically stored only 11 positions of the claim number due to storage capacity. If 12 digits are reported, the first position of this field is truncated during processing.</p>			
16	<p>CLAIM/STATUS CODE Report the 1-digit code that indicates the status of the claim:</p> <p>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)</p>	(N)	73	1
17	<p>WEEKLY WAGE AMOUNT 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 state law). Report whole dollars only.</p> <p>NOT APPLICABLE: MA, MI, MN, NCCI, NJ, NC, WI</p>	(N)	74-78	5
18	<p>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.</p> <p>Code Description 01 Death 02 Permanent Total Disability 03 Major Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NY, NC, PA, WI 04 Minor Permanent Partial Disability – N/A: DE, MA, MN, NCCI, NY, NC, PA, WI 05 Temporary Total or Temporary Partial Disability 06 Medical Claims Only 07 Contract Medical or Hospital Allowance – N/A: DE, MA, PA, WI 08 Compromise Death (CA only) 09 Permanent Partial Disability – N/A: CA, MI, NJ</p>	(N)	79-80	2

Field No.	Field Title/Description	Class	Position	Bytes
19	<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>	(N)	81-82	2
20	<p>INCURRED INDEMNITY AMOUNT Report the whole dollar amount of incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work including compensation paid to the deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers' liability losses and expenses as of the loss valuation date.</p> <p>NOTE: Allocated Loss Adjustment Expenses for other than employer's liability coverage must be excluded from indemnity loss amounts.</p>	(N)	83-91	9
21	<p>INCURRED MEDICAL AMOUNT Report the whole dollar amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.</p>	(N)	92-100	9
22	<p>SOCIAL SECURITY NUMBER 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"</p>	(N)	101-109	9
23	<p>RESERVED FOR FUTURE USE</p>		110-111	2
24	<p>CASE NUMBER ASSIGNED BY STATE Report the number assigned by the New York State Workers Compensation Board that uniquely identifies this claim.</p>	(AN)	112-120	9

The letters "I" or "O" are invalid characters.

Field No.	Field Title/Description	Class	Position	Bytes														
25	<p>UPDATE TYPE CODE Report the 1-letter code that identifies the activity of a loss record.</p> <p>Method 1—Common to all Jurisdictions and Insurers</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Previously Reported</td> </tr> <tr> <td>R</td> <td>Revised</td> </tr> </tbody> </table> <p>Method 2—Jurisdictions may offer as optional reporting to insurers</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Add Record</td> </tr> <tr> <td>C</td> <td>Change Record</td> </tr> <tr> <td>D</td> <td>Delete Record</td> </tr> </tbody> </table> <p>NOTE: On original first reports, this field is always R or A</p> <p>CA NOTE: For grouped claims, when no CLAIM NUMBER [Positions 61-72] is supplied other than blanks or zeros, but a count value other than blanks or zeros is supplied in the CLAIM COUNT [Positions 51-54], 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.</p>	Code	Description	P	Previously Reported	R	Revised	Code	Description	A	Add Record	C	Change Record	D	Delete Record	(A)	121	1
Code	Description																	
P	Previously Reported																	
R	Revised																	
Code	Description																	
A	Add Record																	
C	Change Record																	
D	Delete Record																	
26	RESERVED FOR FUTURE USE		122	1														
27-31	<p>LOSS CONDITION CODES This data element is comprised of the following data elements: Loss Coverage Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement.</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>		123-132	10														
27	<p>LOSS COVERAGE ACT Report the 2-digit code that corresponds to the loss coverage act.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Reserved For Future Use</td> </tr> <tr> <td>01</td> <td>State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act</td> </tr> <tr> <td>02</td> <td>USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes</td> </tr> <tr> <td>03</td> <td>Federal Coal Mine Health and Safety Act Only N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA</td> </tr> <tr> <td>04</td> <td>Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA</td> </tr> <tr> <td>05</td> <td>Oil and Other Minerals Over Water (NCCI only)</td> </tr> </tbody> </table>	Code	Description	00	Reserved For Future Use	01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act	02	USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes	03	Federal Coal Mine Health and Safety Act Only N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA	04	Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA	05	Oil and Other Minerals Over Water (NCCI only)	(N)	123-124	2
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 N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA																	
04	Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA																	
05	Oil and Other Minerals Over Water (NCCI only)																	

Field No.	Field Title/Description	Class	Position	Bytes
28	TYPE OF LOSS Report the 2-digit code that corresponds to the type of loss. Code Description 01 Trauma 02 Occupational Disease 03 Cumulative Injury Other Than Disease	(N)	125-126	2
29	TYPE OF RECOVERY Report the 2-digit code that corresponds to the type of recovery. Code Description 01 No Recovery 02 Second Injury Fund Only—N/A: CA 03 Subrogation Only (Third Party) 04 Subrogation with Second Injury Fund (Third Party)—N/A: CA 05 Joint Coverage—Without Subrogation N/A: DE, MI, MN, NCCI, NJ, NY, PA, WI 06 Joint Coverage—With Subrogation N/A: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI	(N)	127-128	2
30	TYPE OF CLAIM Report the 2-digit code that corresponds to the type of claim. Code Description 01 Workers Compensation Only 02 Employers Liability Only—N/A: WI 03 Workers Compensation including Employers Liability 04 Liability Over—N/A: CA, DE, PA, WI 05 Excess Benefits (NCCI only) 06 Excess Special Compensation (NCCI only)	(N)	129-130	2
31	TYPE OF SETTLEMENT Report the 2-digit code that corresponds to the type of settlement. Code Description 00 Claim Not Subject to Settlement 01 Noncompensable, Previously Alleged (CA only) 02 Reserved for Future Use 03 Stipulated Award (Insurer/Claimant Settlement)—N/A: MA 04 Findings and Award (Judicial Award)—N/A: MA, NY 05 Dismissal or Take Nothing (Noncompensable) 06 Compromise Settlement—N/A: MA, NY 07 No Safety Devices (NCCI only) 08 Exemplary Damages (NCCI only) 09 All Other Settlements—N/A: NJ 10 Aggravation of Prior Work Related Injuries (NCCI only)	(N)	131-132	2

NOTE: CA – Code 00 is applicable for open claims only.

Field No.	Field Title/Description	Class	Position	Bytes
32	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
33	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
34	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. Code Description 00 The claim is not administered by an approved/certified Managed Care Organization. 01 The claim's medical losses are administered by an approved/certified Managed Care Organization not specifically identified by Codes 02–07 below. N/A: MA 02 The claim's medical losses are administered by a Health Maintenance Organization. N/A: MI, MN, NJ, NY 03 The claim's medical losses are administered by a Preferred Provider Organization. N/A: MI, MN, NJ 04 The claim's medical losses are administered by an Exclusive Provider Organization. N/A: MA, MI, MN, NJ, NY 05 The claim's medical losses are administered by an Independent Practice Association. N/A: MA, MI, MN, NJ, NY 06 The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time. N/A: DE, MA, MN, NJ, NY, PA, WI 07 The claim's medical losses are administered by a Certified Health Care Network (NCCI only) NOT APPLICABLE: CA	(N)	142-143	2

Field No.	Field Title/Description	Class	Position	Bytes						
35-37	<p>INJURY DESCRIPTION CODES 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						
35	<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						
36	<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						
37	<p>CAUSE OF INJURY Report the 2-digit code that represents the cause of injury for a given claim. Refer to Statistical Plan for applicable codes.</p>	(N)	148-149	2						
38	<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						
39	<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
40	<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
41	<p>FRAUDULENT CLAIM CODE Report the 2-digit code that identifies the involvement of fraud in the claim.</p> <p>Code Description 00 Not fraudulent 01 Partially fraudulent 02 Fully fraudulent—N/A: CA</p> <p>NOT APPLICABLE: MA, MI, MN, NJ, WI</p>	(N)	170-171	2
42	RESERVED FOR FUTURE USE		172-173	2
43	<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
44	<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
45	<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>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: DE, NCCI, NC, PA</p>	(N)	192-200	9
46	<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>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NCCI, NC</p>	(N)	201-209	9
47	<p>DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY) Report the whole dollar amount of reimbursement received by the insurer by which the reported gross loss is to be reduced in order to conform to state requirements for net experience rating.</p> <p>Report zeros if experience rating is to be calculated on gross losses.</p>	(N)	210-218	9
48	<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
49	RESERVED FOR FUTURE USE		228-229	2
50	<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

Field No.	Field Title/Description	Class	Position	Bytes
51	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. NOT APPLICABLE: CA, MA, MI, MN, NJ OPTIONAL: DE, NCCI, NY, NC, PA, WI	(N)	239-247	9
52	SCHEDULED INDEMNITY – PERCENTAGE OF DISABILITY (CA ONLY) Report the permanent disability rating upon which the claim has been adjudicated, expressed as a percentage to the nearest whole percent. If the claim has not been adjudicated, the insurer's best estimate of the permanent disability rating shall be reported. No implied decimal, whole percentage only.	(N)	248-250	3

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 or Loss Correction Report

This field will always contain zeros.

11	RESERVED FOR FUTURE USE		53-62	10
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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.

This field is required.

B. Exposure Correction Report

Report the revised subject premium total.

This field is required.

C. Subsequent Report or Loss Correction Report

This field will always contain zeros.

NOT APPLICABLE: CA

Field No.	Field Title/Description	Class	Position	Bytes
13	<p>STANDARD PREMIUM TOTAL</p> <p>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.</p> <p>NOTE 1: With the exception of CA, premium discount (0063/0064) and the expense constant (0900), if applicable, will not be reflected in any premium totals, but will be reported as a detail item as per the Statistical Plan.</p> <p>Premium discount and expense constant should be reflected in Final Premium (see NOTE 2).</p> <p>NOTE 2: CA—This field shall be used to report final premium. Final premium is to be reported as defined in the California Workers Compensation Uniform Statistical Reporting Plan - 1995.</p> <p>B. Exposure Correction Report Report the revised standard premium total.</p> <p>C. Subsequent Report or Loss Correction Report This field will always contain zeros.</p>	(N)	73-83	11
14	<p>CLAIM COUNT TOTAL</p> <p>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>NOTE: <u>MN, NY—For policies effective 1/1/2011 and after, grouped claims reporting will no longer be accepted.</u></p> <p>B. Exposure Correction Report This field will always contain zeros.</p> <p>C. Subsequent Report or Loss Correction Report This field will contain the revised number of claims.</p> <p>NOT APPLICABLE: CA</p>	(N)	84-88	5

Field No.	Field Title/Description	Class	Position	Bytes
15	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. A. 1ST Report Report the total of the incurred indemnity amounts on this report. B. Exposure Correction Report This field will always contain zeros. C. Subsequent Report or Loss Correction Report This will be the revised incurred indemnity total.	(N)	89-98	10
16	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. A. 1ST Report Report the total of the incurred medical amounts on this report. B. Exposure Correction Report This field will always contain zeros. C. Subsequent Report or Loss Correction Report Report the revised incurred medical total.	(N)	99-108	10
17	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). Example: 1 header, 1 name, 1 address, 1 exposure, 10 losses and 1 unit total = 15 records. 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).	(N)	109-113	5

Field No.	Field Title/Description	Class	Position	Bytes						
<u>18</u>	<p><u>PREVIOUSLY REPORTED CODE (NCCI ONLY)</u> <u>ASWG NOTE:</u> 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><u>The code in this position is used to indicate the "Previous" or "Revised" totals on Exposure Correction Reports.</u></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Totals as previously reported</u></td> </tr> <tr> <td><u>0</u></td> <td><u>Revised totals</u></td> </tr> </tbody> </table> <p><u>Electronic field only.</u></p> <p><u>NOTE:</u> 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>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Totals as previously reported</u>	<u>0</u>	<u>Revised totals</u>	(N)	<u>114</u>	<u>1</u>
<u>Code</u>	<u>Description</u>									
<u>1</u>	<u>Totals as previously reported</u>									
<u>0</u>	<u>Revised totals</u>									
18 <u>19</u>	RESERVED FOR FUTURE USE		114 <u>115-122</u>	98 <u>98</u>						
19 <u>20</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						
20 <u>21</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						
21 <u>22</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>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: DE, NCCI, NC, PA</p>	(N)	143-152	10						

Field No.	Field Title/Description	Class	Position	Bytes
2223	<p>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL Report the total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.</p> <p>NOTE: For NCCI, this field is required for Florida only; optional for all other jurisdictions.</p> <p>NOT APPLICABLE: CA, MI, MN, NJ, NY, WI</p> <p>OPTIONAL: NCCI, NC</p>	(N)	153-162	10
2324	<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
2425	<p>INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL Report the total of the incurred ALAE reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NJ</p> <p>OPTIONAL: DE, NCCI, NY, NC, PA, WI</p>	(N)	173-182	10
2526	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, MA, 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	(N)	57-60	4																																																
14	RESERVED FOR FUTURE USE		61-68	8																																																
15	CLASSIFICATION CODE Report the appropriate 4-digit classification code in accordance with the appropriate Statistical Plan instructions.	(N)	69-72	4																																																

Field No.	Field Title/Description	Class	Position	Bytes
16	RESERVED FOR FUTURE USE		73	1
17	INJURY CODE (INJURY TYPE) Report the 2-digit code that identifies under which provision of the law benefits are paid or expected to be paid.	(N)	74-75	2
	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			
	07 Contract Medical or Hospital Allowance N/A: MA			
	08 Compromise Death			
	09 Permanent Partial Disability—N/A: NJ			
18	RESERVED FOR FUTURE USE		76-77	2
19	TRANSACTION TYPE CODE Report the appropriate 1-digit code as follows:	(N)	78	1
	Code Description			
	1 Initial Report			
	2 Subsequent Report			
	3 Revised Report (Jurisdiction Initiated)			
	4 Correction Report (Insurer Initiated)			
20	WORKER'S SEX CODE	(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
22	DECEASED DATE Report the date on which the worker died. Format: YYMMDD.	(N)	86-91	6
23	REPORTED DATE Report the date on which the claim was reported to the insurer. Format: YYMMDD.	(N)	92-97	6
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

Field No.	Field Title/Description	Class	Position	Bytes														
28	CLAIM/STATUS CODE Report the 1-digit code that indicates the status of the claim:	(N)	119	1														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Open Claim</td> </tr> <tr> <td>1</td> <td>Closed Claim</td> </tr> <tr> <td>2</td> <td>Reopened Claim</td> </tr> <tr> <td>3</td> <td>Resolved Claim N/A: DE, NY, PA</td> </tr> <tr> <td>4</td> <td>Open Claim – Payment not made or initiated (MI only)</td> </tr> </tbody> </table>	Code	Description	0	Open Claim	1	Closed Claim	2	Reopened Claim	3	Resolved Claim N/A: DE, NY, PA	4	Open Claim – Payment not made or initiated (MI only)					
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29	RESERVED FOR FUTURE USE		120-122	3														
30-34	LOSS CONDITION CODES This data element is comprised of the following data elements: Loss Coverage Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	123-132	10														
30	LOSS COVERAGE ACT Report the 2-digit code that corresponds to the loss coverage act.	(N)	123-124	2														
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31	TYPE OF LOSS Report the 2-digit code that corresponds to the type of loss.	(N)	125-126	2														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Trauma</td> </tr> <tr> <td>02</td> <td>Occupational Disease</td> </tr> <tr> <td>03</td> <td>Cumulative Injury Other Than Disease</td> </tr> </tbody> </table>	Code	Description	01	Trauma	02	Occupational Disease	03	Cumulative Injury Other Than Disease									
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32	TYPE OF RECOVERY Report the 2-digit code that corresponds to the type of recovery.	(N)	127-128	2														
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Field No.	Field Title/Description	Class	Position	Bytes
33	TYPE OF CLAIM Report the 2-digit code that corresponds to the type of claim. Code Description 01 Workers Compensation Only 02 Employers Liability Only 03 Workers Compensation including Employers Liability 04 Liability Over 05 Excess Benefits (NCCI only) 06 Excess Special Compensation (NCCI only)	(N)	129-130	2
34	TYPE OF SETTLEMENT Report the 2-digit code that corresponds to the type of settlement. Code Description 00 Claim Not Subject to Settlement 01 Noncompensable, Previously Alleged (CA only) 02 Reserved for Future Use 03 Stipulated Award (Insurer/Claimant Settlement)—N/A: NY 04 Findings and Award (Judicial Award)—N/A: NY 05 Dismissal or Take Nothing (Noncompensable) 06 Compromise Settlement—N/A: NY 07 No Safety Devices (NCCI only) 08 Exemplary Damages (NCCI only) 09 All Other Settlements—N/A: NJ 10 Aggravation of Prior Work Related Injuries (NCCI only)	(N)	131-132	2
35	RESERVED FOR FUTURE USE		133-139	7
36	JURISDICTION STATE CODE Report the 2-digit state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state is different from the exposure state.	(N)	140-141	2
37	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. Code Description 00 The claim is not administered by an approved/certified Managed Care Organization 01 The claim's medical losses are administered by an approved/certified Managed Care Organization not specifically identified by Codes 02–07 below—N/A: MA 02 The claim's medical losses are administered by a Health Maintenance Organization—N/A: NJ 03 The claim's medical losses are administered by a Preferred Provider Organization—N/A: NJ 04 The claim's medical losses are administered by an Exclusive Provider Organization—N/A: MA, NJ 05 The claim's medical losses are administered by an Independent Practice Association—N/A: MA, NJ	(N)	142-143	2

Field No.	Field Title/Description	Class	Position	Bytes
	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			
	07 The claim's medical losses are administered by a Certified Health Care Network (NCCI only)			
38	LUMP SUM INDICATOR Report the value that identifies a lump sum agreement for the claim. 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.	(A)	144	1
	NOT APPLICABLE: NJ, NY			
39	FRAUDULENT CLAIM CODE Report the 2-digit code that identifies the involvement of fraud in the claim. Code Description 00 Not Fraudulent 01 Partially Fraudulent 02 Fully Fraudulent	(N)	145-146	2
	NOT APPLICABLE: NJ			
40	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. 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.	(A)	147	1
	NOT APPLICABLE: DE, NJ, PA			
41	RESERVED FOR FUTURE USE		148-249	102
42	UNIT FORMAT SUBMISSION CODE Report an "A" in this field to indicate that this record includes ASWG Additional and Restructured elements; otherwise, leave blank.	(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, MA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "B".	(AN)	42	1
11	CLAIM NUMBER Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.	(AN)	43-54	12
12	AVERAGE WEEKLY WAGE AMOUNT Report the full average weekly wage amount of the injured worker rounded to the nearest whole dollar.	(N)	55-59	5
13-15	INJURY DESCRIPTION CODES This data element is comprised of the following data elements: Part of Body, Nature of Injury, and Cause of Injury Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	60-65	6
13	PART OF BODY Report the 2-digit code that represents the part of body for a given claim. Refer to Statistical Plan for applicable codes. NOTE: The expanded Part of Body codes provide additional codes, as requested by IAIABC, for exclusive use in reporting SROI only. The expanded Part of Body codes are to be reported in the SROI Permanent Impairment Body Part Code data element.	(N)	60-61	2
14	NATURE OF INJURY Report the 2-digit code that represents the nature of injury for a given claim. Refer to Statistical Plan for applicable codes.	(N)	62-63	2

Field No.	Field Title/Description	Class	Position	Bytes
15	CAUSE OF INJURY Report the 2-digit code that represents the cause of injury for a given claim. Refer to Statistical Plan for applicable codes.	(N)	64-65	2
16	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.	(N)	66-74	9
17	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. Report to the nearest whole percentage. NOT APPLICABLE: PA	(N)	75-77	3
18	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.	(N)	78-79	2
19	SCHEDULED INDEMNITY – NUMBER OF WEEKS Report the number of weeks upon which the scheduled indemnity benefit is based. Report whole weeks, not rounded.	(N)	80-83	4
20	SCHEDULED INDEMNITY – INCURRED LOSS AMOUNT TOTAL Report the incurred indemnity amount (paid + outstanding) as of the valuation date of all scheduled benefits. Report whole dollars only.	(N)	84-92	9
21	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.	(N)	93-96	4
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.	(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.	(N)	106-107	2

Field No.	Field Title/Description	Class	Position	Bytes
25	SCHEDULED INDEMNITY – NUMBER OF WEEKS Same as Position 80–83 above. To be used in the event of a multiple scheduled injury.	(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, MA, 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.	(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.	(N)	112-120	9
20	RESERVED FOR FUTURE USE		121-250	130

Field No.	Field Title/Description	Class	Position	Bytes
X. ICR RECORD 7-D				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, MA, 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.	(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.	(N)	85-94	10

Field No.	Field Title/Description	Class	Position	Bytes
16	SOCIAL SECURITY OFFSET AMOUNT Report the amount of Social Security or any other offset used in calculation of the total incurred indemnity amount. Report amount rounded to nearest whole dollar. NOT APPLICABLE: DE, PA	(N)	95-103	9
17	PENSION INDEMNITY AMOUNT PREVIOUSLY RESERVED, NOT PAID Report the amount of pension indemnity reserved at a previous valuation, but not yet paid (i.e., accruals). NOT APPLICABLE: NY	(N)	104-113	10
18	RESERVED FOR FUTURE USE		114-250	137

Field No.	Field Title/Description	Class	Position	Bytes																		
XI. ICR RECORD 7-E																						
1-8	LINK DATA		1-40	40																		
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, MA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1																		
10	SUB-RECORD TYPE CODE Report "E".	(AN)	42	1																		
11	CLAIM NUMBER Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.	(AN)	43-54	12																		
12	BENEFICIARY CODE - RELATIONSHIP Report the 1-digit code corresponding to each different type of beneficiary as follows: <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Injured Worker</td></tr> <tr><td>2</td><td>Widow</td></tr> <tr><td>3</td><td>Widower</td></tr> <tr><td>4</td><td>Sons or Daughters</td></tr> <tr><td>5</td><td>Brothers or Sisters</td></tr> <tr><td>6</td><td>Mothers or Fathers</td></tr> <tr><td>7</td><td>Handicapped Child—N/A: DE, NJ, PA</td></tr> <tr><td>9</td><td>Other</td></tr> </tbody> </table> NOTE: Use Code 7 for "Other" in DE, PA. NOTE: Use Code 9 for "Handicapped Child" in NJ.	Code	Description	1	Injured Worker	2	Widow	3	Widower	4	Sons or Daughters	5	Brothers or Sisters	6	Mothers or Fathers	7	Handicapped Child—N/A: DE, NJ, PA	9	Other	(N)	55	1
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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	NAME OF INSURED 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, MA, 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	NAME OF CARRIER Report the first 18 characters of the insurer's name.	(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.	(AN)	91-108	18
15	SOCIAL SECURITY NUMBER NOTE: The Social Security Number is no longer required or captured by any jurisdiction. This field will be considered dormant but will retain its defined numeric format in lieu of being changed to a "Reserved for Future Use"	(N)	109-117	9
16	RESERVED FOR FUTURE USE		118-250	133

Field No.	Field Title/Description	Class	Position	Bytes
XIII. ICR RECORD 7-G				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "7". NOT APPLICABLE: CA, MA, MI, MN, NC, WI OPTIONAL: NCCI	(N)	41	1
10	SUB-RECORD TYPE CODE Report "G". NOT APPLICABLE: NY	(AN)	42	1
11	CLAIM NUMBER Claim number of the reported loss. Right-justified, leading blanks. Letters are permitted, but not embedded blanks or marks of punctuation.	(AN)	43-54	12
12	PAID HOSPITAL COSTS TO VALUATION AMOUNT NOT APPLICABLE: DE, PA	(N)	55-63	9
13	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT NOT APPLICABLE: DE, PA	(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.	(N)	73-81	9
15	TOTAL GROSS INCURRED AMOUNT NOT APPLICABLE: DE, NJ, PA	(N)	82-91	10
16	VOCATIONAL REHABILITATION – INDEMNITY AMOUNT NOT APPLICABLE: DE, NJ, PA	(N)	92-100	9
17	VOCATIONAL REHABILITATION – TRAINING AMOUNT NOT APPLICABLE: DE, NJ, PA	(N)	101-109	9
18	VOCATIONAL REHABILITATION – EVALUATION AMOUNT NOT APPLICABLE: DE, NJ, PA	(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, MA, 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, 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>	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. NOT APPLICABLE: DE, PA	(N)	63-72	10																				

Field No.	Field Title/Description	Class	Position	Bytes
15	<p>PAID PERMANENT PARTIAL BENEFITS TO VALUATION DATE AMOUNT Report the dollar amount paid as of the valuation date in Permanent Partial Disability Benefits.</p> <p>Report the amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, NJ, PA</p>	(N)	73-82	10
16	<p>PAID VOCATIONAL REHABILITATION BENEFITS TO VALUATION DATE AMOUNT Report the dollar amount paid as of the valuation date in Vocational Rehabilitation Benefits (including training, evaluation and vocational rehabilitation indemnity).</p> <p>Report the amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, PA</p>	(N)	83-92	10
17	<p>PAID PERMANENT TOTAL BENEFITS TO VALUATION DATE AMOUNT Report the dollar amount paid as of the valuation date in Permanent Total Benefits.</p> <p>Report the amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, NJ, PA</p>	(N)	93-102	10
18	<p>PAID DEATH BENEFITS TO VALUATION DATE AMOUNT Report the total dollar amount paid as of the valuation date in Death Benefits.</p> <p>Report amount to the nearest whole dollar.</p> <p>NOT APPLICABLE: DE, NJ, PA</p>	(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, MA, 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	(N)	65-74	10
14	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. Report the amount to the nearest whole dollar. NOT APPLICABLE: DE, NJ, PA	(N)	75-84	10

Field No.	Field Title/Description	Class	Position	Bytes
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>	(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>	(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> <p>Code Description 1 Yes 2 No</p>	(N)	105	1
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 Reserved for Future Use 2 Yes - The injured worker has an attorney. 3 No - The injured worker does not have an attorney.</p>	(N)	106	1
19	RESERVED FOR FUTURE USE		107-250	144

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, MA, 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: 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
3	DETAIL RECORD COUNT TOTAL Report the total number of records on the submission including the transmittal record, excluding this submission control record.	(N)	42-49	8
4	UNIT REPORTS SUBMITTED TOTAL Report the total number of unit reports submitted. NCCI ONLY: Count each Header Record (Record Type 1) in the submission as one record if option to not submit Unit Control Record (Record Type 6) is chosen.	(N)	50-56	7
5	PRIMARY EFFECTIVE YEAR Report the primary effective year of this submission. Format: YYYY. Required only if the Transmittal Record is used.	(N)	57-60	4
6	PRIMARY EFFECTIVE MONTH Report the primary effective month of this submission. Format: MM. Required only if the Transmittal Record is used.	(N)	61-62	2
7	ICR TOTAL Report the total number of ICRs on this submission. NOT APPLICABLE: CA, MA, MI, MN, WI OPTIONAL: NCCI	(N)	63-70	8
8	RESERVED FOR FUTURE USE		71-249	179
9	UNIT SUBMISSION CODE (NCCI ONLY) Report the 1-letter code that describes this submission: Code Description T ASWG Test Submission P ASWG Production Submission	(A)	250	1

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

SECTION 4

DATA COLLECTION ORGANIZATION DIFFERENCES

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

DCO DIFFERENCES
 IN WCSTAT ELECTRONIC SPECIFICATIONS

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

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

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Previous Report Level Code/Report Number			N/A		N/A						
Previous Correction Sequence Number			N/A		N/A	N/A					
Previous Carrier Code					N/A						
Previous Policy Number Identifier					N/A						
Previous Policy Effective Date					N/A						
Previous Exposure State Code					N/A						
Previous Unit/Certificate Number Identifier		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Reserved for BEEP Use Edit Bypass Code					N/A	N/A	N/A		N/A		N/A
Unit Format Submission Code	+	+	+	+	+	+	+	+	+	+	+
NAME RECORD											
Record Type Code											
Name of Insured						+	+				
ADDRESS RECORD											
Record Type Code	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT	OPT
Address of Insured						+	+				
EXPOSURE RECORD											
Record Type Code											
Classification Code		+	+		+	+	+			+	+
Experience Modification Factor											
Experience Modification Effective Date											
Rate Effective Date					+						
Exposure Amount											
Premium Amount	N/A										
Manual / Charged Rate	N/A										
Split Period Code	N/A						+				
Rating Tier ID Code	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Update Type Code											
Exposure Act/ Exposure Coverage Code	+	+	+	+	+	+	+	+	+	+	+
LOSS RECORD											
Record Type Code											
Classification Code											
Claim Count	+				+	+	+	±			+
Accident Date											
Claim Number	+										
Claim/Status Code	+	+	+	+	+	+	+	+	+	+	+
Weekly Wage Amount		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Injury Code (Injury Type)	+	+	+	+	+	+	+	+	+	+	+
Catastrophe Number											
Incurred Indemnity Amount											
Incurred Medical Amount											

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

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Social Security Number	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A
Case Number Assigned by State	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Update Type Code	+										
Loss Coverage Act	+	+	+	+	+	+	+	+	+	+	+
Type of Loss											
Type of Recovery	+	+	+	+	+	+	+	+	+	+	+
Type of Claim	+	+	+	+	+	+	+	+	+	+	+
Type of Settlement	+		+			+	+	+			
Total Incurred Vocational Rehabilitation Amount		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jurisdiction State Code									OPT		
Managed Care Organization Type Code	N/A	+	+	+	+	+	+	+		+	+
Part of Body											
Nature of Injury											
Cause of Injury											
Occupation Description	OPT		OPT	N/A	N/A	OPT	N/A	N/A			N/A
Vocational Rehabilitation Indicator							N/A	N/A			
Lump Sum Indicator	N/A	N/A			N/A		N/A		OPT	N/A	
Fraudulent Claim Code	+		N/A	N/A	N/A		N/A				N/A
Paid Indemnity Amount				N/A			N/A		OPT		
Paid Medical Amount				N/A			N/A		OPT		
Claimant's Attorney Fees Incurred Amount	N/A	OPT		N/A	N/A	OPT+	N/A	N/A	OPT	OPT	N/A
Employer's Attorney Fees Incurred Amount	N/A			N/A	N/A	OPT+	N/A	N/A	OPT		N/A
Deductible Reimbursement Amount	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Total Gross Incurred Amount		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Paid Allocated Loss Adjustment Expense (ALAE) Amount				N/A	N/A		N/A				
Incurred Allocated Loss Adjustment Expense (ALAE) Amount	N/A	OPT	N/A	N/A	N/A	OPT	N/A	OPT	OPT	OPT	OPT
Scheduled Indemnity—Percentage of Disability		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UNIT TOTAL RECORD						OPT					
Record Type Code											
Exposure—Payroll Total											
Subject Premium Total	N/A										
Standard Premium Total	+	+	+	+	+	+	+	+	+	+	+
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	N/A
Paid Indemnity Amount Total	N/A			N/A			N/A		OPT		

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

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

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

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Nature of Injury											
Cause of Injury											
Incurred Cost of Temporary Indemnity Amount Total											
Scheduled Indemnity—Percentage of Disability										N/A	
Scheduled Indemnity—Body Member Code											
Scheduled Indemnity—Number of Weeks											
Scheduled Indemnity—Incurred Loss Amount Total											
Number of Weeks for Temporary Benefit									N/A		
ICR RECORD 7-C	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Nonscheduled Indemnity—Percentage Disability											
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											
ICR RECORD 7-D	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Incurred Indemnity Amount		+								+	
Incurred Medical Amount											
Paid Indemnity Amount											
Paid Medical Amount											
Social Security Offset Amount		N/A								N/A	
Pension Indemnity Amount Previously Reserved, Not Paid								N/A			N/A
ICR RECORD 7-E	N/A		N/A	N/A	N/A	OPT			N/A		N/A
Record Type Code											
Sub-Record Type Code											
Claim Number											
Beneficiary Code—Relationship		+					+			+	

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

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

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

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

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

**WORKERS COMPENSATION STATISTICAL
REPORTING SPECIFICATIONS (WCSTAT)
SECTION 5
ELECTRONIC RECORD LAYOUT EXAMPLES**

