

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION
EXPERIENCE MODIFICATION/MERIT ADJUSTMENT
ELECTRONIC RATING SPECIFICATIONS (WCRATING)**

**WORKERS COMPENSATION EXPERIENCE MODIFICATION/MERIT ADJUSTMENT
ELECTRONIC RATING SPECIFICATIONS (WCRATING)**

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GENERAL

These specifications are for the distribution of experience modification/merit adjustment rating information to insurers. Requests for this data should be directed to the appropriate jurisdiction.

Unless otherwise specified, the following standards will apply:

1. All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled.
2. All numeric (N) data fields are to be right-justified and left zero-filled, and unsigned.
3. All "RESERVED FOR FUTURE USE" fields are to be blank.
4. Fields indicated as "Not Applicable" will be zero-filled or left blank by the jurisdiction whose abbreviations follow the phrase.
5. Data shall be written on 9-track, odd parity at 6,250 BPI density or, if requested by insurers, at 1,600 BPI.
6. Records will be blocked 50 (15,000 characters per block).
7. Tapes will contain internal IBM standard OS or DOS-generated labels.
8. All fields will be character; no signed or packed fields will be written.

**WORKERS COMPENSATION EXPERIENCE MODIFICATION
WORKSHEET ELECTRONIC SPECIFICATIONS (WCRATING)**

SECTION 2

RECORD LAYOUTS

I. HEADER RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "00".	(AN)	1-2	2
	Record Type Code 00 will contain Header information used to identify each Carrier Pup's (Carrier Group's Subsidiary Companies) Distribution records. There will be multiple worksheets (01-07) records. Record type 99 will indicate the end of the distribution records for that Carrier Pup (Carrier Group's Subsidiary Companies).			
	CA: Record Type Code 00 marks the beginning of a set of Distribution records for a single CA rating worksheet.			
	NOT APPLICABLE: DE, PA			
2	CARRIER CODE 5-digit code assigned to the distribution reporting company by NCCI or independent jurisdiction.	(N)	3-7	5
3	CARRIER GROUP CODE Number assigned by DCOs to distribution carriers classed together by ownership or business functions.	(N)	8-12	5
	NOT APPLICABLE: MN			
4	RESERVED FOR FUTURE USE		13-319	307
5	WCRATING FORMAT CODE Identifies Version Format	(AN)	320	1
	Blank—NCCI 1—WCIO			

II. RATING INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes						
1	RECORD TYPE CODE Report "01". Record Type Code 01 will contain Rating information used to produce the final experience modification page and the Header Details on each worksheet page.	(AN)	1-2	2						
2	LINK DATA Contains fields common to all record types. CA: From one to three Record Type Code 01 Header Records may be included in a set of detail records for a single rating worksheet. Contact CA for further instructions on the use of Record Type 01 for the printing of CA rating worksheets.		3-61	59						
3	RISK ID/ACCOUNT NUMBER Risk (Experience Rating) Identification Number issued by the DCO assigned to the state where applicable. MI: Risk Identification Number assigned by CAOM.	(AN)	3-11	9						
4	RATING EFFECTIVE DATE (YYYYMMDD) Year, Month, Day rating is effective.	(N)	12-19	8						
5	STATE CODE 2-digit code identifying the state in which the experience modification was promulgated.	(N)	20-21	2						
6	CARRIER CODE 5-digit code assigned to the reporting company by NCCI or independent jurisdiction pertaining to the policy in positions 27-44 below.	(N)	22-26	5						
7	POLICY NUMBER IDENTIFIER Alphanumeric characters used to uniquely identify the policy covering the insured for which the rating was promulgated. CA: See CA note associated with Record Code Type 01 Link Data.	(AN)	27-44	18						
8	RATING EXPIRATION DATE (YYYYMMDD) Year, Month, Day rating expires. CA: Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. NOT APPLICABLE: NCCI, NY	(N)	45-52	8						
9	RATING ISSUE DATE (YYYYMMDD) Year, Month, Day jurisdiction calculated the rating.	(N)	53-60	8						
10	REVISION CODE Indicates whether or not the rating has been revised.	(N)	61	1						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not a revised rating.</td> </tr> <tr> <td>2</td> <td>Revision of previously issued rating.</td> </tr> </tbody> </table>	Code	Description	1	Not a revised rating.	2	Revision of previously issued rating.			
Code	Description									
1	Not a revised rating.									
2	Revision of previously issued rating.									
	NOT APPLICABLE: NCCI									

II. RATING INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
11	RATING TYPE CODE Indicates the type of Rating being reported.	(AN)	62	1
	Code Description			
	D DNQ			
	E Experience Rating			
	M Merit Adjustment			
	W Withdraw			
	N Not Rated – No Current Coverage			
	NOT APPLICABLE: NCCI W in CA, DE, PA M & N in CA, WI D in CA			
12	REVISION NUMBER NOT APPLICABLE: CA, DE, MI, NC, NCCI, NY, PA	(N)	63-64	2
13	THIRD PARTY ADMINISTRATION POLICY INDICATOR The indicator that identifies if the policy reported in positions 27-44 was issued by a third party administrator (TPA), (MA ONLY)	(A)	65	1
	Code Description			
	Y Issued by a TPA			
	N Not issued by a TPA			
14	RESERVED FOR FUTURE USE		66	1
15	FIRM CODE/MULTIPLE ENTITY CODE (MI ONLY) This field identifies the entities with separate policies that have been combined for experience rating purposes.	(AN)	67-68	2
16	RESERVED FOR FUTURE USE		69-70	2
17	INSURED NAME The name of the insured for which the rating was promulgated. NOT APPLICABLE: DE, PA	(AN)	71-100	30
18	INSURED NAME CONTINUED NOT APPLICABLE: DE, PA	(AN)	101-130	30
19	STATE NAME Full name of the state (interstate) for which the rating was promulgated. NOT APPLICABLE: CA, DE, MA, MN, PA, NY, WI	(AN)	131-150	20
20	RATING FACTOR Report the 5-digit rating plan factor. There is an assumed decimal point between positions 152 and 153.	(N)	151-155	5
21	ARAP FACTOR A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 156 and 157. NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(N)	156-158	3

II. RATING INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes										
22	STATUS CODE Indicates the status of the rate filing for which the experience modification was promulgated.	(AN)	159	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Preliminary—Rate filing has been filed and is pending Approval.</td> </tr> <tr> <td>F</td> <td>Final—Rate filing has been approved.</td> </tr> </tbody> </table>	Code	Description	P	Preliminary—Rate filing has been filed and is pending Approval.	F	Final—Rate filing has been approved.							
Code	Description													
P	Preliminary—Rate filing has been filed and is pending Approval.													
F	Final—Rate filing has been approved.													
	NOT APPLICABLE: CA, DE, MI, MN, PA													
23	RESERVED FOR NCCI USE		160	1										
24	RESERVED FOR FUTURE USE		161	1										
25	FLORIDA ARAP FACTOR (NCCI ONLY) A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 162 and 163.	(N)	162-164	3										
26	CPAP FACTOR (MN ONLY) A Contractors Premium Adjustment Program that provides a premium credit for contracting classifications. There is an assumed decimal point between positions 165 and 166.	(N)	165 – 167	3										
27	INDICATED RATING FACTOR (PA ONLY) Report the 5-digit Indicated Rating Plan Factor. There is an assumed decimal point between positions 169 and 170.	(N)	168 – 172	5										
28	STABILIZING VALUE Expected Excess x (1 – Weight) + Ballast. Part of the Experience Rating Formula. NOT APPLICABLE: CA, DE, MI, MN, PA	(N)	173-181	9										
29	SPLIT RATING CODE Code indicating a split rating.	(AN)	182	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Split Rating</td> </tr> <tr> <td>1</td> <td>Split Rating Due to Separate State Modifiers</td> </tr> <tr> <td>2</td> <td>Split Rating Due to Ownership Changes</td> </tr> <tr> <td>3</td> <td>Split Rating Due to Addition of a New State</td> </tr> </tbody> </table>	Code	Description	0	No Split Rating	1	Split Rating Due to Separate State Modifiers	2	Split Rating Due to Ownership Changes	3	Split Rating Due to Addition of a New State			
Code	Description													
0	No Split Rating													
1	Split Rating Due to Separate State Modifiers													
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3	Split Rating Due to Addition of a New State													
	NOTE: If = 1, 2, or 3, then go to the message field (positions 79-178) on Record Type 05 for details regarding the split rating.													
	NOT APPLICABLE: MA, MI													
30	PRIMARY LOSSES – EXPECTED TOTALS NCCI: column 11. Total Expected Primary Losses. NOT APPLICABLE: DE, PA	(N)	183-191	9										
31	RATABLE EXCESS—EXPECTED NCCI: column 13. Weight x Expected Excess Losses. Part of the Experience Rating Formula. NOT APPLICABLE: DE, MN, PA	(N)	192-200	9										

II. RATING INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
32	TOTALS—EXPECTED NCCI: column 14. Expected Primary Losses + Stabilizing Value + Expected Ratable Excess. Part of the Experience Rating Formula. NOT APPLICABLE: DE, PA	(N)	201–209	9
33	PRIMARY LOSSES—ACTUAL TOTALS NCCI: column 11. Total Actual Primary Losses. DE/PA: Both paid and reserved over the experience period, limited to specified maximum amount(s).	(N)	210–218	9
34	RATABLE EXCESS—ACTUAL NCCI:column 13. Weight x Actual Excess Losses. Part of the Experience Rating Formula. NOT APPLICABLE: DE, MN, PA	(N)	219–227	9
35	TOTALS—ACTUAL Actual Primary Losses + Stabilizing Value + Actual Ratable Excess. Part of the Experience Rating Formula. NY: Total paid and case reserve for all claims incurred during the experience rating period. NOT APPLICABLE: DE, PA	(N)	228–236	9
36	MARKET TYPE CODE The distribution policy market status. Code Description A Normal Assigned Risk D Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only) S Self Insured Group (MA only) V Voluntary NOT APPLICABLE: CA, DE, MN, NY, PA, WI	(A)	237	1
37	CARRIER CODE The carrier code associated with the rating distribution. NOT APPLICABLE: CA, DE, NY, PA	(N)	238–242	5
38	BRANCH CODE The branch code associated with the rating distribution. NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(AN)	243–245	3
39	POLICY NUMBER IDENTIFIER NOT APPLICABLE: CA, MI, NY	(AN)	246–263	18
40	POLICY EFFECTIVE DATE (YYYYMMDD) Effective date (Year, Month, Day) of the policy in effect when the rating was promulgated. NOT APPLICABLE: CA, MI, NY	(N)	264–271	8
41	POLICY EXPIRATION DATE (YYYYMMDD) Expiration date (Year, Month, Day) of the policy in effect when the rating was promulgated. NOT APPLICABLE: CA, MI, NY	(N)	272–279	8
42	RESERVED FOR FUTURE USE		280	1

II. RATING INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
43	SARAP FACTOR A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 281 and 282. NOT APPLICABLE: CA, DE, MA, MI, MN, NY, PA, WI	(N)	281-283	3
44	FIRST TIME MAIL INDICATOR Y = First time mailed. Leave blank if not. Indicates if this risk ID, rating effective date has been distributed to this carrier previously. NCCI: Used for billing purposes and relays an indicator on the packing slip. NOT APPLICABLE: CA, DE, MA, MI, MN, NY, PA, WI	(AN)	284	1
45	RESERVED FOR FUTURE USE		285-319	35
46	WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO	(AN)	320	1

III. RISK NAME AND ADDRESSES RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "A1". Record Type Code A1 will contain Risk information. NOT APPLICABLE: CA, NCCI	(AN)	1-2	2
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-66	5
4	MULTIPLE ENTITY CODE (MI ONLY) This field will be used by MI as the "master file tag". This field identifies the entities with separate policies that have been combined for experience rating purposes.	(AN)	67-68	2
5	NAME CODE NUMBER 3-digit number indicating the order in which the name of the insured appears on the policy—001 for primary name, 002 for secondary names, etc. NOT APPLICABLE: MI	(N)	69-71	3
6	INSURED NAME Name of insured covered by policy.	(AN)	72-171	100
7	RESERVED FOR FUTURE USE		172	1
8	ADDRESS OF INSURED LINE 1 First line of address of the insured as it appears on the policy.	(N)	173-212	40
9	ADDRESS OF INSURED LINE 2 Second line of address of the insured as it appears on the policy. NOT APPLICABLE: MI	(N)	213-252	40
10	CITY Full name of the city of the address of the insured.	(AN)	253-282	30
11	STATE CODE U.S. Postal Service abbreviation for the state of the address of the insured.	(AN)	283-284	2
12	ZIP CODE Postal of the address of the insured.	(AN)	285-293	9

III. RISK NAME AND ADDRESSES RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
13	COVERAGE ID NUMBER NOT APPLICABLE: DE, MI, PA	(AN)	294-303	10
14	COMBINABLE ID NUMBER An identifier for all coverage that is combinable for experience rating. NOT APPLICABLE: DE, MI, NCCI, PA	(AN)	304-312	9
15	RESERVED FOR FUTURE USE		313-319	7
16	WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO	(AN)	320	1

IV. PAYROLL/LOSS INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "02". Record Type Code 02 will contain Payroll/Loss information; used in the detail portion of the worksheet.	(AN)	1-2	2
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-64	3
4	STATE CODE—EXPERIENCE NOT APPLICABLE: CA, DE, MA, MI, MN, NY, PA, WI	(N)	65-66	2
5	FIRM CODE/MULTIPLE ENTITY CODE This field identifies the entities with separate policies that have been combined for experience rating purposes. NOT APPLICABLE: CA, MA, MN	(AN)	67-68	2
6	CARRIER CODE—EXPERIENCE NOT APPLICABLE: CA, DE, MI, NY, PA	(N)	69-73	5
7	POLICY NUMBER IDENTIFIER —EXPERIENCE NOT APPLICABLE: CA, DE, MI, NY, PA	(AN)	74-91	18
8	POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD) The effective date of the policy to which the payroll and losses reported applies. Year, Month, Day policy is effective. CA, DE, NY, PA, YYYY only (positions 92-95)	(N)	92-99	8
9	POLICY EXPIRATION OR CANCELLATION DATE—EXPERIENCE (YYYYMMDD) Year, Month, Day policy expires or is cancelled. NOT APPLICABLE: CA, DE, MI, NY, PA	(N)	100-107	8
10	COVERAGE ID NUMBER An identifier for a specific employer's coverage for which the exposure/loss information pertains. NOT APPLICABLE: CA, DE, MI, NCCI, PA	(AN)	108-114	7
11	RESERVED FOR FUTURE USE		115-117	3
12	FIRM NAME Name that corresponds to the Multiple Entity Code in field 5 above. If the Multiple Entity Code is blank then the State Name will appear in this field. The State Name corresponds with the State Code in field 4 above. NOT APPLICABLE: CA, DE, MA, MN, NY, PA	(AN)	118-147	30
13	PAYROLL SEQUENCE NUMBER (MA ONLY) A number that identifies the sequence in which this payroll record is to print on the experience rating worksheet. (MA-ONLY)	(N)	148-152	5

IV. PAYROLL/LOSS INFORMATION RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes																				
14	CLASSIFICATION CODE The class code that applies to the payroll/loss reported. NCCI, WI: Applies only to the payroll reported.	(AN)	153–157	5																				
15	CLASSIFICATION DESCRIPTION Wording describing the classification reported. NCCI: For specified class codes only, not all class codes. NOT APPLICABLE: CA, MA, MI, MN OPTIONAL: WI	(AN)	158–187	30																				
16	DATA CODE Indicates which data elements are populated.	(AN)	188	1																				
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Authorized class</td> </tr> <tr> <td>2</td> <td>Payroll only</td> </tr> <tr> <td>3</td> <td>Loss only</td> </tr> <tr> <td>4</td> <td>Contains both payroll and loss</td> </tr> <tr> <td>5</td> <td>Payroll total for class</td> </tr> <tr> <td>6</td> <td>Loss total</td> </tr> <tr> <td>7</td> <td>Exposure total for all classes</td> </tr> <tr> <td>8</td> <td>Merit Adjustment</td> </tr> <tr> <td>9</td> <td>Eligibility Premium (MA only)</td> </tr> </tbody> </table> <p>NOT APPLICABLE: CA, NCCI</p>	Code	Description	1	Authorized class	2	Payroll only	3	Loss only	4	Contains both payroll and loss	5	Payroll total for class	6	Loss total	7	Exposure total for all classes	8	Merit Adjustment	9	Eligibility Premium (MA only)			
Code	Description																							
1	Authorized class																							
2	Payroll only																							
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4	Contains both payroll and loss																							
5	Payroll total for class																							
6	Loss total																							
7	Exposure total for all classes																							
8	Merit Adjustment																							
9	Eligibility Premium (MA only)																							
17	ELR (EXPECTED LOSS RATE) A factor used to determine the amount of total expected losses by classification per unit of exposure. There is an assumed decimal point between positions 193 and 194. MI: Applied to the total payroll for a class code as of the effective date of the experience modification.	(N)	189–195	7																				
18	D-RATIO FACTOR A factor (Discount Ratio) used to determine the total amount of expected losses by classification that are primary expected losses. There is an assumed decimal point between positions 199 and 200. MI: applied to the Total Expected Losses for a class code as of the effective date of the experience modification. NOT APPLICABLE: DE, MN, PA	(N)	196–201	6																				
19	EXPOSURE AMOUNT The payroll for the classification for the experience period.	(N)	202–211	10																				
20	MANUAL/CHARGED RATE There is an assumed decimal point between positions 215 and 216. DE/PA – Authorized Rating Value NOT APPLICABLE: CA, MA, MI, MN, NCCI, WI	(N)	212–217	6																				
21	A-RATED MINIMUM PREMIUM (NY ONLY)	(N)	218–222	5																				

IV. PAYROLL/LOSS INFORMATION RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes																						
22	EXPECTED LOSS TOTAL Total, normal or average yearly anticipated loss amounts based on the employer's size and classifications, obtained by multiplying the exposure basis for each class by the class expected loss rate.	(N)	223-231	9																						
23	EXPECTED PRIMARY LOSS AMOUNT Portion of total expected losses subject to a state maximum amount per claim. Obtained by multiplying the total expected losses by the D-ratio. NOT APPLICABLE: DE, PA	(N)	232-240	9																						
24	RESERVED FOR FUTURE USE		241	1																						
25	LOSS SEQUENCE NUMBER A number that identifies the sequence in which the loss record is to print on the experience rating worksheet. NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, NC, PA, WI	(N)	242-246	5																						
26	CLAIM NUMBER Alphanumeric code that uniquely identifies a loss claim. DE/PA: Limited loss only	(AN)	247-258	12																						
27	INJURY CODE Code that identifies under which provision of the law benefits were paid or expected to be paid. DE/PA: Limited loss only NOT APPLICABLE: MA	(AN)	259-260	2																						
28	U.S. HARBOR & LONGSHOREMAN CODE DE/PA: Indicate other than State Act NOT APPLICABLE: CA, MA, MN, WI	(AN)	261-262	2																						
29	STATUS CODE <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>Closed (MN & WI)</td> </tr> <tr> <td>O</td> <td>Open</td> </tr> <tr> <td>F</td> <td>Finished (NA WI)</td> </tr> <tr> <td>R</td> <td>Reopen (MN Only)</td> </tr> <tr> <td>*</td> <td>Grouped</td> </tr> </tbody> </table> NOT APPLICABLE: DE, NY, PA	Code	Description	C	Closed (MN & WI)	O	Open	F	Finished (NA WI)	R	Reopen (MN Only)	*	Grouped	(AN)	263	1										
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C	Closed (MN & WI)																									
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30	LOSS DATA TYPE CODE <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>#</td> <td>Limited NCCI (NCCI only)</td> </tr> <tr> <td>1</td> <td>Detail Loss (NA: NCCI)</td> </tr> <tr> <td>2</td> <td>Losses summarized by policy year (NA: NCCI)</td> </tr> <tr> <td>3</td> <td>Detail Limited Loss (NA: NCCI)</td> </tr> <tr> <td>4</td> <td>Total Losses (NA: NCCI)</td> </tr> <tr> <td>5</td> <td>Total Limited Losses (NA: NCCI)</td> </tr> <tr> <td>6</td> <td>Merit Lost-Time Claim (NA: NCCI)</td> </tr> <tr> <td>C</td> <td>Catastrophic Limited Loss (NCCI only)</td> </tr> <tr> <td>D</td> <td>Disease Limited Loss (NCCI only)</td> </tr> <tr> <td>E</td> <td>Employers Liability Limited Loss (NCCI only)</td> </tr> </tbody> </table> NOT APPLICABLE: NY	Code	Description	#	Limited NCCI (NCCI only)	1	Detail Loss (NA: NCCI)	2	Losses summarized by policy year (NA: NCCI)	3	Detail Limited Loss (NA: NCCI)	4	Total Losses (NA: NCCI)	5	Total Limited Losses (NA: NCCI)	6	Merit Lost-Time Claim (NA: NCCI)	C	Catastrophic Limited Loss (NCCI only)	D	Disease Limited Loss (NCCI only)	E	Employers Liability Limited Loss (NCCI only)	(AN)	264	1
Code	Description																									
#	Limited NCCI (NCCI only)																									
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IV. PAYROLL/LOSS INFORMATION RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
31	ACTUAL INCURRED LOSS TOTAL AMOUNT Total incurred value of the loss (medical + indemnity).	(N)	265-273	9
32	ACTUAL PRIMARY LOSS AMOUNT The maximum value for each loss for the experience rating period, limited to a state maximum amount per claim.	(N)	274-282	9
33	DE/PA: Total losses used ACTUAL INCURRED LOSS MESSAGE CODE Identifies a Policy Level Message that applies to the Actual Incurred Loss Total reported on this record. If none apply, will be blank.		283	1
	Code Description			
	* Denotes Loss Limit Applied			
	A State Per Claim Accident Limitation			
	C Multiple Claim Accident			
	D Loss in excess of State Multiple Claim Accident Limitation			
	F Subrogation Received by the Carrier			
	G 2 nd Injury Fund Recovery Anticipated			
	H Claim was Declared Non-compensable			
	J USL&H Act Per Claim Accident Limitation			
	K Catastrophe Code 48 Excluded from Modification Calculation			
	NOT APPLICABLE: NCCI			
34	ACTUAL PRIMARY LOSS MESSAGE CODE Identifies a Policy Level Message that applies to the Actual Primary Loss Amount reported on this record. If none apply, will be blank.		284	1
	Code Description			
	E Primary Loss Limitation of Multiple Claim Accident			
	NOT APPLICABLE: NCCI			
35	INCURRED MEDICAL AMOUNT A whole dollar amount representing incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.	(N)	285-293	9
	NOT APPLICABLE: MI, MN, NY, NCCI, WI			
36	INCURRED INDEMNITY AMOUNT A whole dollar amount representing incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work.	(N)	294-302	9
	NOT APPLICABLE: MI, MN, NCCI, NY, WI			
37	LOSS COVERAGE (ACT) CODES Loss conditions.	(AN)	303-304	2
	NOT APPLICABLE: DE, MI, MN, NCCI, NY, PA, WI			
38	CATASTROPHE NUMBER Indicates loss is part of a catastrophe.	(N)	305-306	2
	NOT APPLICABLE: MI, MN			

IV. PAYROLL/LOSS INFORMATION RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
39	CLAIM COUNT Number of claims reported as a grouped loss. NOT APPLICABLE: DE, MI, MN, PA	(N)	307-311	5
40	ELIGIBILITY PREMIUM AMOUNT - EXPERIENCE Indicates the policy premium amount that is used to determine the risk's eligibility for experience rating. NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, NC, PA, WI	(N)	312-319	8
41	WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO	(AN)	320	1

V. PRIMARY/STATE SUMMARY INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "03". Record Type Code 03 will contain the Primary/State Summary information for each unique firm. NOT APPLICABLE: CA, DE, MA, MN, NY, PA	(AN)	1-2	2
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-64	3
4	STATE CODE—EXPERIENCE NOT APPLICABLE: MI	(N)	65-66	2
5	FIRM CODE/MULTIPLE ENTITY CODE This field identifies the entities with separate policies that have been combined for experience rating purposes.	(AN)	67-68	2
6	CARRIER CODE—EXPERIENCE NOT APPLICABLE: MI, WI	(N)	69-73	5
7	POLICY NUMBER IDENTIFIER—EXPERIENCE NOT APPLICABLE: MI, WI	(AN)	74-91	18
8	POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD) Year, Month, Day policy is effective.	(N)	92-99	8
9	POLICY EXPIRATION DATE—EXPERIENCE (YYYYMMDD) Year, Month, Day policy expires. NOT APPLICABLE: MI	(N)	100-107	8
10	RESERVED FOR FUTURE USE		108-115	8
11	POLICY—TOTAL EXPOSURE	(N)	116-126	11
12	SUBJECT PREMIUM AMOUNT NOT APPLICABLE: MI, WI	(N)	127-136	10
13	POLICY TOTAL: ACTUAL INCURRED LOSSES	(N)	137-146	10
14	POLICY TOTAL: PRIMARY ACTUAL LOSSES	(N)	147-156	10
15	RESERVED FOR FUTURE USE		157-319	163
16	WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO	(AN)	320	1

VI. POLICY LEVEL MESSAGES RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "A3". Record Type Code A3 will contain policy level messages. NOT APPLICABLE: CA, DE, NY, PA	(AN)	1-2	2
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-72	11
4	MESSAGE SEQUENCE Message sequence identifies the numeric sequence that each line of message would be displayed on the worksheet.	(N)	73-75	3
5	LINE NUMBER Used to determine the messages line numbers for each message sequence	(N)	76-78	3
6	MESSAGE	(AN)	79-178	100
7	CARRIER CODE—EXPERIENCE The carrier code of the policy to which the policy level message pertains. NOT APPLICABLE: NCCI	(N)	179-183	5
8	POLICY NUMBER IDENTIFIER —EXPERIENCE The unique policy identifier of the policy to which the policy level message pertains NOT APPLICABLE: NCCI	(AN)	184-201	18
9	POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD) The Effective date (Year, Month, Day) of the policy to which the policy level message pertains. NOT APPLICABLE: NCCI	(N)	202-209	8
10	RESERVED FOR FUTURE USE		210-319	110
11	WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO	(AN)	320	1

VII. STATE/FIRM SUMMARY INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "04". Record Type Code 04 will contain State/Firm summary information to produce the summary page.	(AN)	1-2	2
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-64	3
4	STATE CODE NOT APPLICABLE: CA, DE, MN, NY, PA, WI	(N)	65-66	2
5	FIRM CODE/MULTIPLE ENTITY CODE This field identifies the entities with separate policies that have been combined for experience rating purposes. NOT APPLICABLE: CA, DE, MA, MN, NY, PA	(AN)	67-68	2
6	RESERVED FOR FUTURE USE		69-72	4
7	STATE ABBREVIATION The alphabetic abbreviation of the state. Interstate only. NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(AN)	73-74	2
8	PRELIMINARY STATE RATING CODE NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(AN)	75	1
9	WEIGHT FACTOR A ratio that determines the proportion of actual excess losses to enter the experience modification calculation. This is sometimes referred to as the credibility value. There is an assumed decimal point between positions 78 and 79. DE/PA: Credibility—the extent to which an insured's actual (limited) losses will be reflected in the experience modification.	(N)	76-81	6
10	SRP (SELF-RATING POINT) NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(N)	82-85	4
11	RESERVED FOR FUTURE USE		86-94	9

VII. STATE/FIRM SUMMARY INFORMATION RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
12	EXPECTED LOSS TOTAL Total expected losses for the state used in experience modification formula	(N)	95-103	9
13	EXPECTED PRIMARY LOSS AMOUNT Portion of total expected losses for the state subject to a state maximum amount per claim. Obtained by multiplying the total expected losses by the D-ratio. NOT APPLICABLE: DE, PA	(N)	104-112	9
14	ACTUAL EXCESS LOSS AMOUNT Portion of each claim above the state maximum amount. Obtained by subtracting the actual primary losses from the total actual losses. NOT APPLICABLE: DE, MN, PA	(N)	113-121	9
15	ACTUAL INCURRED LOSS TOTAL Total losses used in experience modification formula.	(N)	122-130	9
16	BALLAST AMOUNT The stabilizing element designed to limit the effect of any single loss on the experience modification. DE: Ballast Factor	(N)	131-139	9
17	ACTUAL PRIMARY LOSS AMOUNT Paid and reserve claim values for the experience rating period, limited to a state maximum amount per claim. NOT APPLICABLE: DE, PA	(N)	140-148	9
18	ARAP FACTOR This is a program that imposes additional charges on employers in the residual market where applicable. NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(N)	149-151	3
19	AVERAGE BALLAST AMOUNT Ballast for the state based on total expected losses for the rating. NOT APPLICABLE: CA, DE, MN, NY, PA, WI	(N)	152-160	9
20	LIMIT CHARGE FACTOR An additional charge applied to experience-rated risks in exchange for the procedure of using only limited actual losses in experience rating. Amount of Limit Charge is dependent on applicable maximum loss limit; a function of expected loss size of risk. There is an assumed decimal point preceding position 161. NOT APPLICABLE: MA, MI, MN, NCCI, NY, WI	(N)	161-163	3
21	RESERVED FOR FUTURE USE		164	1
22	CAP LIMIT There is an assumed decimal point between positions 166 and 167. NOT APPLICABLE: CA, DE, MI, MN, NCCI, PA, WI	(N)	165-168	4
23	LOSS LIMITED REDUCTION TOTAL NOT APPLICABLE: CA, DE, MN, NCCI, NY, PA	(N)	169-178	10

VII. STATE/FIRM SUMMARY INFORMATION RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
24	RESERVED FOR FUTURE USE		179-319	141
25	WCRATING FORMAT CODE Identifies Version Format	(AN)	320	1

Blank—NCCI
1—WCIO

VIII. MESSAGES RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "05".	(AN)	1-2	2
	Record Type Code 05 will contain messages printed on the Summary Page.			
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-69	8
4	MESSAGE CODE	(N)	70-72	3

Code	Description
001	Revised Rating
002	Revised—Additional Rate Card
003	Revised—Change of Anniversary
004	Revised Classification
005	Revised—Additional Experience
006	Revised—Elimination of Experience
007	Revised Payrolls & Losses
008	Revised Payrolls
009	Revised Losses
010	Combination Effective xx/xx/xx
011	Revised Expected Losses/D-Ratio
012	Revised—Interstate Bureau Correction
013	New Case Rating
014	Correction
015	Reserved for Future Use
016	Reserved for Future Use
017	Reserved for Future Use
018	Revised Rating Values
019	Revised Manual Rates
020	Contingent Rating
021	Expected Losses Adjusted for PAP
022	Reserved for Future Use
023	Reprinted
024	Indemnity Claims = xx
025	Loss Limit Applied
026	Special Rating Rule
027	Small Risk Debit Limit
028	Plan C
029	Modified Surcharge = xx
030	Surcharge = xx
031	Rating Reflects a Decrease of 70% Medical Only (Injury Code 6) Primary/Excess Loss Dollars
032	AR Rates

VIII. MESSAGES RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
4	MESSAGE CODE (CON'T)	(N)	70-72	3
033	Does Not Qualify for Experience Rating			
034	Rating has been withdrawn due to ineligibility of risk			
035	Replaces tentative experience modification—Bureau endorsement not required			
036	Experience rating is based upon all available data			
037	Secondary Location—Authorized classes for this location only			
037	Use Surcharge 0277 only for Residual Market Employer			
039	Rating has been withdrawn due to application of interstate experience modification			
040	Rating has been withdrawn due to incorrect rating effective date			
041	This contingent experience modification was calculated using available information and is provided for informational purposes. A complete rating will be issued upon receipt of the following data.			
042	Pending rate change effective xx/xx/xx			
043	Rating revised due to loss corrections			
044	c—Multiple claim accident			
045	p—Loss in excess of state multiple claim accident			
046	e—Primary loss limitation of multiple claim accident			
047	a—Loss has been limited to xx,xxx			
048	Experience modification has been limited			
049	Preliminary experience modification pending A-rate change effective xx/xx/xx			
050	Rating has been withdrawn due to a material change in ownership			
051	See attached before applying experience modification			
052	This experience modification has been promulgated using rating values established by the carrier of record			
053	Not rated due to No Current Coverage for this employer – (MN ONLY)			
080	Merit Rating			
999	Free-Form Text Message			

NOT APPLICABLE: CA,

VIII. MESSAGES RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
5	MESSAGE SEQUENCE Message sequence identifies the numeric sequence that each line of message would be displayed on the worksheet.	(N)	73-75	3
6	LINE NUMBER Used to determine the messages line numbers for each message sequence.	(N)	76-78	3
7	MESSAGE	(AN)	79-178	100
8	RESERVED FOR FUTURE USE		179-319	141
9	WCRATING FORMAT CODE Identifies Version Format	(AN)	320	1

Blank—NCCI
1—WCIO

IX. BRANCH CODE INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "06".	(AN)	1-2	2
	Record Type Code 06 will contain the branch code information for the distribution instructions.			
	NOT APPLICABLE: CA, DE, MN, NY, PA, WI			
2	LINK DATA Contains fields common to all record types.		3-61	59
3	BRANCH CODE 3-digit branch code	(N)	62-64	3
4	STATE CODE 2-digit state abbreviation of the physical branch address.	(AN)	65-66	2
5	CITY OF THE PHYSICAL BRANCH ADDRESS	(AN)	67-98	32
6	CARRIER ZIP CODE	(AN)	99-107	9
7	RESERVED FOR FUTURE USE		108-319	212
8	WCRATING FORMAT CODE Identifies Version Format	(AN)	320	1
	Blank—NCCI 1—WCIO			

X. CONTINGENT RATING RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "07". Record Type Code 07 will be used If Contingent Rating is applicable. Multiples can occur. NOT APPLICABLE: CA, DE, MI, NY, PA	(AN)	1-2	2
2	LINK DATA Contains fields common to all record types.		3-61	59
3	RESERVED FOR FUTURE USE		62-69	8
4	STATE CODE	(N)	70-169	100
5	FIRM CODE/MULTIPLE ENTITY CODE This field identifies the entities with separate policies that have been combined for experience rating purposes. NOT APPLICABLE: MN	(N)	170-171	2
6	DETAIL REPORT LEVEL CODE/ REPORT NUMBER	(AN)	172-173	2
7	DETAIL CONTINGENT EFFECTIVE DATE (MMYY)	(AN)	174-177	4
8	DETAIL CARRIER NAME	(AN)	178-217	40
9	DETAIL POLICY NUMBER IDENTIFIER	(N)	218-235	18
10	FORM TYPE CODE Valid values "TEXAS," "INTER," "INTRA" NOT APPLICABLE: MN	(AN)	236-240	5
11	RESERVED FOR FUTURE USE		241-319	79
12	WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO	(AN)	320	1

XI. TRAILER RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "99". Record Type Code 99 Indicates the end of the distribution records for the Carrier Pup (Carrier Group's Subsidiary Companies) listed in the 00 record type or end of the file (see Trailer Type in position 3 below). CA: Record Type Code 99 indicates the end of a set of records for a single rating worksheet.	(AN)	1-2	2
2	TRAILER TYPE CODE Blank = End of Carrier Pup CA: Blank = End of a set of records for single rating worksheet. NOTE: SUBMIT ONE AND ONLY ONE RECORD FOR EACH RECORD TYPE 00 ON THE TAPE, CARTRIDGE OR FILE. CA NOTE: SUBMIT ONE RECORD FOR EACH SET OF RECORDS FOR A SINGLE RATING WORKSHEET ON THE FILE. EACH SET OF RECORDS FOR A SINGLE RATING WORKSHEET WILL BEGIN WITH A RECORD TYPE 00 AND END WITH A RECORD TYPE 99. Record Type 00 will signify the beginning of the rating worksheets for the designated Carrier Pup and Record Type 99. CA: Record Type 00 will signify the beginning of a set of records for a single rating worksheet and Record Type 99. Trailer Type = blank will signify the end of the rating worksheets for that Carrier Pup. CA: Trailer Type = blank will signify the end of a set of records for a single rating worksheet. 9 = Submission Control NOTE: SUBMIT ONE AND ONLY ONE SUBMISSION CONTROL RECORD PER TAPE, CARTRIDGE OR FILE. The submission control record must be the last record on the file.	(AN)	3	1
3	DETAIL RECORD COUNT If Trailer Type = blank, then report the total number of records contained on the file for the associated Carrier Pup, including all record types (00-99). CA: If Trailer Type = blank, then report the total number of records for a set of records for a single rating worksheet including all record types (00-99). If Trailer Type = 9, then report the total number of records contained on the file including all record types (00-99), but excluding the Electronic Transmittal Record (if used). CA: If Trailer Type = 9, then report the total number of records for the one or more sets of records for the rating worksheets, but excluding the Electronic Transmittal Record (if used).	(N)	4-13	10

XI. TRAILER RECORD (CON'T)

Field No.	Field Title/Description	Class	Position	Bytes
4	<p>NUMBER OF RATINGS If Trailer Type = blank, then report the number of rating documents contained on the file for the associated Carrier Pup. This field will show ONLY the total number of Header Records (Record Type 01) on the tape, cartridge or file for the associated Carrier Pup.</p> <p>CA: If Trailer Type = blank, the value will always be equal to one, as Record Type 99 marks the end of a single rating document.</p> <p>If Trailer Type = 9, then report the number of rating documents contained on the file. This field will show ONLY the total number of Header Records (Record Type 01) on the tape, cartridge or file.</p> <p>CA: If Trailer Type = 9, then report the number of rating documents contained on the file. This field will show ONLY the total number of Record Type 00 records (Record Type 00 marks the beginning of a single rating document and Record Type 99 marks the end of a single rating document) contained on the file.</p>	(N)	14-21	8
5	ASTERISKS FILLED	(AN)	22-319	298
6	<p>WCRATING FORMAT CODE Identifies Version Format</p> <p>Blank—NCCI 1—WCIO</p>	(AN)	320	1