**WCIO Workers Compensation Data
Specifications Manual**

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

Changed Data Element Note State Applicability

Record	Field Name	Change Reason
4	EXPOSURE ACT/ EXPOSURE COVERAGE CODE (123-124)	DCO Requirement Change

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.

From Not Applicable in: CA	To Not Applicable in: CA, WI

Record	Field Name	Change Reason
4	EXPOSURE ACT/ EXPOSURE COVERAGE CODE (123-124)	DCO Requirement Change

Note: Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00.

From Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI	To Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
A		
ACCIDENT DATE	ICR Record 7-A	80-85
	Loss Record	55-60
ADDRESS OF INSURED	Address Record	42-120
ANNUITY PURCHASE AMOUNT	ICR Record 7-J	55-64
ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE	ICR Record 7-I	106-106
AVERAGE WEEKLY WAGE AMOUNT	ICR Record 7-B	55-59
B		
BASIS OF DEDUCTIBLE CALCULATION CODE	Header Record	167-168
BEEP EDIT BYPASS CODE	Header Record	249-249
BENEFICIARY BIRTH DATE	ICR Record 7-E	57-62
	ICR Record 7-E	65-70
	ICR Record 7-E	73-78
	ICR Record 7-E	81-86
	ICR Record 7-E	89-94
BENEFICIARY CODE - DEPENDENCY	ICR Record 7-E	56-56
	ICR Record 7-E	64-64
	ICR Record 7-E	72-72
	ICR Record 7-E	80-80
	ICR Record 7-E	88-88
BENEFICIARY CODE - RELATIONSHIP	ICR Record 7-E	55-55
	ICR Record 7-E	63-63
	ICR Record 7-E	71-71
	ICR Record 7-E	79-79
	ICR Record 7-E	87-87
BIRTH DATE	ICR Record 7-A	98-103
BUSINESS SEGMENT IDENTIFIER	Header Record	106-112
C		
CANCELLED MID-TERM POLICY INDICATOR	Header Record	151-151
CARRIER CODE	Link Data Common to All Records	1-5
CASE NUMBER ASSIGNED BY STATE	Loss Record	112-120
CATASTROPHE NUMBER	Loss Record	81-82
CAUSE OF INJURY CODE	ICR Record 7-B	64-65
	Loss Record	148-149
CERTIFIED HEALTH CARE NETWORK POLICY INDICATOR	Header Record	153-153
CLAIM COUNT	Loss Record	51-54
CLAIM COUNT TOTAL	Unit Total Record	84-88
CLAIM NUMBER	ICR Record 7-A	43-54
	ICR Record 7-B	43-54
	ICR Record 7-C	43-54
	ICR Record 7-D	43-54
	ICR Record 7-E	43-54
	ICR Record 7-F	43-54
	ICR Record 7-G	43-54
	ICR Record 7-H	43-54
	ICR Record 7-I	43-54
	ICR Record 7-J	43-54
	Loss Record	61-72
CLAIM/STATUS CODE	ICR Record 7-A	119-119
	Loss Record	73-73
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT	ICR Record 7-G	73-81
	Loss Record	192-200
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL	Unit Total Record	143-152
CLASSIFICATION CODE	Exposure Record	43-46
	ICR Record 7-A	69-72
	Loss Record	43-46
CLOSED DATE	ICR Record 7-A	110-113

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
CORRECTION SEQUENCE NUMBER	Link Data Common to All Records	40-40
CORRECTION TYPE CODE	Header Record	122-122

D

DATA PROVIDER COMMENTS	ICR Record 7-J	81-140
DCO GENERATED TRANSACTION CODE	Header Record	54-54
DECEASED DATE	ICR Record 7-A	86-91
DEDUCTIBLE AMOUNT - AGGREGATE	Header Record	180-188
DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT	Header Record	171-179
DEDUCTIBLE PERCENTAGE	Header Record	169-170
DEDUCTIBLE REIMBURSEMENT AMOUNT	Loss Record	210-218
DETAIL RECORD COUNT TOTAL	FIle Control Record	42-49

E

EMPLOYEE LEASING CODE	Header Record	82-82
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT	ICR Record 7-G	64-72
	Loss Record	201-209
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL	Unit Total Record	153-162
EMPLOYERS LIABILITY OR OTHER INDEMNITY AMOUNT INCURRED	ICR Record 7-C	67-75
EMPLOYMENT STATUS CODE	ICR Record 7-H	61-62
ESTIMATED AUDIT CODE	Header Record	149-149
EXPERIENCE MODIFICATION FACTOR	Exposure Record	51-54
EXPERIENCE MODIFICATION/MERIT RATING FACTOR EFFECTIVE DATE	Exposure Record	55-60
EXPOSURE - PAYROLL TOTAL	Unit Total Record	42-52
EXPOSURE ACT/ EXPOSURE COVERAGE CODE	Exposure Record	123-124
EXPOSURE AMOUNT	Exposure Record	67-76
EXPOSURE STATE CODE	Link Data Common to All Records	31-32

F

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Header Record	129-137
FILLER	FIle Control Record	1-40
FRAUDULENT CLAIM CODE	ICR Record 7-A	145-146
	Loss Record	170-171
FUNERAL ALLOWANCE AMOUNT	ICR Record 7-C	103-111

H

HIRE DATE	ICR Record 7-H	55-60

I

ICR TOTAL	FIle Control Record	63-70
INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT	Loss Record	239-247
INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL	Unit Total Record	173-182
INCURRED COST OF TEMPORARY INDEMNITY AMOUNT TOTAL	ICR Record 7-B	66-74
INCURRED INDEMNITY AMOUNT	ICR Record 7-D	55-64
	Loss Record	83-91
INCURRED INDEMNITY AMOUNT TOTAL	Unit Total Record	89-98
INCURRED MEDICAL AMOUNT	ICR Record 7-D	65-74
	Loss Record	92-100
INCURRED MEDICAL AMOUNT TOTAL	Unit Total Record	99-108
INJURY CODE (INJURY TYPE)	ICR Record 7-A	74-75
	Loss Record	79-80
INTERSTATE RATED POLICY INDICATOR	Header Record	148-148

J

JURISDICTION STATE CODE	ICR Record 7-A	140-141

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Loss Record	140-141
L		
LINK DATA	Address Record	1-40
	Exposure Record	1-40
	Header Record	1-40
	ICR Record 7-A	1-40
	ICR Record 7-B	1-40
	ICR Record 7-C	1-40
	ICR Record 7-D	1-40
	ICR Record 7-E	1-40
	ICR Record 7-F	1-40
	ICR Record 7-G	1-40
	ICR Record 7-H	1-40
	ICR Record 7-I	1-40
	ICR Record 7-J	1-40
	Loss Record	1-40
	Name Record	1-40
	Unit Total Record	1-40
LOSS COVERAGE ACT CODE	ICR Record 7-A	123-124
	Loss Record	123-124
LOSSES SUBJECT TO DEDUCTIBLE CODE	Header Record	165-166
LUMP SUM INDICATOR	ICR Record 7-A	144-144
	Loss Record	169-169
LUMP SUM REMARRIAGE PAYMENT AMOUNT	ICR Record 7-C	112-120
M		
MANAGED CARE ORGANIZATION (MCO) POLICY INDICATOR	Header Record	152-152
MANAGED CARE ORGANIZATION TYPE CODE	ICR Record 7-A	142-143
	Loss Record	142-143
MANUAL/CHARGED RATE	Exposure Record	86-92
MULTISTATE POLICY INDICATOR	Header Record	147-147
N		
NAME OF CARRIER	ICR Record 7-F	55-72
NAME OF INSURED	ICR Record 7-E	97-120
	Name Record	42-120
NATURE OF INJURY CODE	ICR Record 7-B	62-63
	Loss Record	146-147
NONSCHEDULED INDEMNITY - INCURRED LOSS AMOUNT TOTAL	ICR Record 7-C	58-66
NONSCHEDULED INDEMNITY - PERCENTAGE DISABILITY	ICR Record 7-C	55-57
NUMBER OF WEEKS FOR TEMPORARY BENEFIT	ICR Record 7-B	93-96
O		
OCCUPATION DESCRIPTION	Loss Record	150-167
ORIGINAL ADMINISTRATION NUMBER IDENTIFIER	Header Record	71-80
P		
PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT	Loss Record	230-238
PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL	Unit Total Record	163-172
PAID APPLICANT'S MEDICAL EVALUATIONS COSTS TO VALUATION DATE AMOUNT	ICR Record 7-I	75-84
PAID DEATH BENEFITS TO VALUATION DATE AMOUNT	ICR Record 7-H	103-112
PAID DEFENSE MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT	ICR Record 7-I	85-94
PAID HOSPITAL COSTS TO VALUATION DATE AMOUNT	ICR Record 7-G	55-63
PAID INDEMNITY AMOUNT	ICR Record 7-D	75-84

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Loss Record	174-182
PAID INDEMNITY AMOUNT TOTAL	Unit Total Record	123-132
PAID INDEPENDENT/AGREED MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT	ICR Record 7-I	95-104
PAID MEDICAL AMOUNT	ICR Record 7-D	85-94
	Loss Record	183-191
PAID MEDICAL AMOUNT TOTAL	Unit Total Record	133-142
PAID PERMANENT PARTIAL BENEFITS TO VALUATION DATE AMOUNT	ICR Record 7-H	73-82
PAID PERMANENT TOTAL BENEFITS TO VALUATION DATE AMOUNT	ICR Record 7-H	93-102
PAID PHYSICIANS COSTS TO VALUATION DATE AMOUNT	ICR Record 7-I	65-74
PAID SINGLE SUM SETTLEMENT AMOUNT TO VALUATION DATE AMOUNT	ICR Record 7-I	55-64
PAID TEMPORARY DISABILITY BENEFITS TO VALUATION DATE AMOUNT	ICR Record 7-H	63-72
PAID VOCATIONAL REHABILITATION BENEFITS TO VALUATION DATE AMOUNT	ICR Record 7-H	83-92
PART OF BODY CODE	ICR Record 7-B	60-61
	Loss Record	144-145
PENSION INDEMNITY AMOUNT PREVIOUSLY RESERVED, NOT PAID	ICR Record 7-D	104-113
PENSION INDEMNITY BENEFITS - PAID TO VALUATION DATE AMOUNT	ICR Record 7-C	85-93
POLICY EFFECTIVE DATE	Link Data Common to All Records	33-38
POLICY EXPIRATION OR CANCELLATION DATE	Header Record	55-60
POLICY NUMBER IDENTIFIER	Link Data Common to All Records	6-23
PREMIUM AMOUNT	Exposure Record	77-85
PRESENT VALUE OF FUTURE INDEMNITY PAYMENT AMOUNT TOTAL	ICR Record 7-C	94-102
PREVIOUS CARRIER CODE	Header Record	193-197
PREVIOUS CORRECTION SEQUENCE NUMBER	Header Record	192-192
PREVIOUS EXPOSURE STATE CODE	Header Record	222-223
PREVIOUS POLICY EFFECTIVE DATE	Header Record	216-221
PREVIOUS POLICY NUMBER IDENTIFIER	Header Record	198-215
PREVIOUS REPORT LEVEL CODE/REPORT NUMBER	Header Record	189-190
PREVIOUS SEPARATED SEGMENT NUMBER	Header Record	224-226
PRIMARY EFFECTIVE MONTH	FIle Control Record	61-62
PRIMARY EFFECTIVE YEAR	FIle Control Record	57-60

R

RATE EFFECTIVE DATE	Exposure Record	61-66
RATING TIER ID CODE	Exposure Record	111-112
RECORD TYPE CODE	Address Record	41-41
	Exposure Record	41-41
	FIle Control Record	41-41
	Header Record	41-41
	ICR Record 7-A	41-41
	ICR Record 7-B	41-41
	ICR Record 7-C	41-41
	ICR Record 7-D	41-41
	ICR Record 7-E	41-41
	ICR Record 7-F	41-41
	ICR Record 7-G	41-41
	ICR Record 7-H	41-41
	ICR Record 7-I	41-41
	ICR Record 7-J	41-41
	Loss Record	41-41
	Name Record	41-41
	Unit Total Record	41-41
RECORDS IN UNIT REPORT TOTAL	Unit Total Record	109-113
RECOVERY DATE	Loss Record	101-108

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
REPLACEMENT REPORT CODE	Header Record	105-105
REPORT LEVEL CODE/REPORT NUMBER	Link Data Common to All Records	39-39
REPORTED DATE	ICR Record 7-A	92-97
RESERVE TYPE CODE	ICR Record 7-A	55-56
RESERVED FOR DCO USE	Header Record	243-248
RESERVED FOR FUTURE USE	Name Record	201-250
RESERVED FOR FUTURE USE	Address Record	121-250
	Exposure Record	42-42
	Exposure Record	47-50
	Exposure Record	94-110
	Exposure Record	113-120
	Exposure Record	122-122
	Exposure Record	125-250
	FIle Control Record	71-250
	Header Record	42-53
	Header Record	70-70
	Header Record	81-81
	Header Record	83-104
	Header Record	144-145
	Header Record	154-156
	Header Record	163-164
	Header Record	191-191
	ICR Record 7-A	61-68
	ICR Record 7-A	73-73
	ICR Record 7-A	76-77
	ICR Record 7-A	104-109
	ICR Record 7-A	114-118
	ICR Record 7-A	120-122
	ICR Record 7-A	133-139
	ICR Record 7-A	148-249
	ICR Record 7-B	97-102
	ICR Record 7-B	121-250
	ICR Record 7-C	121-250
	ICR Record 7-D	114-250
	ICR Record 7-E	95-96
	ICR Record 7-E	121-250
	ICR Record 7-F	118-250
	ICR Record 7-G	119-250
	ICR Record 7-H	113-250
	ICR Record 7-I	107-250
	ICR Record 7-J	65-74
	ICR Record 7-J	141-250
	Link Data Common to All Records	27-30
	Loss Record	42-42
	Loss Record	47-50
	Loss Record	109-111
	Loss Record	122-122
	Loss Record	172-173
	Loss Record	228-229
	Unit Total Record	53-62
	Unit Total Record	114-122
	Unit Total Record	183-250
RESERVED FOR INSURER USE	Header Record	227-242
RETROSPECTIVE RATED POLICY INDICATOR	Header Record	150-150
RISK ID NUMBER	Header Record	61-69

S

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
SCHEDULED INDEMNITY - BODY MEMBER CODE	ICR Record 7-B	78-79
	ICR Record 7-B	106-107
SCHEDULED INDEMNITY - INCURRED LOSS AMOUNT TOTAL	ICR Record 7-B	84-92

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	ICR Record 7-B	112-120
SCHEDULED INDEMNITY - NUMBER OF WEEKS	ICR Record 7-B	80-83
	ICR Record 7-B	108-111
SCHEDULED INDEMNITY - PERCENTAGE OF DISABILITY	ICR Record 7-B	75-77
	ICR Record 7-B	103-105
	Loss Record	248-250
SEPARATED DATE	Header Record	138-143
SEPARATED NAME OF INSURED	Name Record	121-200
SEPARATED SEGMENT NUMBER	Link Data Common to All Records	24-26
SINGLE SUM PAID DATE	ICR Record 7-J	75-80
SOCIAL SECURITY NUMBER	ICR Record 7-F	109-117
SOCIAL SECURITY OFFSET AMOUNT	ICR Record 7-D	95-103
SOCIAL SECURITY OFFSET INDICATOR	ICR Record 7-A	147-147
SPLIT PERIOD CODE	Exposure Record	93-93
STANDARD PREMIUM TOTAL	Unit Total Record	73-83
STATE EFFECTIVE DATE	Header Record	123-128
SUBJECT PREMIUM TOTAL	Unit Total Record	63-72
SUB-RECORD TYPE CODE	ICR Record 7-A	42-42
	ICR Record 7-B	42-42
	ICR Record 7-C	42-42
	ICR Record 7-D	42-42
	ICR Record 7-E	42-42
	ICR Record 7-F	42-42
	ICR Record 7-G	42-42
	ICR Record 7-H	42-42
	ICR Record 7-I	42-42
	ICR Record 7-J	42-42
SURGERY CODE	ICR Record 7-I	105-105

T

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Header Record	113-121
THREE-YEAR FIXED RATE POLICY INDICATOR	Header Record	146-146
TOTAL GROSS INCURRED AMOUNT	ICR Record 7-G	82-91
	Loss Record	219-227
TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT	Loss Record	133-139
TRANSACTION TYPE CODE	ICR Record 7-A	78-78
TYPE OF CLAIM CODE	ICR Record 7-A	129-130
	Loss Record	129-130
TYPE OF COVERAGE ID CODE	Header Record	157-158
TYPE OF LOSS CODE	ICR Record 7-A	125-126
	Loss Record	125-126
TYPE OF NON-STANDARD ID CODE	Header Record	161-162
TYPE OF PLAN ID CODE	Header Record	159-160
TYPE OF RECOVERY CODE	ICR Record 7-A	127-128
	Loss Record	127-128
TYPE OF SETTLEMENT CODE	ICR Record 7-A	131-132
	Loss Record	131-132

U

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
UNIT FORMAT SUBMISSION CODE	Header Record	250-250
	ICR Record 7-A	250-250
UNIT REPORTS SUBMITTED TOTAL	FIle Control Record	50-56
UPDATE TYPE CODE	Exposure Record	121-121
	Loss Record	121-121

V

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
VOCATIONAL REHABILITATION - EVALUATION AMOUNT	ICR Record 7-G	110-118
VOCATIONAL REHABILITATION - INCURRED AMOUNT TOTAL	ICR Record 7-C	76-84
VOCATIONAL REHABILITATION - INDEMNITY AMOUNT	ICR Record 7-G	92-100

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
VOCATIONAL REHABILITATION - TRAINING AMOUNT	ICR Record 7-G	101-109
VOCATIONAL REHABILITATION INDICATOR	Loss Record	168-168

W

WEEKLY WAGE AMOUNT	Loss Record	74-78
WORKER'S OCCUPATION	ICR Record 7-F	91-108
WORKER'S SEX CODE	ICR Record 7-A	79-79
WORKER'S LAST NAME	ICR Record 7-F	73-90

Y

YEAR LAST EXPOSED	ICR Record 7-A	57-60

Field No.	Field Title/Description	Class	Position	Bytes

LINK DATA COMMON TO ALL RECORDS

1	**CARRIER CODE**	N	1-5	5

Report the code assigned to the reporting company by NCCI or other DCO.

2	**POLICY NUMBER IDENTIFIER**	AN	6-23	18

Report the unique identifier used for identifying the policy.

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.

Do not report embedded blanks or marks of punctuation.

3	**SEPARATED SEGMENT NUMBER**	AN	24-26	3

NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA

Report the unique segment number to indicate which separated segment is being reported. When multiple separations occur on one policy, the segment number should be reported to indicate a different separation of the data.

This field will allow for reporting of numbers and letters to allow for multiple separated entities. Please contact the DCO for specific reporting requirements.

4	**RESERVED FOR FUTURE USE**	AN	27-30	4
5	**EXPOSURE STATE CODE**	N	31-32	2

Report the 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.

6	**POLICY EFFECTIVE DATE**	N	33-38	6

Report the date 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.

For the second period of extended-term policies, report the

Field No.	Field Title/Description	Class	Position	Bytes

effective date as the date the second period began as shown in the Policy Period Endorsement.

Format YYMMDD.

| 7 | **REPORT LEVEL CODE/REPORT NUMBER** | AN | 39-39 | 1 |

Report the code that corresponds to the report level based on the loss valuation date.

Refer to the Statistical Plan of each DCO for the number of report levels to be submitted for each policy.

The proper sequencing for numbering consecutively is "1" through "9" and then "A".

Code	Description
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

| 8 | **CORRECTION SEQUENCE NUMBER** | AN | 40-40 | 1 |

Report the number that corresponds to the number of correction reports submitted within a particular report level.

Exposure and loss corrections on the same report level must be numbered consecutively.

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

Field No.	Field Title/Description	Class	Position	Bytes

sequence number.

For noncorrections, report "0" .

The proper sequencing for numbering consecutively is "1" through "9" and then "A" through "Z". This number sequence will accommodate up to 35 corrections.

For corrections greater than 35, continue to report "Z". The Correction Sequence Number will be derived by the DCO using this code and the date the unit report was received.

Field No.	Field Title/Description	Class	Position	Bytes

HEADER RECORD

1	**LINK DATA**		1-40	40

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

Report "1".

3	**RESERVED FOR FUTURE USE**	AN	42-53	12
4	**DCO GENERATED TRANSACTION CODE**	AN	54-54	1

NOT APPLICABLE: CA, MA, MI, MN, NCCI, NJ, NY, WI

Report the code identifying the transaction as DCO generated.

This field is for population by the DCO only.

Code	Description
1	A transaction generated by a DCO.

5	**POLICY EXPIRATION OR CANCELLATION DATE**	N	55-60	6

Report the date that the policy expired or was cancelled.

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.

6	**RISK ID NUMBER**	AN	61-69	9

NOT APPLICABLE: DE, NJ, PA
OPTIONAL: CA, MA, MN, NC, NCCI, WI

Report the unique risk identification number assigned by the

Field No.	Field Title/Description	Class	Position	Bytes
	state where applicable.			
	For interstate risks, report the NCCI assigned number.			
	For intrastate risks, report the DCO assigned number.			
	For non-rated risks, this field is optional.			
7	**RESERVED FOR FUTURE USE**	AN	70-70	1
8	**ORIGINAL ADMINISTRATION NUMBER IDENTIFIER**	AN	71-80	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA			
	Report the number 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.			
9	**RESERVED FOR FUTURE USE**	AN	81-81	1
10	**EMPLOYEE LEASING CODE**	A	82-82	1
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the code that identifies a unit stat report containing employee leasing entities.			

Code   Description

E   Employee Leasing Policy

Field No.	Field Title/Description	Class	Position	Bytes
11	**RESERVED FOR FUTURE USE**	AN	83-104	22
12	**REPLACEMENT REPORT CODE**	AN	105-105	1
	NOT APPLICABLE: CA, DE, PA			

Report the code that indicates that the USR is replacing a previously submitted report.

This field must be blank for all reports other than replacement reports. This may be used for any correction or report level. Report an "R" to identify a Replacement Report being submitted 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. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI

To identify a replacement report being submitted in response to an error report, report "R". N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI

This data element is applicable to original 1st Reports only that have a priority/critical error (Data Grade 5), and indicates that a unit report should "replace" what the NCCI has in its records. Report an "R" to identify a replacement report being submitted to NCCI in response to a Unit Submission Results Report, and the Original Administration Number Identifier position 71–80 must also be reported; otherwise, leave this field blank. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes

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 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. N/A: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA

The data provider is to report an "R" in the Replacement Report Code field to identify the new report previously filed with New York that has a documented error (s) that requires correction. The "R" is to be reported for reports that are replacing another unit report in a "Rejected or Failed status". N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI

This field must be blank for all reports other than replacement reports. Replacement reports can only be filed if the status of the unit report being replaced is "Rejected". 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 that has been rejected. N/A: CA, DE, MA, MI, NC, NCCI, NY, PA, WI

Code   Description

R   Replaces a previous report due to incorrect value

13	**BUSINESS SEGMENT IDENTIFIER**	N	106-112	7

NOT APPLICABLE: DE, MI, NC, NCCI, NJ, NY, PA, WI

Report the series of identifying codes maintained and reported by the data provider.

14	**THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**	N	113-121	9

NOT APPLICABLE: DE, MA, MI, NC, NCCI, NJ, NY, PA, WI
OPTIONAL: CA

Report the number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider.

15	**CORRECTION TYPE CODE**	A	122-122	1

Report the code that indicates the type of correction report being submitted.

This field is applicable only to correction reports.

Code   Description

A   Loss Record Corrections Due to Aggravated Inequity N/A: CA, DE, NC, NJ, NY, PA

E   Exposure Record Correction (First Reports Only)

H   Header Record Correction (Including Link Data)

Field No.	Field Title/Description	Class	Position	Bytes
	Link data corrections may not reported. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI			
	L Loss Record Correction Not Due to Aggravated Inequity			
	M Corrections to Multiple Record Types			
	T Total Record Correction			
16	**STATE EFFECTIVE DATE**	N	123-128	6
	NOT APPLICABLE: CA, MI			
	Report the Endorsement Effective Date if the state coverage was endorsed mid-term.			
	Format YYMMDD.			
17	**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**	N	129-137	9
	NOT APPLICABLE: NJ *OPTIONAL: CA, MI, MN, NC, NCCI, WI*			
	Report the number of the insured as shown on the policy Information Page.			
	The primary FEIN is used when multiple FEIN numbers are on the policy.			
18	**SEPARATED DATE**	N	138-143	6
	NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA			
	Report the date the insured or insureds separated from the originating unit report data. Format YYMMDD			
19	**RESERVED FOR FUTURE USE**	AN	144-145	2
20	**THREE-YEAR FIXED RATE POLICY INDICATOR**	A	146-146	1
	NOT APPLICABLE: CA			
	Report the applicable indicator code.			

Code	Description
N	This is not a three-year fixed rate policy.
Y	This is a three-year fixed rate policy. N/A: NJ

21	**MULTISTATE POLICY INDICATOR**	A	147-147	1
	NOT APPLICABLE: CA			
	Report the applicable indicator code.			

Code	Description
N	This is not a multistate policy.

Field No.	Field Title/Description	Class	Position	Bytes
	Y　　　This is a multistate policy.			
22	**INTERSTATE RATED POLICY INDICATOR** *NOT APPLICABLE: CA*	A	148-148	1

Report the applicable indicator code.

Code	Description
N	This is not an interstate rated policy.
Y	This is an interstate rated policy. N/A: NJ

Field No.	Field Title/Description	Class	Position	Bytes
23	**ESTIMATED AUDIT CODE**	A	149-149	1

Report the applicable indicator code.

Code	Description
N	This policy does not have an estimated exposure.
U	Uncooperative N/A: MN, NCCI
Y	This policy has an estimated exposure.

Field No.	Field Title/Description	Class	Position	Bytes
24	**RETROSPECTIVE RATED POLICY INDICATOR** *NOT APPLICABLE: CA*	A	150-150	1

Report the applicable indicator code.

Code	Description
N	This is not a retrospective rated policy.
Y	This is a retrospective rated policy.

Field No.	Field Title/Description	Class	Position	Bytes
25	**CANCELLED MID-TERM POLICY INDICATOR** *NOT APPLICABLE: CA*	A	151-151	1

Report the applicable indicator code.

Code	Description
N	This policy was not cancelled mid-term.
Y	This policy was cancelled mid-term.

Field No.	Field Title/Description	Class	Position	Bytes
26	**MANAGED CARE ORGANIZATION (MCO) POLICY INDICATOR** *NOT APPLICABLE: CA, MA*	A	152-152	1

Report the applicable indicator code.

Code	Description
N	This is not a Managed Care Organization (MCO) policy.

Field No.	Field Title/Description	Class	Position	Bytes
	Y This is a Managed Care Organization (MCO) policy.			
27	**CERTIFIED HEALTH CARE NETWORK POLICY INDICATOR**	A	153-153	1
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Report the applicable indicator code.

Code	Description
N	This is not a Certified Health Care Network policy.
Y	This is a Certified Health Care Network policy.

Field No.	Field Title/Description	Class	Position	Bytes
28	**RESERVED FOR FUTURE USE**	AN	154-156	3
29	**TYPE OF COVERAGE ID CODE**	N	157-158	2
	NOT APPLICABLE: NJ			

Report the code that indicates the Type of Coverage.

Code	Description
01	Standard Workers Compensation Policy
02	Alternative Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI
03	Group Policy N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI
	For NCCI, this code is required for Texas only.
04	Reserved for Future Use
05	Large Risk Rated Option / Large Risk Alternative Rating Option N/A: MI, MN, NC, NCCI, NY
09	Nonstandard Workers Compensation Coverage N/A: CA, MI, WI
	Used only in conjunction with other than Code 01 in positions 161-162. N/A: CA, MI, WI
10	Reserved for Future Use

Field No.	Field Title/Description	Class	Position	Bytes
30	**TYPE OF PLAN ID CODE**	N	159-160	2
	NOT APPLICABLE: NJ			

Report the code that defines the type of plan used to underwrite the coverage.

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy N/A: CA, NY
	Includes Texas Employers Rejected Risk Fund.

Field No.	Field Title/Description	Class	Position	Bytes

	03	Reserved for Future Use			
	04	Reserved for Future Use			
	05	Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI			
	06	Reserved for Future Use			
	07	Assigned Risk Policy Originally Assigned by Another DCO N/A: CA, DE, MA, MI, MN, NCCI, NY, PA, WI			

31	**TYPE OF NON-STANDARD ID CODE**	N	161-162	2

NOT APPLICABLE: NJ

Report the code that indicates the type of workers compensation policy.

Code	Description
01	Non-Standard Code Does Not Apply
02	Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NCCI, PA, WI
03	Reserved for Future Use
04	Reserved for Future Use
05	Excess Policy N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI
06	Excess Medical N/A: CA, DE, MA, MI, MN, NC, NCCI, PA, WI
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, NC, NY, WI
09	Voluntary Coverage Not Mandatory by State Act N/A: CA, MA, MI, MN, NC, NY, WI
99	Self-Insured Groups N/A: CA, DE, MI, MN, NCCI, NY, PA, WI

32	**RESERVED FOR FUTURE USE**	AN	163-164	2
33	**LOSSES SUBJECT TO DEDUCTIBLE CODE**	N	165-166	2

NOT APPLICABLE: MI, NJ, WI

Report the code that identifies the losses subject to deductible.

Code	Description

Field No.	Field Title/Description		Class	Position	Bytes
	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.			
34	**BASIS OF DEDUCTIBLE CALCULATION CODE**		N	167-168	2

NOT APPLICABLE: MI, NJ, WI

Report the code that identifies the type of deductible being reported.

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

35	**DEDUCTIBLE PERCENTAGE**		N	169-170	2

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

Field No.	Field Title/Description	Class	Position	Bytes

Report the whole percentage of the deductible to be paid by the insured, if applicable, as defined by the deductible program.

This field is applicable only when the Basis of Deductible Calculation Code (position 167-168 of this record) is 04 through 08 or 11.

36	**DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT**	N	171-179	9

NOT APPLICABLE: MI, NJ, WI

Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the deductible program.

This field is applicable only when the Basis of Deductible Calculation Code (position 167-168 of this record) is 01, 02, 06, 07, 08, 09, 10, 11, 12 or 13.

37	**DEDUCTIBLE AMOUNT - AGGREGATE**	N	180-188	9

NOT APPLICABLE: MI, NJ, WI

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.

This field is applicable only when the Basis of Deductible Calculation Code (position 167-168 of this record) is 03, 08, 09, 10, 11, 12 or 13.

38	**PREVIOUS REPORT LEVEL CODE/REPORT NUMBER**	N	189-190	2

NOT APPLICABLE: MA, MN, NCCI, NJ

Report the report number code that was previously reported.

This field is to be used only when correcting link data.

39	**RESERVED FOR FUTURE USE**	AN	191-191	1
40	**PREVIOUS CORRECTION SEQUENCE NUMBER**	AN	192-192	1

NOT APPLICABLE: MA, MN, NCCI, NJ

Report the correction sequence number that was previously reported.

This field is to be used only when correcting link data.

41	**PREVIOUS CARRIER CODE**	N	193-197	5

NOT APPLICABLE: MN

Report the carrier code that was previously reported.

This field is to be used only when correcting link data.

42	**PREVIOUS POLICY NUMBER IDENTIFIER**	AN	198-215	18

NOT APPLICABLE: MN

Field No.	Field Title/Description	Class	Position	Bytes
	Report the policy number identifier that was previously reported.			
	This field is to be used only when correcting link data.			
43	**PREVIOUS POLICY EFFECTIVE DATE**	N	216-221	6
	NOT APPLICABLE: MN			
	Report the policy effective date that was previously reported.			
	This field is to be used only when correcting link data.			
	Format YYMMDD.			
44	**PREVIOUS EXPOSURE STATE CODE**	N	222-223	2
	NOT APPLICABLE: CA, MN, NCCI			
	Report the exposure state code that was previously reported.			
	This field is to be used only when correcting link data.			
45	**PREVIOUS SEPARATED SEGMENT NUMBER**	AN	224-226	3
	NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA			
	Report the separated segment number that was previously reported. This field is to be used only when correcting link data.			
46	**RESERVED FOR INSURER USE**	AN	227-242	16
47	**RESERVED FOR DCO USE**	AN	243-248	6
48	**BEEP EDIT BYPASS CODE**	AN	249-249	1
	NOT APPLICABLE: MN, NC, NCCI, NJ			
	Report the code that BEEP (Bureau Entry & Edit Package) uses to indicate when a unit statistical report has been forced onto the submission file without passing all of the validations.			
	Refer to the Statistical Plan of each rating/statistical organization for use of this code.			

Code	Description
F	Forced Leave

Field No.	Field Title/Description	Class	Position	Bytes
49	**UNIT FORMAT SUBMISSION CODE**	AN	250-250	1
	NOT APPLICABLE: CA, MI, NCCI			
	Report the code that defines the filing format.			

Code	Description
A	ASWG Format N/A: CA
E	Expanded ASWG report N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes

S   Separated Data N/A: DE, MA, MI, MN, NJ, NY, PA

Field No.	Field Title/Description	Class	Position	Bytes

NAME RECORD

1	**LINK DATA**		1-40	40

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

OPTIONAL: MA

Report "2".

A Name Record is required for all DCOs. N/A: MA

The Name Record is required for all units reported to NCCI for Interstate Experience Rating. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

3	**NAME OF INSURED**	AN	42-120	79

OPTIONAL: MA

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.

Only positions 42–91 of the first name record are printed on the units produced from these DCOs' systems. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI

4	**SEPARATED NAME OF INSURED**	AN	121-200	80

NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA

Report the name of the person or business that is being separated from an existing unit statistical report.

5	**RESERVED FOR FUTURE USE**	AN	201-250	50

Field No.	Field Title/Description	Class	Position	Bytes

ADDRESS RECORD

| 1 | **LINK DATA** | | 1-40 | 40 |

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

| 2 | **RECORD TYPE CODE** | N | 41-41 | 1 |

OPTIONAL: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report "3".

| 3 | **ADDRESS OF INSURED** | AN | 42-120 | 79 |

OPTIONAL: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

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.

Only positions 42-91 of the address are printed on the units produced from these DCO's systems. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI

| 4 | **RESERVED FOR FUTURE USE** | AN | 121-250 | 130 |

Field No.	Field Title/Description	Class	Position	Bytes

EXPOSURE RECORD

1	**LINK DATA**		1-40	40

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

Report "4".

3	**RESERVED FOR FUTURE USE**	AN	42-42	1
4	**CLASSIFICATION CODE**	N	43-46	4

Report the 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 DCOs.

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. N/A: CA, MI, NC, NCCI, NY

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. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

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. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

5	**RESERVED FOR FUTURE USE**	AN	47-50	4
6	**EXPERIENCE MODIFICATION FACTOR**	N	51-54	4

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.

Enter the experience modification factor that applies to the exposure reported in this detail record.

For nonrated exposures, report "0000".

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

There is an assumed decimal point between positions 51 and 52.

7	**EXPERIENCE MODIFICATION/MERIT RATING FACTOR**	N	55-60	6

Field No.	Field Title/Description	Class	Position	Bytes
	EFFECTIVE DATE			
	Report the effective date of the applicable experience modification.			
	Refer to specific DCO for requirements.			
	This field is required on all exposure records.			
	Format YYMMDD.			
8	**RATE EFFECTIVE DATE**	N	61-66	6
	Report the effective date of the applicable rate.			
	The date reported must be equal to the Experience Modification Effective Date of each split period only for statistical classes which are controlled by the Experience Modification Effective Date. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
	This field is required on all exposure records.			
	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. N/A: MN			
	Refer to specific DCO for requirements and the notes shown for this field.			
	The date reported must be prior or on the effective date of the policy. No mid-term rate adjustments are allowed. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI			
	The date reported must be equal to the experience modification effective date of each split period. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	Format YYMMDD.			
9	**EXPOSURE AMOUNT**	N	67-76	10
	Report the amount that represents 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.			
	For Payroll Exposure Amount, report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.			
	For 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.			
10	**PREMIUM AMOUNT**	N	77-85	9

Field No.	Field Title/Description	Class	Position	Bytes

Report the premium amount corresponding to each classification.

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.

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.

For statistical code 9740, Catastrophe Provisions for Terrorism, report the premium amount associated with this statistical code, if applicable. The premium amount for standard classification codes and other statistical codes need not be reported. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
11	**MANUAL/CHARGED RATE**	N	86-92	7

NOT APPLICABLE: CA

Report the charge per unit of exposure for each classification.

Please contact the DCO for instructions for this field.

There is an assumed decimal point between positions 89 and 90.

Field No.	Field Title/Description	Class	Position	Bytes
12	**SPLIT PERIOD CODE**	N	93-93	1

Report the code used 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, enter "0".

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".

Code	Description
0	First Period
1	Second Period
2	Third Period
3	Fourth Period N/A: NJ
4	Fifth Period N/A: NJ
5	Sixth Period N/A: NJ
6	Seventh Period N/A: NJ

Field No.	Field Title/Description	Class	Position	Bytes
	7 Eighth Period N/A: NJ			
	8 Ninth Period N/A: NJ			
13	**RESERVED FOR FUTURE USE**	AN	94-110	17
14	**RATING TIER ID CODE**	N	111-112	2

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Report the appropriate rating tier ID code (RTI) on all classification codes for policies with an effective date of 09/01/92 and after.

15	**RESERVED FOR FUTURE USE**	AN	113-120	8
16	**UPDATE TYPE CODE**	A	121-121	1

Report the code that identifies the activity of an exposure record.

Method 1 uses Codes P and R and is applicable to all DCOs.

Method 2 uses Codes A, C and D and is offered by some DCOs as an optional reporting method.

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

Code	Description
A	Add Record N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI
C	Change Record N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
D	Delete Record N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI
P	Previously Reported
R	Revised

17	**RESERVED FOR FUTURE USE**	AN	122-122	1
18	**EXPOSURE ACT/ EXPOSURE COVERAGE CODE**	N	123-124	2

Report the code that indicates the Act (Law) under which the exposure for the class record is associated.

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. N/A: CA, WI

Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

Code	Description
00	For Use with Statistical Codes
01	State Act or Federal Act Excluding USL&HW and

Field No.	Field Title/Description	Class	Position	Bytes
	Federal Mine Safety and Health Act			
02	USL&HW "F" or USL&HW Coverage on Non-F-Classes			
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	For NCCI, this code is required for Texas only.			
06	Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
07	Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
08	Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act.			
	For NCCI, this code is required for Texas only.			
09	Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	Reserved for Future Use			
19	**RESERVED FOR FUTURE USE**	AN	125-250	126

Field No.	Field Title/Description	Class	Position	Bytes

LOSS RECORD

1	**LINK DATA**		1-40	40

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

Report "5".

3	**RESERVED FOR FUTURE USE**	AN	42-42	1
4	**CLASSIFICATION CODE**	N	43-46	4

Report the appropriate code where the payroll or other exposure amount of the claimant was reported.

5	**RESERVED FOR FUTURE USE**	AN	47-50	4
6	**CLAIM COUNT**	N	51-54	4

Report the number of claims reported as a grouped loss, or as defined by the respective statistical plan.

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

Must be"0001" for individually listed claims (Claim Number and Accident Date reported). N/A: CA, MI, NY, PA

Grouped claims reporting will no longer be accepted. Refer to the appropriate DCO for effective dates.

7	**ACCIDENT DATE**	N	55-60	6

Report the date on which the injury occurred.

This field applies only to individually listed losses.

Format YYMMDD.

8	**CLAIM NUMBER**	AN	61-72	12

Report the number that uniquely identifies the claim.

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.

Do not include embedded blanks or marks of punctuation.

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.

9	**CLAIM/STATUS CODE**	N	73-73	1

Report the code that indicates the status of the claim.

Field No.	Field Title/Description	Class	Position	Bytes

	Code	**Description**			
	0	Open Claim			
	1	Closed Claim			
	2	Reopened Claim N/A: CA, DE, MA, MI, NJ, PA, WI			
	3	Reserved for Future Use			
	4	Open Claim—Payment not made or initiated N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI			
	5	Became Medical Only N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			

This code is not used in this specification.

10	**WEEKLY WAGE AMOUNT**	N	74-78	5

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

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).

11	**INJURY CODE (INJURY TYPE)**	N	79-80	2

Report the code that identifies under which provision of the law benefits are paid or expected to be paid.

	Code	**Description**
	01	Death
	02	Permanent Total Disability
	03	Major Permanent Partial Disability N/A: DE, MA, MN, NC, NCCI, NY, PA, WI
	04	Minor Permanent Partial Disability N/A: DE, MA, MN, NC, NCCI, NY, PA, WI
	05	Temporary Total or Temporary Partial Disability
	06	Medical Claims Only
	07	Contract Medical or Hospital Allowance N/A: DE, MA, NJ, PA, WI
	08	Compromised Death N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
	09	Permanent Partial Disability N/A: CA, MI, NJ
	10	Permanent Partial Disability - Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
	11 Permanent Partial Disability - Non Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI			
12	**CATASTROPHE NUMBER**	N	81-82	2

Report the number used for reporting all claims (two or more) resulting from one accident.

Refer to the Statistical Plan for exact criteria used in the reporting of catastrophe losses.

If there is more than one catastrophe under the policy, each succeeding catastrophe number should be designated by means of a separate sequential number, "02", "03", etc., up to and including "10".

After number "10" is assigned the next number in the sequence will reprocess to number "01". Numbers "11" through "99" are reserved for WCIO assigned catastrophe codes. A separate series of catastrophe numbers, beginning with "01", shall be used for each policy. Each succeeding catastrophe number shall be increased by one.

Field No.	Field Title/Description	Class	Position	Bytes
13	**INCURRED INDEMNITY AMOUNT**	N	83-91	9

Report the 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.

Allocated Loss Adjustment Expenses for other than employer's liability coverage must be excluded from indemnity loss amounts.

Vocational rehabilitation benefits are to be reported as incurred medical. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
14	**INCURRED MEDICAL AMOUNT**	N	92-100	9

Report the amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.

Field No.	Field Title/Description	Class	Position	Bytes
15	**RECOVERY DATE**	N	101-108	8

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

As of Spring 2017, definition pending further discussion by ASWG.

Field No.	Field Title/Description	Class	Position	Bytes
16	**RESERVED FOR FUTURE USE**	AN	109-111	3
17	**CASE NUMBER ASSIGNED BY STATE**	AN	112-120	9

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI

Report the number assigned by the New York State Workers Compensation Board that uniquely identifies this claim.

Field No.	Field Title/Description	Class	Position	Bytes

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

| 18 | **UPDATE TYPE CODE** | A | 121-121 | 1 |

Report the code that identifies the activity of a loss record.

Method 1 uses Codes P and R and is applicable to all DCOs.

Method 2 uses Codes A, C and D and is offered by some DCOs as an optional reporting method.

On original first reports, this field is always "R" or "A".

Code	Description
A	Add Record N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI
C	Change Record N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
D	Delete Record N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI
P	Previously Reported
R	Revised

| 19 | **RESERVED FOR FUTURE USE** | AN | 122-122 | 1 |
| 20 | **LOSS COVERAGE ACT CODE** | N | 123-124 | 2 |

Report the code that identifies the basis of liability for the claim.

Code	Description
00	Reserved For Future Use
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
	For NCCI, this code is required for Texas only.
08	Coverage Under USL&HW Act for Oil, Gas, or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
	Coverage for benefits paid under the United States

Field No.	Field Title/Description	Class	Position	Bytes

Longshore and Harbor Workers' Compensation Act or
extension of the USL&HW Act.

For NCCI, this code is required for Texas only.

21   **TYPE OF LOSS CODE**   N   125-126 2

Report the code that identifies the circumstances of the
injury.

Code	Description
01	Trauma
02	Occupational Disease
03	Cumulative Injury Other Than Disease

22   **TYPE OF RECOVERY CODE**   N   127-128 2

Report the code that corresponds to the type of recovery
received or anticipated.

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, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
06	Joint Coverage - With Subrogation N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

23   **TYPE OF CLAIM CODE**   N   129-130 2

Report the 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, MA, PA, WI
05	Excess Benefits N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
06	Excess Special Compensation N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
24	**TYPE OF SETTLEMENT CODE**	N	131-132	2

Report the code that identifies the certain claim settlement situations for the claim.

Code	Description
00	Claim Not Subject to Settlement
01	Reserved for Future Use
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 N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
08	Exemplary Damages N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
09	All Other Settlements N/A: NJ
10	Aggravation of Prior Work Related Injuries N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
25	**TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT**	N	133-139	7

NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the amount of incurred cost of all supplemental job displacement benefits issued in the form of vouchers as well as any additional vocational rehabilitation-type benefits (including those provided on a voluntary basis).

See the California Workers' Compensation Uniform Statistical Reporting Plan—1995 (USRP) Part 4, Section II, Definitions, for the definition of "Supplemental Job Displacement Benefit Voucher(s)".

Field No.	Field Title/Description	Class	Position	Bytes
26	**JURISDICTION STATE CODE**	N	140-141	2

Report the 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

This field is required only when the jurisdiction state is different from the exposure state. N/A: DE, PA

Field No.	Field Title/Description	Class	Position	Bytes
27	**MANAGED CARE ORGANIZATION TYPE CODE**	N	142-143	2

NOT APPLICABLE: CA, MA

Field No.	Field Title/Description	Class	Position	Bytes

Report the code that corresponds to the type of organization which will administer the applicable medical losses of 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 02–06.
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: MI, MN, NJ, NY
05	The claim's medical losses are administered by an Independent Practice Association. N/A: MI, MN, NJ, NY
06	The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. N/A: DE, MN, NJ, NY, PA, WI
	The medical care provider will directly treat injured workers for a predetermined fee and amount of time.
07	The claim's medical losses are administered by a Certified Health Care Network N/A: DE, MI, MN, NC, NJ, NY, PA, WI

| 28 | **PART OF BODY CODE** | N | 144-145 | 2 |

Report the code that identifies the injured body part for a given claim.

Refer to Statistical Plan for applicable codes.

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.

The part of body that is injured and expected to be the most significant contributor to the cost of the claim.

| 29 | **NATURE OF INJURY CODE** | N | 146-147 | 2 |

Report the code that represents the nature of injury for a given claim.

Refer to Statistical Plan for applicable codes.

Field No.	Field Title/Description	Class	Position	Bytes
30	**CAUSE OF INJURY CODE**	N	148-149	2

Report the code that represents the cause of injury for a given claim.

Refer to Statistical Plan for applicable codes.

31	**OCCUPATION DESCRIPTION**	AN	150-167	18

NOT APPLICABLE: MI, MN, NY, WI
OPTIONAL: CA, MA, NCCI

Report a narrative description of the regular occupation of the injured worker.

32	**VOCATIONAL REHABILITATION INDICATOR**	A	168-168	1

NOT APPLICABLE: NJ, NY

Report the applicable indicator code.

This indicator identifies the inclusion of vocational rehabilitation costs in the losses.

These costs may include supplemental job displacement benefits issued in the form of vouchers.   See the California Workers' Compensation Uniform Statistical Reporting Plan—1995 (USRP) Part 4, Section II, Definitions, for the definition of "Supplemental Job Displacement Benefit Voucher(s)."   N/A: DE, MA, MI, MN, NC, NCCI, PA, WI

Code	Description
N	Claim does not include Vocational Rehabilitation costs
Y	Claim includes Vocational Rehabilitation costs

33	**LUMP SUM INDICATOR**	A	169-169	1

NOT APPLICABLE: CA, MN, NJ
OPTIONAL: NC

Report the applicable indicator code.

This indicator identifies whether the claim is settled by a lump sum amount.

Code	Description
N	Claim has not been settled by an agreement to a lump sum amount
Y	Claim has been settled by an agreement to a lump sum amount

34	**FRAUDULENT CLAIM CODE**	N	170-171	2

NOT APPLICABLE: MA, MN, NJ, WI

Report the code that identifies the involvement of fraud in the

Field No.	Field Title/Description	Class	Position	Bytes
	claim.			

Code	Description
00	Not Fraudulent
01	Partially Fraudulent N/A: MI, NC, NCCI
02	Fully Fraudulent N/A: CA

Field No.	Field Title/Description	Class	Position	Bytes
35	**RESERVED FOR FUTURE USE**	AN	172-173	2
36	**PAID INDEMNITY AMOUNT**	N	174-182	9

NOT APPLICABLE: MI

Report the 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.

ALAE for other than employers liability coverage must be excluded from indemnity losses.

Field No.	Field Title/Description	Class	Position	Bytes
37	**PAID MEDICAL AMOUNT**	N	183-191	9

NOT APPLICABLE: MI

Report the amount of medical losses paid for the claim as of the loss valuation date.

Field No.	Field Title/Description	Class	Position	Bytes
38	**CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT**	N	192-200	9

NOT APPLICABLE: CA, MI, MN, NY, WI
OPTIONAL: DE, NC, PA

Report the amount paid plus outstanding reserves for claimant's legal representation during the settlement of the claim as of the loss valuation date.

For NCCI, this field is required for Florida only; optional for all other jurisdictions. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
39	**EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT**	N	201-209	9

NOT APPLICABLE: CA, MI, MN, NY, WI
OPTIONAL: NC, NJ

Report the amount that represents the paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date.

For NCCI, this field is required for Florida only; optional for all other jurisdictions. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
40	**DEDUCTIBLE REIMBURSEMENT AMOUNT**	N	210-218	9

Field No.	Field Title/Description	Class	Position	Bytes

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Report the 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.

If experience rating is to be calculated on gross losses, enter zeros.

| 41 | **TOTAL GROSS INCURRED AMOUNT** | N | 219-227 | 9 |

NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the gross incurred only for subrogation, partially fraudulent, joint coverage, and compromised death claims.

Refer to the California Statistical Plan for gross amounts to be reported on each of these types of claims.

This amount is not reduced by subrogation received.

| 42 | **RESERVED FOR FUTURE USE** | AN | 228-229 | 2 |
| 43 | **PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT** | N | 230-238 | 9 |

NOT APPLICABLE: MI, MN

Report the amount of loss adjustment expense allocated and paid by an insurance company when handling a claim as of the loss valuation date.

| 44 | **INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT** | N | 239-247 | 9 |

NOT APPLICABLE: CA, MA, MI, MN
OPTIONAL: DE, NC, NCCI, NJ, NY, PA, WI

Report the amount of loss adjustment expense allocated and paid or reserved by an insurance company when handling a claim as of the loss valuation date.

| 45 | **SCHEDULED INDEMNITY - PERCENTAGE OF DISABILITY** | N | 248-250 | 3 |

NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the permanent disability rating upon which the claim has been adjudicated.

If the claim has not been adjudicated, the insurer's best estimate of the permanent disability rating shall be reported.

Enter the nearest whole percentage.

Field No.	Field Title/Description	Class	Position	Bytes

UNIT TOTAL RECORD

1	**LINK DATA**		1-40	40

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

OPTIONAL: MA, NCCI

Report "6".

3	**EXPOSURE - PAYROLL TOTAL**	N	42-52	11

OPTIONAL: MA, NCCI

Report the sum of all dollar value exposures to be included in standard exposure.

For 1st Reports, 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.

For Exposure Correction Reports, report the revised exposure payroll total.

For Subsequent Reports and/or Loss Correction Report, report zeros.

4	**RESERVED FOR FUTURE USE**	AN	53-62	10
5	**SUBJECT PREMIUM TOTAL**	N	63-72	10

NOT APPLICABLE: CA
OPTIONAL: MA, NCCI

Report the sum of premium amounts subject to experience modification.

The Subject Premium Total is required for all 1st Reports and Exposure Correction Reports.

For 1st Reports, report the sum of premium amounts subject to experience modification prior to the application of the modification factor.

For Exposure Correction Reports, report the revised subject premium total.

For Subsequent Reports and/or Loss Correction Reports, report zeros.

6	**STANDARD PREMIUM TOTAL**	N	73-83	11

OPTIONAL: MA, NCCI

Field No.	Field Title/Description	Class	Position	Bytes

Report the sum of all premium dollars, both subject and not subject to modification, which are to be included in standard premium.

The 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. N/A: 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. Premium discount and expense constant should be reflected in Final Premium. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

For 1st Reports, report the sum of all premium dollars, both subject to modification and not subject to modification, which are to be included in standard premium.

For Exposure Correction Reports, report the revised standard premium total.

For Subsequent Reports and/or Loss Correction Reports, report zeros.

Field No.	Field Title/Description	Class	Position	Bytes
7	**CLAIM COUNT TOTAL**	N	84-88	5

OPTIONAL: MA, NCCI

Report the total number of claims reported for the state within the policy.

For 1st Reports, report individually listed claims as one claim.

For Exposure Correction Reports, report zeros.

For Subsequent Reports and/or Loss Correction Reports, report the revised number of claims.

Field No.	Field Title/Description	Class	Position	Bytes
8	**INCURRED INDEMNITY AMOUNT TOTAL**	N	89-98	10

OPTIONAL: MA, NCCI

Report the total of the incurred indemnity amounts for the state within the policy.

For 1st Reports, report the total of the incurred indemnity amounts on this report.

For Exposure Correction Reports, report zeros.

For Subsequent Reports and/or Loss Correction Reports, report the revised incurred indemnity total.

Field No.	Field Title/Description	Class	Position	Bytes
9	**INCURRED MEDICAL AMOUNT TOTAL**	N	99-108	10

OPTIONAL: MA, NCCI

Report the total of the incurred medical amounts reported for the state within the policy.

Field No.	Field Title/Description	Class	Position	Bytes

For 1st Reports, report the total of the incurred medical amounts on this report.

For Exposure Correction Reports, report zeros.

For Subsequent Reports and/or Loss Correction Reports, report the revised incurred medical total.

10	**RECORDS IN UNIT REPORT TOTAL**	N	109-113	5

OPTIONAL: MA, NCCI

Report the total number of records including the unit total record reported for this unit report, excluding any ICR records.

For example, 1 header, 1 name, 1 address, 1 exposure, 10 losses and 1 unit total equals 15 records.

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/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

11	**RESERVED FOR FUTURE USE**	AN	114-122	9
12	**PAID INDEMNITY AMOUNT TOTAL**	N	123-132	10

NOT APPLICABLE: CA, MI
OPTIONAL: MA, NCCI

Report the total of the paid indemnity amounts reported for the state within the policy.

In the case of loss corrections and subsequent reports, this must be the revised total.

For Exposure Correction Reports, report zeros.

13	**PAID MEDICAL AMOUNT TOTAL**	N	133-142	10

NOT APPLICABLE: CA, MI
OPTIONAL: MA, NCCI

Report the total of the paid medical amounts reported for the state within the policy.

In the case of loss corrections and subsequent reports, this must be the revised total.

For Exposure Correction Reports, report zeros.

14	**CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL**	N	143-152	10

NOT APPLICABLE: CA, MI, MN, NY, WI
OPTIONAL: DE, MA, NC, NCCI, PA

Report the total of the incurred claimant's attorney fees reported for the state within the policy.

Field No.	Field Title/Description	Class	Position	Bytes

In the case of loss corrections and subsequent reports, this must be the revised total.

For Exposure Correction Reports, report zeros.

For NCCI, this field is required for Florida only; optional for all other jurisdictions. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

15	**EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL**	N	153-162	10

NOT APPLICABLE: CA, MI, MN, NY, WI
OPTIONAL: MA, NC, NCCI, NJ

Report the total of the incurred employer's attorney fees reported for the state within the policy.

In the case of loss corrections and subsequent reports, this must be the revised total.

For Exposure Correction Reports, report zeros.

For NCCI, this field is required for Florida only; optional for all other jurisdictions. N/A: DE, MA, NC, NJ, PA

16	**PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL**	N	163-172	10

NOT APPLICABLE: CA, MI, MN
OPTIONAL: MA, NCCI

Report the total of the paid ALAE reported for the state within the policy.

In the case of loss corrections and subsequent reports, this must be the revised total.

For Exposure Correction Reports, report zeros.

17	**INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL**	N	173-182	10

NOT APPLICABLE: CA, MA, MI, MN
OPTIONAL: DE, NC, NCCI, NJ, NY, PA, WI

Report the total of the incurred ALAE reported for the state within the policy.

In the case of loss corrections and subsequent reports, this must be the revised total.

For Exposure Correction Reports, report zeros.

18	**RESERVED FOR FUTURE USE**	AN	183-250	68

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-A

1	**LINK DATA**		1-40	40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "7".

3	**SUB-RECORD TYPE CODE**	AN	42-42	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "A".

4	**CLAIM NUMBER**	AN	43-54	12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the number that uniquely identifies the claim.

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.

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.

Do not include embedded blanks or marks of punctuation.

5	**RESERVE TYPE CODE**	N	55-56	2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies the type of reserve for this claim.

Code	Description
00	Standard Reserve
01	Stacked Estimate
02	Volunteer
03	Questionable Compensability
04	Second Injury Fund Involvement

Field No.	Field Title/Description	Class	Position	Bytes
	05 Partial Dependency			
	06 Still Exposed			
	07 Last Exposed			
	08 Stacked Award			
	09 Other Pension Value N/A: DE, NJ, PA			
	10 Other Age Accrual N/A: DE, NJ, PA			
	11 Hunter Claim Offset N/A: DE, NJ, PA			
	12 Expected Early Termination or Settlement of Benefits N/A: DE, NJ, PA			
	13 Expected Extension of Benefits for Minor Beneficiary N/A: DE, PA			
	14 Death Claim Without Apparent Beneficiaries N/A: DE, PA			
	15 Expected Recovery N/A: DE, NJ, PA			
	16 Reserved for Future Use			
	17 Permanent Total Claim weighted with surviving spouse. N/A: DE, NJ, NY, PA			
	99 All Other Situations Impacting Pension Reserve N/A: DE, NJ, PA			
6	**YEAR LAST EXPOSED**	N	57-60	4
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	Report the last year the injured worker was in contact with the hazard or was engaged in the repetitive activity that caused the injury.			
	Format YYYY.			
7	**RESERVED FOR FUTURE USE**	AN	61-68	8
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
8	**CLASSIFICATION CODE**	N	69-72	4
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the 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.			
9	**RESERVED FOR FUTURE USE**	AN	73-73	1
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
10	**INJURY CODE (INJURY TYPE)**	N	74-75	2

Field No.	Field Title/Description	Class	Position	Bytes

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies under which provision of the law benefits are paid or expected to be paid.

Code	Description
01	Death
02	Permanent Total Disability
03	Major Permanent Partial Disability N/A: DE, MA, MN, NC, NCCI, NY, PA, WI
04	Minor Permanent Partial Disability N/A: DE, MA, MN, NC, NCCI, NY, PA, WI
05	Temporary Total or Temporary Partial Disability
06	Medical Claims Only
07	Contract Medical or Hospital Allowance N/A: DE, MA, NJ, PA, WI
08	Compromised Death N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
09	Permanent Partial Disability N/A: CA, MI, NJ
10	Permanent Partial Disability - Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI
11	Permanent Partial Disability - Non Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI

11	**RESERVED FOR FUTURE USE**	AN	76-77	2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

12	**TRANSACTION TYPE CODE**	N	78-78	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies an ICR as an original report, subsequent, or correction report requested by the DCO or initiated by the carrier.

Code	Description
1	Initial Report
2	Subsequent Report
3	Revised Report (DCO Initiated)
4	Correction Report (Insurer Initiated)

13	**WORKER'S SEX CODE**	A	79-79	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Field No.	Field Title/Description	Class	Position	Bytes
	Report the gender of the injured worker.			

Code **Description**

F   Female

M   Male

Field No.	Field Title/Description	Class	Position	Bytes
14	**ACCIDENT DATE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	80-85	6

Report the date on which the injury occurred.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
15	**DECEASED DATE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	86-91	6

Report the date on which the worker died.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
16	**REPORTED DATE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	92-97	6

Report the date on which the claim was reported to the insurer.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
17	**BIRTH DATE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	98-103	6

Report the date on which the injured worker was born.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
18	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	AN	104-109	6
19	**CLOSED DATE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	110-113	4

Report the year and month on which the claim was closed in the insurer's statistical/accounting system.

Format YYMM.

Field No.	Field Title/Description	Class	Position	Bytes
20	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	AN	114-118	5
21	**CLAIM/STATUS CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	119-119	1

Field No.	Field Title/Description	Class	Position	Bytes

Report the code that indicates the status of the claim.

Code	Description
0	Open Claim
1	Closed Claim
2	Reopened Claim N/A: CA, DE, MA, MI, NJ, PA, WI
3	Reserved for Future Use
4	Open Claim—Payment not made or initiated N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI
5	Became Medical Only N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
	This code is not used in this specification.

Field No.	Field Title/Description	Class	Position	Bytes
22	**RESERVED FOR FUTURE USE**	AN	120-122	3

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Field No.	Field Title/Description	Class	Position	Bytes
23	**LOSS COVERAGE ACT CODE**	N	123-124	2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies the basis of liability for the claim.

Code	Description
00	Reserved For Future Use
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
	For NCCI, this code is required for Texas only.
08	Coverage Under USL&HW Act for Oil, Gas, or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
	Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act.

Field No.	Field Title/Description	Class	Position	Bytes
	For NCCI, this code is required for Texas only.			

24　**TYPE OF LOSS CODE**　　　　　　　　　　　　　　　　N　　125-126　2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies the circumstances of the injury.

Code	Description
01	Trauma
02	Occupational Disease
03	Cumulative Injury Other Than Disease

25　**TYPE OF RECOVERY CODE**　　　　　　　　　　　　N　　127-128　2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that corresponds to the type of recovery received or anticipated.

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, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
06	Joint Coverage - With Subrogation N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

26　**TYPE OF CLAIM CODE**　　　　　　　　　　　　　　N　　129-130　2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the 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, MA, PA, WI
05	Excess Benefits N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes

| | 06 | Excess Special Compensation N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |

27   **TYPE OF SETTLEMENT CODE**   N   131-132 2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies the certain claim settlement situations for the claim.

Code	Description
00	Claim Not Subject to Settlement
01	Reserved for Future Use
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 N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
08	Exemplary Damages N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
09	All Other Settlements N/A: NJ
10	Aggravation of Prior Work Related Injuries N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

28   **RESERVED FOR FUTURE USE**   AN   133-139 7

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

29   **JURISDICTION STATE CODE**   N   140-141 2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the 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.

30   **MANAGED CARE ORGANIZATION TYPE CODE**   N   142-143 2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that corresponds to the type of organization which will administer the applicable medical losses of this claim.

Code	Description

Field No.	Field Title/Description	Class	Position	Bytes

00   The claim is not administered by an approved/certified Managed Care Organization.

01   The claim's medical losses are administered by an approved/certified Managed Care Organization not specifically identified by Codes 02–06.

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: MI, MN, NJ, NY

05   The claim's medical losses are administered by an Independent Practice Association.   N/A: MI, MN, NJ, NY

06   The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement.   N/A: DE, MN, NJ, NY, PA, WI

       The medical care provider will directly treat injured workers for a predetermined fee and amount of time.

07   The claim's medical losses are administered by a Certified Health Care Network N/A: DE, MI, MN, NC, NJ, NY, PA, WI

| 31 | **LUMP SUM INDICATOR** | A | 144-144 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the applicable indicator code.

Code	**Description**
N	Claim has not been settled by an agreement to a lump sum amount
Y	Claim has been settled by an agreement to a lump sum amount

| 32 | **FRAUDULENT CLAIM CODE** | N | 145-146 | 2 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies the involvement of fraud in the claim.

Code	**Description**
00	Not Fraudulent
01	Partially Fraudulent N/A: MI, NC, NCCI

Field No.	Field Title/Description	Class	Position	Bytes

02   Fully Fraudulent N/A: CA

| 33 | **SOCIAL SECURITY OFFSET INDICATOR** | A | 147-147 | 1 |

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI

Report the applicable indicator code.

Code   Description

N   Claim reserve or payments have not been modified
by Social Security Offset.

Y   Claim reserve or payments have been modified by
Social Security Offset.

| 34 | **RESERVED FOR FUTURE USE** | AN | 148-249 | 102 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

| 35 | **UNIT FORMAT SUBMISSION CODE** | A | 250-250 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report an "A" in this field to indicate that this record includes
ASWG Additional and Restructured elements; otherwise,
leave blank.

Code   Description

A   ASWG Format N/A: CA

E   Expanded ASWG report N/A: DE, MA, MI, MN, NC,
NCCI, NJ, NY, PA, WI

S   Separated Data N/A: DE, MA, MI, MN, NJ, NY, PA

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-B

1	**LINK DATA**		1-40	40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "7".

3	**SUB-RECORD TYPE CODE**	AN	42-42	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "B".

4	**CLAIM NUMBER**	AN	43-54	12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the number that uniquely identifies the claim.

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.

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.

Do not include embedded blanks or marks of punctuation.

5	**AVERAGE WEEKLY WAGE AMOUNT**	N	55-59	5

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the full average weekly wage amount of the injured worker.

6	**PART OF BODY CODE**	N	60-61	2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code that identifies the injured body part for a given claim.

Refer to Statistical Plan for applicable codes.

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

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Field No.	Field Title/Description	Class	Position	Bytes
	Permanent Impairment Body Part Code data element.			
7	**NATURE OF INJURY CODE**	N	62-63	2
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the code that represents the nature of injury for a given claim.			
	Refer to Statistical Plan for applicable codes.			
8	**CAUSE OF INJURY CODE**	N	64-65	2
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the code that represents the cause of injury for a given claim.			
	Refer to Statistical Plan for applicable codes.			
9	**INCURRED COST OF TEMPORARY INDEMNITY AMOUNT TOTAL**	N	66-74	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	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.			
10	**SCHEDULED INDEMNITY - PERCENTAGE OF DISABILITY**	N	75-77	3
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, PA, WI			
	Report the percentage of loss, or loss of use, of the specific body member on which the scheduled indemnity benefit is based.			
	This is a recurring field. Repeat as needed.			
	Enter the nearest whole percentage.			
11	**SCHEDULED INDEMNITY - BODY MEMBER CODE**	N	78-79	2
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the code that corresponds to the part of the body on which the scheduled indemnity benefit is based as referred to in appropriate Statistical Plan.			
	This is a recurring field. Repeat as needed.			
12	**SCHEDULED INDEMNITY - NUMBER OF WEEKS**	N	80-83	4
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the number of weeks upon which the scheduled indemnity benefit is based.			
	This is a recurring field. Repeat as needed.			
	Enter whole weeks only, do not round.			

Field No.	Field Title/Description	Class	Position	Bytes
13	**SCHEDULED INDEMNITY - INCURRED LOSS AMOUNT TOTAL**	N	84-92	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the incurred indemnity amount (paid + outstanding) as of the valuation date of all scheduled benefits.			
	This is a recurring field. Repeat as needed.			
14	**NUMBER OF WEEKS FOR TEMPORARY BENEFIT**	N	93-96	4
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the number of weeks for benefits related to temporary loss of earnings due to lost time from work.			
15	**RESERVED FOR FUTURE USE**	AN	97-102	6
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
16	**SCHEDULED INDEMNITY - PERCENTAGE OF DISABILITY**	N	103-105	3
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, PA, WI			
	Report the percentage of loss, or loss of use, of the specific body member on which the scheduled indemnity benefit is based.			
	To be used in the event of a multiple scheduled injury.			
	This is a recurring field. Repeat as needed.			
	Enter the nearest whole percentage.			
17	**SCHEDULED INDEMNITY - BODY MEMBER CODE**	N	106-107	2
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the code that corresponds to the part of the body on which the scheduled indemnity benefit is based as referred to in appropriate Statistical Plan.			
	To be used in the event of a multiple scheduled injury.			
	This is a recurring field. Repeat as needed.			
18	**SCHEDULED INDEMNITY - NUMBER OF WEEKS**	N	108-111	4
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the number of weeks upon which the scheduled indemnity benefit is based.			
	To be used in the event of a multiple scheduled injury.			
	This is a recurring field. Repeat as needed.			
	Enter whole weeks only, do not round.			
19	**SCHEDULED INDEMNITY - INCURRED LOSS AMOUNT TOTAL**	N	112-120	9

Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the incurred indemnity amount (paid + outstanding) as of the valuation date of all scheduled benefits.			
	To be used in the event of a multiple scheduled injury.			
	This is a recurring field. Repeat as needed.			
20	**RESERVED FOR FUTURE USE**	AN	121-250	130
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-C

| 1 | **LINK DATA** | | 1-40 | 40 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

| 2 | **RECORD TYPE CODE** | N | 41-41 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "7".

| 3 | **SUB-RECORD TYPE CODE** | AN | 42-42 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "C".

| 4 | **CLAIM NUMBER** | AN | 43-54 | 12 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

| 5 | **NONSCHEDULED INDEMNITY - PERCENTAGE DISABILITY** | N | 55-57 | 3 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the percentage of whole body upon which the nonscheduled indemnity benefit (other than scheduled body member code) was based.

| 6 | **NONSCHEDULED INDEMNITY - INCURRED LOSS AMOUNT TOTAL** | N | 58-66 | 9 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the total incurred indemnity amount (paid + outstanding) as of the valuation date on all nonscheduled benefits.

| 7 | **EMPLOYERS LIABILITY OR OTHER INDEMNITY AMOUNT INCURRED** | N | 67-75 | 9 |

Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the amount that represents the employer liability limit amounts under Part Two of the policy.			
8	**VOCATIONAL REHABILITATION - INCURRED AMOUNT TOTAL**	N	76-84	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	Report the incurred total (paid + outstanding) of any vocational rehabilitation expenses incurred as of the valuation date.			
9	**PENSION INDEMNITY BENEFITS - PAID TO VALUATION DATE AMOUNT**	N	85-93	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment.			
10	**PRESENT VALUE OF FUTURE INDEMNITY PAYMENT AMOUNT TOTAL**	N	94-102	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the present value of total future indemnity payment amount.			
11	**FUNERAL ALLOWANCE AMOUNT**	N	103-111	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the amount of funeral allowance.			
12	**LUMP SUM REMARRIAGE PAYMENT AMOUNT**	N	112-120	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	Report the amount paid upon the remarriage of the injured worker's spouse.			
13	**RESERVED FOR FUTURE USE**	AN	121-250	130
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-D

1	**LINK DATA**		1-40	40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "7".

3	**SUB-RECORD TYPE CODE**	AN	42-42	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "D".

4	**CLAIM NUMBER**	AN	43-54	12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

5	**INCURRED INDEMNITY AMOUNT**	N	55-64	10

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

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.

Exclude legal fees. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

6	**INCURRED MEDICAL AMOUNT**	N	65-74	10

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Field No.	Field Title/Description	Class	Position	Bytes
	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.			
7	**PAID INDEMNITY AMOUNT** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI* Report the amount of paid indemnity for the claim as of the valuation date.	N	75-84	10
8	**PAID MEDICAL AMOUNT** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI* Report the amount of medical losses paid for the claim as of the loss valuation date.	N	85-94	10
9	**SOCIAL SECURITY OFFSET AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount of Social Security or any other offset used in calculation of the total incurred indemnity amount.	N	95-103	9
10	**PENSION INDEMNITY AMOUNT PREVIOUSLY RESERVED, NOT PAID** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the amount of pension indemnity reserved at a previous valuation, but not yet paid (i.e., accruals).	N	104-113	10
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	AN	114-250	137

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-E

| 1 | **LINK DATA** | | 1-40 | 40 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

| 2 | **RECORD TYPE CODE** | N | 41-41 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "7".

| 3 | **SUB-RECORD TYPE CODE** | AN | 42-42 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "E".

| 4 | **CLAIM NUMBER** | AN | 43-54 | 12 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

| 5 | **BENEFICIARY CODE - RELATIONSHIP** | N | 55-55 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code corresponding to each different type of beneficiary.

Use Code 7 for "Other". N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Use Code 9 for "Handicapped Child". N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

This is a recurring field. Repeat as needed.

Code	Description
1	Injured Worker

Field No.	Field Title/Description	Class	Position	Bytes

	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			

| 6 | **BENEFICIARY CODE - DEPENDENCY** | A | 56-56 | 1 |

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the code that identifies the degree of dependency.

This is a recurring field. Repeat as needed.

Code	Description
P	Partially Dependent
T	Totally Dependent

| 7 | **BENEFICIARY BIRTH DATE** | N | 57-62 | 6 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the beneficiary's birth date.

This is a recurring field. Repeat as needed.

Format YYMMDD.

| 8 | **BENEFICIARY CODE - RELATIONSHIP** | N | 63-63 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code corresponding to each different type of beneficiary.

Use Code 7 for "Other". N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Use Code 9 for "Handicapped Child". N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

This is a recurring field. Repeat as needed.

Code	Description
1	Injured Worker
2	Widow
3	Widower

Field No.	Field Title/Description	Class	Position	Bytes
	4 Sons or daughters			
	5 Brothers or Sisters			
	6 Mothers or Fathers			
	7 Handicapped Child N/A: DE, NJ, PA			
	9 Other			
9	**BENEFICIARY CODE - DEPENDENCY**	A	64-64	1

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the code that identifies the degree of dependency.

This is a recurring field. Repeat as needed.

Code	Description
P	Partially Dependent
T	Totally Dependent

Field No.	Field Title/Description	Class	Position	Bytes
10	**BENEFICIARY BIRTH DATE**	N	65-70	6

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the beneficiary's birth date.

This is a recurring field. Repeat as needed.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
11	**BENEFICIARY CODE - RELATIONSHIP**	N	71-71	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code corresponding to each different type of beneficiary.

Use Code 7 for "Other". N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Use Code 9 for "Handicapped Child". N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

This is a recurring field. Repeat as needed.

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or daughters
5	Brothers or Sisters

Field No.	Field Title/Description	Class	Position	Bytes

	6	Mothers or Fathers			
	7	Handicapped Child N/A: DE, NJ, PA			
	9	Other			

12 **BENEFICIARY CODE - DEPENDENCY** A 72-72 1

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the code that identifies the degree of dependency.

This is a recurring field. Repeat as needed.

Code	Description
P	Partially Dependent
T	Totally Dependent

13 **BENEFICIARY BIRTH DATE** N 73-78 6

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the beneficiary's birth date.

This is a recurring field. Repeat as needed.

Format YYMMDD.

14 **BENEFICIARY CODE - RELATIONSHIP** N 79-79 1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code corresponding to each different type of beneficiary.

Use Code 7 for "Other". N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Use Code 9 for "Handicapped Child". N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

This is a recurring field. Repeat as needed.

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

Field No.	Field Title/Description	Class	Position	Bytes
	9 Other			
15	**BENEFICIARY CODE - DEPENDENCY**	A	80-80	1

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the code that identifies the degree of dependency.

This is a recurring field. Repeat as needed.

Code	Description
P	Partially Dependent
T	Totally Dependent

Field No.	Field Title/Description	Class	Position	Bytes
16	**BENEFICIARY BIRTH DATE**	N	81-86	6

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the beneficiary's birth date.

This is a recurring field. Repeat as needed.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
17	**BENEFICIARY CODE - RELATIONSHIP**	N	87-87	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the code corresponding to each different type of beneficiary.

Use Code 7 for "Other". N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Use Code 9 for "Handicapped Child". N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

This is a recurring field. Repeat as needed.

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

Field No.	Field Title/Description	Class	Position	Bytes
18	**BENEFICIARY CODE - DEPENDENCY**	A	88-88	1

Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the code that identifies the degree of dependency.			
	This is a recurring field. Repeat as needed.			

Code	Description
P	Partially Dependent
T	Totally Dependent

Field No.	Field Title/Description	Class	Position	Bytes
19	**BENEFICIARY BIRTH DATE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	N	89-94	6
	Report the beneficiary's birth date.			
	This is a recurring field. Repeat as needed.			
	Format YYMMDD.			
20	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	AN	95-96	2
21	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	AN	97-120	24
	Report the first 24 characters of the insured's name.			
22	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI*	AN	121-250	130

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-F

1	**LINK DATA**		1-40	40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "7".

3	**SUB-RECORD TYPE CODE**	AN	42-42	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report "F".

4	**CLAIM NUMBER**	AN	43-54	12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

5	**NAME OF CARRIER**	AN	55-72	18

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report the first 18 characters of the insurer's name.

6	**WORKER'S LAST NAME**	AN	73-90	18

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report all or a portion of the worker's last name as accommodated by this field.

7	**WORKER'S OCCUPATION**	AN	91-108	18

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI

Report all or a portion of the worker's occupation as accommodated by this field.

Field No.	Field Title/Description	Class	Position	Bytes
8	**SOCIAL SECURITY NUMBER**	N	109-117	9
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			
	The Social Security Number is no longer required or captured. This field will be considered dormant but will retain its defined numeric format in lieu of being changed to a "Reserved for Future Use".			
9	**RESERVED FOR FUTURE USE**	AN	118-250	133
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, WI			

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-G

1   **LINK DATA**   1-40   40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2   **RECORD TYPE CODE**   N   41-41   1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "7".

3   **SUB-RECORD TYPE CODE**   AN   42-42   1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "G".

4   **CLAIM NUMBER**   AN   43-54   12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

5   **PAID HOSPITAL COSTS TO VALUATION DATE AMOUNT**   N   55-63   9

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the amount that was paid for hospital costs as of the loss valuation date.

6   **EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT**   N   64-72   9

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the amount that represents the paid plus outstanding reserves for employer's legal representation during the settlement of the claim as of the loss valuation date.

7   **CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT**   N   73-81   9

Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	Report the legal and witness fee amount incurred by the claimant and awarded by a judge or referee as compensation.			
8	**TOTAL GROSS INCURRED AMOUNT**	N	82-91	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount that is the total gross amount incurred including paid plus outstanding expenses.			
	This amount is not reduced by subrogation received.			
9	**VOCATIONAL REHABILITATION - INDEMNITY AMOUNT**	N	92-100	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount that represents any indemnity expenses incurred to restore an injured employee to suitable employment.			
10	**VOCATIONAL REHABILITATION - TRAINING AMOUNT**	N	101-109	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount that represents any training expenses incurred to restore an injured employee to suitable employment.			
11	**VOCATIONAL REHABILITATION - EVALUATION AMOUNT**	N	110-118	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount that represents the expenses incurred during the case review and appraisal to determine the appropriate course of training to either restore the injured worker to their former capacity or a new skill set.			
12	**RESERVED FOR FUTURE USE**	AN	119-250	132
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-H

1	**LINK DATA**		1-40	40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "7".

3	**SUB-RECORD TYPE CODE**	AN	42-42	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "H".

4	**CLAIM NUMBER**	AN	43-54	12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

5	**HIRE DATE**	N	55-60	6

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the date on which the injured worker began his/her most recent employment with the employer.

Format YYMMDD.

6	**EMPLOYMENT STATUS CODE**	N	61-62	2

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the code corresponding to the injured worker's employment status as of the date the claim was first reported to the insurer.

Code   Description

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Field No.	Field Title/Description	Class	Position	Bytes
	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			
7	**PAID TEMPORARY DISABILITY BENEFITS TO VALUATION DATE AMOUNT**	N	63-72	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount paid as of the valuation date in temporary disability benefits.			
8	**PAID PERMANENT PARTIAL BENEFITS TO VALUATION DATE AMOUNT**	N	73-82	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount paid as of the valuation date in permanent partial disability benefits.			
9	**PAID VOCATIONAL REHABILITATION BENEFITS TO VALUATION DATE AMOUNT**	N	83-92	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount paid as of the valuation date in vocational rehabilitation benefits (including training, evaluation and vocational rehabilitation indemnity).			
10	**PAID PERMANENT TOTAL BENEFITS TO VALUATION DATE AMOUNT**	N	93-102	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Report the amount paid as of the valuation date in permanent total benefits.			
11	**PAID DEATH BENEFITS TO VALUATION DATE AMOUNT**	N	103-112	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			

Field No.	Field Title/Description	Class	Position	Bytes
	Report the amount paid as of the valuation date in death benefits.			
12	**RESERVED FOR FUTURE USE**	AN	113-250	138
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-I

1	**LINK DATA**		1-40	40

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	**RECORD TYPE CODE**	N	41-41	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "7".

3	**SUB-RECORD TYPE CODE**	AN	42-42	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "I".

4	**CLAIM NUMBER**	AN	43-54	12

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

5	**PAID SINGLE SUM SETTLEMENT AMOUNT TO VALUATION DATE AMOUNT**	N	55-64	10

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the 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.

6	**PAID PHYSICIANS COSTS TO VALUATION DATE AMOUNT**	N	65-74	10

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.

Field No.	Field Title/Description	Class	Position	Bytes
7	**PAID APPLICANT'S MEDICAL EVALUATIONS COSTS TO VALUATION DATE AMOUNT**	N	75-84	10

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the 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.

Field No.	Field Title/Description	Class	Position	Bytes
8	**PAID DEFENSE MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT**	N	85-94	10

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the 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.

Field No.	Field Title/Description	Class	Position	Bytes
9	**PAID INDEPENDENT/AGREED MEDICAL EVALUATIONS TO VALUATION DATE AMOUNT**	N	95-104	10

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the 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.

Field No.	Field Title/Description	Class	Position	Bytes
10	**SURGERY CODE**	N	105-105	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the code reflecting whether or not the injured worker's injury required surgery.

Code	Description
1	Yes
2	No

Field No.	Field Title/Description	Class	Position	Bytes
11	**ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE**	N	106-106	1

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the code reflecting whether or not the injured worker has an attorney or authorized representative.

Code	Description
1	Reserved for Future Use
2	Yes - The injured worker has an attorney.

Field No.	Field Title/Description	Class	Position	Bytes
	3 No - The injured worker does not have an attorney.			
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	107-250	144

Field No.	Field Title/Description	Class	Position	Bytes

ICR RECORD 7-J

| 1 | **LINK DATA** | | 1-40 | 40 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

| 2 | **RECORD TYPE CODE** | N | 41-41 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "7".

| 3 | **SUB-RECORD TYPE CODE** | AN | 42-42 | 1 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report "J".

| 4 | **CLAIM NUMBER** | AN | 43-54 | 12 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the claim number of the reported loss.

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.

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.

Do not include embedded blanks or marks of punctuation.

| 5 | **ANNUITY PURCHASE AMOUNT** | N | 55-64 | 10 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the purchase price (cost to the insurer) for the annuity purchased.

| 6 | **RESERVED FOR FUTURE USE** | AN | 65-74 | 10 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

| 7 | **SINGLE SUM PAID DATE** | N | 75-80 | 6 |

NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Report the date on which the single sum/commutation payment was made to the claimant.

Format YYMMDD.

Field No.	Field Title/Description	Class	Position	Bytes
8	**DATA PROVIDER COMMENTS**	AN	81-140	60
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			

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.

Field No.	Field Title/Description	Class	Position	Bytes
9	**RESERVED FOR FUTURE USE**	AN	141-250	110
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			

Field No.	Field Title/Description	Class	Position	Bytes

FILE CONTROL RECORD

1 FILLER — N 1-40 40
These positions are to be filled with 9s.

2 RECORD TYPE CODE — N 41-41 1
Report "9".

3 DETAIL RECORD COUNT TOTAL — N 42-49 8
Report the total number of records on the submission.

This field will show the total number of records on the submission including the Electronic Transmittal Record if used, but excluding the File Control Record.

4 UNIT REPORTS SUBMITTED TOTAL — N 50-56 7
Report the total number of unit reports submitted.

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/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

5 PRIMARY EFFECTIVE YEAR — N 57-60 4
Report the primary effective year of this submission.

Required only if the Transmittal Record is used.

Format YYYY.

6 PRIMARY EFFECTIVE MONTH — N 61-62 2
Report the primary effective month of this submission.

Required only if the Transmittal Record is used.

Format MM.

7 ICR TOTAL — N 63-70 8
NOT APPLICABLE: CA, MA, MI, MN, NC, NJ, WI
OPTIONAL: NCCI

Report the total number of ICRs on this submission.

8 RESERVED FOR FUTURE USE — AN 71-250 180