**WCIO Workers Compensation Data
Specifications Manual**

**WORKERS COMPENSATION CALL FOR
DETAILED CLAIM INFORMATION (WCCDCI)**

Summary of Changes: No changes in this version.

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
A		
ACCIDENT DATE	Detailed Claim Information Record	75-82
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ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR	Detailed Claim Information Record	321-321
B		
BENEFIT AMOUNT PAID - FIFTH POSITION	Detailed Claim Information Record	214-222
BENEFIT AMOUNT PAID - FIRST POSITION	Detailed Claim Information Record	146-154
BENEFIT AMOUNT PAID - FOURTH POSITION	Detailed Claim Information Record	197-205
BENEFIT AMOUNT PAID - SECOND POSITION	Detailed Claim Information Record	163-171
BENEFIT AMOUNT PAID - THIRD POSITION	Detailed Claim Information Record	180-188
BENEFIT TYPE CODE - FIFTH POSITION	Detailed Claim Information Record	212-213
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BENEFITS COVERED BY LUMP SUM CODE - FIFTH POSITION	Detailed Claim Information Record	385-386
BENEFITS COVERED BY LUMP SUM CODE - FIRST POSITION	Detailed Claim Information Record	341-342
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BENEFITS COVERED BY LUMP SUM CODE - SECOND POSITION	Detailed Claim Information Record	352-353
BENEFITS COVERED BY LUMP SUM CODE - SIXTH POSITION	Detailed Claim Information Record	396-397
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C		
CARRIER CODE	Detailed Claim Information Record	2-6
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CLAIM NUMBER IDENTIFIER	Detailed Claim Information Record	42-53
CLAIM/STATUS CODE	Detailed Claim Information Record	126-126
CLAIMANT GENDER CODE	Detailed Claim Information Record	101-101
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT PAID	Detailed Claim Information Record	323-331
CLASSIFICATION CODE	Detailed Claim Information Record	91-94
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CONTROVERTED/DISPUTED CASE INDICATOR	Detailed Claim Information Record	322-322
D		
DATE OF FIRST PAYMENT	Detailed Claim Information Record	532-539
E		
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID	Detailed Claim Information Record	332-340
EXTRAORDINARY LOSS EVENT CLAIM INDICATOR	Detailed Claim Information Record	417-417
F		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Detailed Claim Information Record	510-518
FILLER	File Control Record	7-41
H		
HIRE YEAR	Detailed Claim Information Record	106-109
HOSPITAL COSTS AMOUNT PAID	Detailed Claim Information Record	540-548
I		
IMPAIRMENT PERCENTAGE BASIS CODE	Detailed Claim Information Record	312-312

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
IMPAIRMENT/DISABILITY PERCENTAGE	Detailed Claim Information Record	309-311
INCURRED INDEMNITY AMOUNT TOTAL	Detailed Claim Information Record	135-143
INCURRED MEDICAL AMOUNT TOTAL	Detailed Claim Information Record	282-290

J

JURISDICTION STATE CODE	Detailed Claim Information Record	71-72

L

LUMP SUM AMOUNT PAID - FIFTH POSITION	Detailed Claim Information Record	387-395
LUMP SUM AMOUNT PAID - FIRST POSITION	Detailed Claim Information Record	343-351
LUMP SUM AMOUNT PAID - FOURTH POSITION	Detailed Claim Information Record	376-384
LUMP SUM AMOUNT PAID - SECOND POSITION	Detailed Claim Information Record	354-362
LUMP SUM AMOUNT PAID - SIXTH POSITION	Detailed Claim Information Record	398-406
LUMP SUM AMOUNT PAID - THIRD POSITION	Detailed Claim Information Record	365-373

M

MAXIMUM MEDICAL IMPROVEMENT DATE	Detailed Claim Information Record	313-320
MEDICAL EXTINGUISHMENT INDICATOR	Detailed Claim Information Record	407-407
METHOD OF DETERMINING PRE-INJURY / AVERAGE WEEKLY WAGE CODE	Detailed Claim Information Record	119-119

N

NATURE OF INJURY CODE	Detailed Claim Information Record	122-123

P

PAID MEDICAL AMOUNT TOTAL	Detailed Claim Information Record	291-299
PART OF BODY CODE	Detailed Claim Information Record	120-121
POLICY EFFECTIVE DATE	Detailed Claim Information Record	30-37
POLICY NUMBER IDENTIFIER	Detailed Claim Information Record	12-29
POST-INJURY WEEKLY WAGE AMOUNT	Detailed Claim Information Record	300-308
PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT	Detailed Claim Information Record	114-118
PREVIOUS CARRIER CODE	Detailed Claim Information Record	426-430
PREVIOUS CLAIM NUMBER IDENTIFIER	Detailed Claim Information Record	470-481
PREVIOUS POLICY EFFECTIVE DATE	Detailed Claim Information Record	454-461
PREVIOUS POLICY NUMBER IDENTIFIER	Detailed Claim Information Record	436-453
PREVIOUS REPORTED TO INSURER DATE	Detailed Claim Information Record	462-469

R

RECORD TOTALS	File Control Record	42-49
RECORD TYPE CODE	Detailed Claim Information Record	1-1
	File Control Record	1-1
RECOVERY REIMBURSEMENT AMOUNT	Detailed Claim Information Record	482-490
REPLACEMENT REPORT CODE	Detailed Claim Information Record	41-41
REPORTED TO INSURER DATE	Detailed Claim Information Record	83-90
RESERVED FOR FUTURE USE	Detailed Claim Information Record	7-11
	Detailed Claim Information Record	54-70
	Detailed Claim Information Record	110-113
	Detailed Claim Information Record	229-245
	Detailed Claim Information Record	418-425
	Detailed Claim Information Record	431-435
	Detailed Claim Information Record	491-500
	Detailed Claim Information Record	519-526
	Detailed Claim Information Record	558-600
	File Control Record	50-250
RETURN TO WORK DATE	Detailed Claim Information Record	408-415
RETURN TO WORK RATE OF PAY INDICATOR	Detailed Claim Information Record	416-416

S

SOCIAL SECURITY NUMBER	Detailed Claim Information Record	501-509

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
T		
TOTAL PAYMENTS TO PHYSICIANS	Detailed Claim Information Record	549-557
TYPE OF CLAIM CODE	Detailed Claim Information Record	99-100
TYPE OF LOSS CODE	Detailed Claim Information Record	95-96
TYPE OF RECOVERY CODE	Detailed Claim Information Record	97-98
V		
VALUATION LEVEL CODE	Detailed Claim Information Record	38-40
VOCATIONAL REHABILITATION - EDUCATION EXPENSE AMOUNT PAID	Detailed Claim Information Record	264-272
VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID	Detailed Claim Information Record	246-254
VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID	Detailed Claim Information Record	255-263
VOCATIONAL REHABILITATION - OTHER AMOUNT PAID	Detailed Claim Information Record	273-281
W		
WEEKLY BENEFIT AMOUNT - FIFTH POSITION	Detailed Claim Information Record	223-228
WEEKLY BENEFIT AMOUNT - FIRST POSITION	Detailed Claim Information Record	155-160
WEEKLY BENEFIT AMOUNT - FOURTH POSITION	Detailed Claim Information Record	206-211
WEEKLY BENEFIT AMOUNT - SECOND POSITION	Detailed Claim Information Record	172-177
WEEKLY BENEFIT AMOUNT - THIRD POSITION	Detailed Claim Information Record	189-194
Z		
ZIP CODE OF INJURY SITE	Detailed Claim Information Record	527-531

Field No.	Field Title/Description	Class	Position	Bytes

DETAILED CLAIM INFORMATION RECORD

1	**RECORD TYPE CODE**	N	1-1	1

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

Report "1" for all Detailed Claim Information (DCI) valuation levels.

2	**CARRIER CODE**	N	2-6	5

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

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

3	**RESERVED FOR FUTURE USE**	AN	7-11	5

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

4	**POLICY NUMBER IDENTIFIER**	AN	12-29	18

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

Report the unique identifier used for identifying the policy.

5	**POLICY EFFECTIVE DATE**	N	30-37	8

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

Report the date that the policy became effective.

Format CCYYMMDD.

6	**VALUATION LEVEL CODE**	N	38-40	3

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

Report the code that corresponds to the loss valuation date per the Valuation Level Code table.

Code	Description
006	Valued 6 months from Reported to Insurer Date
	This code is applicable in Texas only.
018	Valued 18 months from Reported to Insurer Date
030	Valued 30 months from Reported to Insurer Date
042	Valued 42 months from Reported to Insurer Date
054	Valued 54 months from Reported to Insurer Date
066	Valued 66 months from Reported to Insurer Date
078	Valued 78 months from Reported to Insurer Date
090	Valued 90 months from Reported to Insurer Date
102	Valued 102 months from Reported to Insurer Date

Field No.	Field Title/Description	Class	Position	Bytes
	114　Valued 114 months from Reported to Insurer Date			
	126　Valued 126 months from Reported to Insurer Date			
	138　Valued 138 months from Reported to Insurer Date			
7	**REPLACEMENT REPORT CODE**	AN	41-41	1

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

Report that indicates if the record being submitted corrects a non-rejected data element or data elements previously reported with an incorrect value.

Code　Description

R　　Replaces a previous report due to incorrect value

8	**CLAIM NUMBER IDENTIFIER**	AN	42-53	12

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

Report the unique identifier used for uniquely identifying the claim.

Do not report any embedded blanks, marks of punctuation or special characters.

9	**RESERVED FOR FUTURE USE**	AN	54-70	17

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

10	**JURISDICTION STATE CODE**	N	71-72	2

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

Report the code that corresponds to the state under whose Workers Compensation Act or Employers Liability Act the claimant's benefits are being paid.

11	**ACCIDENT STATE CODE**	N	73-74	2

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

Report the code that corresponds to the state or foreign location where the claimant was injured or contracted disease.

The accident state does not have to be the same as the jurisdiction state.

12	**ACCIDENT DATE**	N	75-82	8

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

Report the date the claimant was injured.

Format CCYYMMDD.

13	**REPORTED TO INSURER DATE**	N	83-90	8

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

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date the claim was originally reported to the insurer.			
	The Reported to Insurer Date must be after or the same as Accident Date (positions 75–82).			
	Format CCYYMMDD.			
14	**CLASSIFICATION CODE**	N	91-94	4
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the class code assigned to the injured employee's payroll or other exposure according to the rules of, or as defined by, the jurisdiction.			
	The classification code must be valid for the state and effective date of the policy.			
15	**TYPE OF LOSS CODE**	N	95-96	2
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the code that corresponds to the type of injury condition, or disorder.			

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

Field No.	Field Title/Description	Class	Position	Bytes
16	**TYPE OF RECOVERY CODE**	N	97-98	2
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the code that corresponds to the type of recovery received or anticipated.			

Code	Description
01	No Recovery
02	Second Injury Fund Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury Fund (Third Party)
05	Joint Coverage - Without Subrogation N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
06	Joint Coverage - With Subrogation N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
17	**TYPE OF CLAIM CODE**	N	99-100	2
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Field No.	Field Title/Description	Class	Position	Bytes
	Report the code that corresponds to the provision(s) of the policy under which the loss was incurred.			

Code	Description
01	Workers Compensation Only
02	Employers Liability Only
03	Workers Compensation Including Employers Liability
04	Liability Over
05	Excess Benefits
06	Excess Special Compensation

Field No.	Field Title/Description	Class	Position	Bytes
18	**CLAIMANT GENDER CODE**	N	101-101	1

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

Report the code that corresponds to the claimant's gender.

Code	Description
1	Male
2	Female
3	Other

Field No.	Field Title/Description	Class	Position	Bytes
19	**BIRTH YEAR**	N	102-105	4

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

Report the year the claimant was born.

Format YYYY.

Field No.	Field Title/Description	Class	Position	Bytes
20	**HIRE YEAR**	N	106-109	4

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

Report the year the claimant was hired.

Format YYYY.

Field No.	Field Title/Description	Class	Position	Bytes
21	**RESERVED FOR FUTURE USE**	AN	110-113	4

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

Field No.	Field Title/Description	Class	Position	Bytes
22	**PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT**	N	114-118	5

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

Report the average weekly wage of the claimant or deceased worker at the time of the accident.

The Accident Date is in positions 75-82 of this record.

Field No.	Field Title/Description	Class	Position	Bytes
23	**METHOD OF DETERMINING PRE-INJURY / AVERAGE**	N	119-119	1

Field No.	Field Title/Description	Class	Position	Bytes
	WEEKLY WAGE CODE			

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

Report the code that corresponds to the method used to determine the Pre-injury/Average Weekly Wage Amount.

The Pre-injury/Average Weekly Wage Amount is in positions 114–118.

Code	Description
1	Actual Wage
2	Estimated Wage
3	Minimum Weekly Benefit
4	Maximum Weekly Benefit

Field No.	Field Title/Description	Class	Position	Bytes
24	**PART OF BODY CODE**	N	120-121	2

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

Report the code that corresponds to the part of the claimant's body that sustained the injury.

Field No.	Field Title/Description	Class	Position	Bytes
25	**NATURE OF INJURY CODE**	N	122-123	2

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

Report the code that corresponds to the nature of the injury sustained by the claimant.

Field No.	Field Title/Description	Class	Position	Bytes
26	**CAUSE OF INJURY CODE**	N	124-125	2

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

Report the code that corresponds to the cause of injury sustained by the claimant.

Field No.	Field Title/Description	Class	Position	Bytes
27	**CLAIM/STATUS CODE**	N	126-126	1

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

Report the code that corresponds to the current status of the claim at the time of loss valuation.

Code	Description
0	Open Claim
1	Closed Claim
2	Reopened Claim N/A: NCCI
	This code is not used in this specification.
3	Reserved for Future Use N/A: NCCI
	This code is not used in this specification.

Field No.	Field Title/Description	Class	Position	Bytes
	4 Open Claim—Payment not made or initiated N/A: NCCI			
	This code is not used in this specification.			
	5 Became Medical Only			

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

Report the most recent date as of loss valuation that the claim was closed only if Claim/Status Code (position 126) is reported as "1" (Closed).

Format CCYYMMDD.

Class N   Position 127-134   Bytes 8

29   INCURRED INDEMNITY AMOUNT TOTAL
NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Report the total amount to date of all paid and current outstanding (reserve) indemnity benefits excluding loss adjustment expenses (e.g., ALAE and ULAE).

Class N   Position 135-143   Bytes 9

30   BENEFIT TYPE CODE - FIRST POSITION
NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Report the code that corresponds to the type of benefits.

The Benefit Amount is in positions 146-154 and 155-160 of this record.

At least one Benefit Type Code must be reported for all claims for which a benefit payment has been made that was not part of a Lump Sum Amount.

This is a recurring field. Repeat as needed.

If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397 of this record).

Class N   Position 144-145   Bytes 2

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
09	Disfigurement
11	Temporary Partial

Field No.	Field Title/Description	Class	Position	Bytes
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			
31	**BENEFIT AMOUNT PAID - FIRST POSITION**	N	146-154	9

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

Report the indemnity amount paid to date that corresponds with the Benefit Type Code - First Position indicated in positions 144-145 of this record.

This is a recurring field. Repeat as needed.

Field No.	Field Title/Description	Class	Position	Bytes
32	**WEEKLY BENEFIT AMOUNT - FIRST POSITION**	N	155-160	6

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

Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code.

This is a recurring field. Repeat as needed.

The corresponding Benefit Type Code - First Position is in positions 144-145 of this record.

Field No.	Field Title/Description	Class	Position	Bytes
33	**BENEFIT TYPE CODE - SECOND POSITION**	N	161-162	2

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

Report the code that corresponds to the type of benefits.

The Benefit Amount is in positions 163-171 and 172-177 of this record.

At least one Benefit Type Code must be reported for all claims for which a benefit payment has been made that was not part of a Lump Sum Amount.

This is a recurring field. Repeat as needed.

If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397 of this record).

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury

Field No.	Field Title/Description	Class	Position	Bytes
	09 Disfigurement			
	11 Temporary Partial			
	12 Emloyers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			

34   **BENEFIT AMOUNT PAID - SECOND POSITION**   N   163-171   9

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

Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Second Position indicated in positions 161-162 of this record.

This is a recurring field. Repeat as needed.

35   **WEEKLY BENEFIT AMOUNT - SECOND POSITION**   N   172-177   6

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

Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code.

This is a recurring field. Repeat as needed.

The corresponding Benefit Type Code - Second Position is in positions 161-162 of this record.

36   **BENEFIT TYPE CODE - THIRD POSITION**   N   178-179   2

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

Report the code that corresponds to the type of benefits.

The Benefit Amount is in positions 180-188 and 189-194 of this record.

At least one Benefit Type Code must be reported for all claims for which a benefit payment has been made that was not part of a Lump Sum Amount.

This is a recurring field. Repeat as needed.

If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397 of this record).

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial

Field No.	Field Title/Description	Class	Position	Bytes
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			

37   **BENEFIT AMOUNT PAID - THIRD POSITION**   N   180-188   9

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

Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Third Position indicated in positions 178-179 of this record.

This is a recurring field. Repeat as needed.

38   **WEEKLY BENEFIT AMOUNT - THIRD POSITION**   N   189-194   6

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

Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code.

This is a recurring field. Repeat as needed.

The corresponding Benefit Type Code - Third Position is in positions 178-179 of this record.

39   **BENEFIT TYPE CODE - FOURTH POSITION**   N   195-196   2

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

Report the code that corresponds to the type of benefits.

The Benefit Amount is in positions 197-205 and 206-211 of this record.

At least one Benefit Type Code must be reported for all claims for which a benefit payment has been made that was not part of a Lump Sum Amount.

This is a recurring field. Repeat as needed.

If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397 of this record).

Code   Description

01   Death

Field No.	Field Title/Description	Class	Position	Bytes
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			

40   **BENEFIT AMOUNT PAID - FOURTH POSITION**   N   197-205   9

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

Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Fourth Position indicated in positions 195-196 of this record.

This is a recurring field. Repeat as needed.

41   **WEEKLY BENEFIT AMOUNT - FOURTH POSITION**   N   206-211   6

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

Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code.

This is a recurring field. Repeat as needed.

The corresponding Benefit Type Code - Fourth Position is in positions 195-196 of this record.

42   **BENEFIT TYPE CODE - FIFTH POSITION**   N   212-213   2

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

Report the code that corresponds to the type of benefits.

The Benefit Amount is in positions 214-222 and 223-228 of this record.

At least one Benefit Type Code must be reported for all claims for which a benefit payment has been made that was not part of a Lump Sum Amount.

This is a recurring field. Repeat as needed.

If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397 of this record).

Field No.	Field Title/Description	Class	Position	Bytes
	Code **Description**			
	01　　Death			
	02　　Permanent Total Disability			
	03　　Scheduled Permanent Partial			
	04　　Unscheduled Permanent Partial			
	05　　Temporary Total Injury			
	09　　Disfigurement			
	11　　Temporary Partial			
	12　　Employers Liability			
	15　　Supplemental			
	50　　Other Specified Indemnity Benefits			
43	**BENEFIT AMOUNT PAID - FIFTH POSITION**	N	214-222	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Fifth Position indicated in positions 212-213 of this record.			
	This is a recurring field. Repeat as needed.			
44	**WEEKLY BENEFIT AMOUNT - FIFTH POSITION**	N	223-228	6
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code.			
	This is a recurring field. Repeat as needed.			
	The corresponding Benefit Type Code - Fifth Position is in positions 212-213 of this record.			
45	**RESERVED FOR FUTURE USE**	AN	229-245	17
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
46	**VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID**	N	246-254	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the amount paid to date for testing and evaluating the claimant's ability, aptitude, and/or attitude in determining suitability for vocational rehabilitation or placement.			
47	**VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID**	N	255-263	9

Field No.	Field Title/Description	Class	Position	Bytes

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

Report the amount paid to date for any expense that enables the claimant to receive or participate in a vocational rehabilitation service.

| 48 | **VOCATIONAL REHABILITATION - EDUCATION EXPENSE AMOUNT PAID** | N | 264-272 | 9 |

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

Report the amount paid to date for education/training costs including tuition, books, and tools.

| 49 | **VOCATIONAL REHABILITATION - OTHER AMOUNT PAID** | N | 273-281 | 9 |

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

Report the amount paid to date for any other phases of the vocational rehabilitation program not reported as: Vocational Rehabilitation - Education Expense Amount Paid; Vocational Rehabilitation - Evaluation Expense Amount Paid; Vocational Rehabilitation - Maintenance Benefit Amount Paid.

| 50 | **INCURRED MEDICAL AMOUNT TOTAL** | N | 282-290 | 9 |

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

Report the total to date of all paid and current outstanding (reserve) amounts for physicians, hospitals, drugs, physical rehabilitation, and other related services, excluding loss adjustment expenses (e.g., ALAE and ULAE).

| 51 | **PAID MEDICAL AMOUNT TOTAL** | N | 291-299 | 9 |

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

Report all paid amounts to date for physicians, hospitals, drugs, physical rehabilitation, and other related services, excluding loss adjustment expenses (e.g., ALAE and ULAE) and medical-only lump sum settlement amounts.

| 52 | **POST-INJURY WEEKLY WAGE AMOUNT** | N | 300-308 | 9 |

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

Report the weekly wage amount that the claimant earns and that is used to determine the benefits when the claimant returns to work.

| 53 | **IMPAIRMENT/DISABILITY PERCENTAGE** | N | 309-311 | 3 |

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

Report the percentage of impairment or disability only for states where impairment rating or disability rating is used to determine benefits and then for those claims where an impairment rating or disability rating was used to determine benefits.

If applicable, this field must be completed if Claim Status Code

Field No.	Field Title/Description	Class	Position	Bytes

(Position 126) is reported as "1" (Closed).

54   **IMPAIRMENT PERCENTAGE BASIS CODE**   N   312-312   1

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

Report the code that corresponds to whether the Impairment/Disability Percentage (Positions 309–311 of this record) was reported based on the whole body or part of body.

If applicable, this field must be completed if Claim Status Code (Position 126) is reported as "1" (Closed).

Code	Description
1	Impairment Percentage Based on Whole Body
2	Impairment Percentage Based on Part of Body

55   **MAXIMUM MEDICAL IMPROVEMENT DATE**   N   313-320   8

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

Report the Maximum Medical Improvement (MMI) Date for those claims where a permanent total benefit (Benefit Type Code 02—Permanent Total Disability) or a permanent partial benefit (Benefit Type Code 03—Scheduled Permanent Partial, 04—Unscheduled Permanent Partial, or 09—Permanent Partial Disfigurement) has been paid or is expected to be paid after final determination of MMI.

If applicable, this field must be completed if Claim/Status Code (position 126) is reported as "1" (Closed).

Format CCYYMMDD.

56   **ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR**   A   321-321   1

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

Report the applicable indicator code.

Code	Description
N	Claimant does not have an attorney or authorized representative
Y	Claimant has an attorney or authorized representative.

57   **CONTROVERTED/DISPUTED CASE INDICATOR**   A   322-322   1

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

Report the applicable indicator code.

A claim is considered to be controverted/disputed if a contest/dispute results in the claim being submitted to obtain a ruling from an authorized state workers compensation agency or

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Field No.	Field Title/Description	Class	Position	Bytes

other authorized adjudicator.

Code	Description
N	This claim is not or has not been contested or disputed for compensability and/or indemnity benefits.
Y	This claim is or was contested or disputed for compensability and/or indemnity benefits.

58   **CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT PAID**   N   323-331 9

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

Report the amount paid by the claimant only when a separate payment is made to the claimant attorney (i.e., separate checks).

If there is no amount paid by the claimant zero-fill and include in Benefit Amount Paid (Positions 146-154, 163-171, 180-188, 197-205, 214-222).

59   **EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID**   N   332-340 9

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

Report the amount paid by the employer or benefit payer for the services of an attorney or authorized representative.

60   **BENEFITS COVERED BY LUMP SUM CODE - FIRST POSITION**   N   341-342 2

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

Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.

The corresponding Lump Sum Amount Paid - First Position is in positions 343-351 of this record.

This is a recurring field. Repeat as needed.

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
06	Medical Only
09	Disfigurement
11	Temporary Partial

Field No.	Field Title/Description	Class	Position	Bytes

	12	Employers Liability			
	15	Supplemental			
	48	Penalties, Assessments, Interest			
	49	Indemnity and Medical Combined			
	50	Other Specified Indemnity Benefits			

61   **LUMP SUM AMOUNT PAID - FIRST POSITION**   N   343-351 9

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

Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.

The corresponding Benefits Covered by Lump Sum Code - First Position is in positions 341–342 of this record.

This is a recurring field. Repeat as needed.

62   **BENEFITS COVERED BY LUMP SUM CODE - SECOND POSITION**   N   352-353 2

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

Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.

The corresponding Lump Sum Amount Paid - Second Position is in positions 354-362 of this record.

This is a recurring field. Repeat as needed.

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
06	Medical Only
09	Disfigurement
11	Temporary Partial
12	Employers Liability
15	Supplemental
48	Penalties, Assessments, Interest
49	Indemnity and Medical Benefits

Field No.	Field Title/Description	Class	Position	Bytes
	50 Other Specified Indemnity Benefits			
63	**LUMP SUM AMOUNT PAID - SECOND POSITION**	N	354-362	9

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

Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.

The corresponding Benefits Covered by Lump Sum Code - Second Position is in positions 352-353 of this record.

This is a recurring field. Repeat as needed.

64	**BENEFITS COVERED BY LUMP SUM CODE - THIRD POSITION**	N	363-364	2

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

Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.

The corresponding Lump Sum Amount Paid - Third Position is in positions 365-373 of this record.

This is a recurring field. Repeat as needed.

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
06	Medical Only
09	Disfigurement
11	Temporary Partial
12	Employers Liability
15	Supplemental
48	Penalties, Assessments, Interest
49	Indemnity and Medical Benefits
50	Other Specified Indemnity Benefits

65	**LUMP SUM AMOUNT PAID - THIRD POSITION**	N	365-373	9

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

Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.

Field No.	Field Title/Description	Class	Position	Bytes

The corresponding Benefits Covered by Lump Sum Code - Third Position is in positions 363-364 of this record.

This is a recurring field. Repeat as needed.

| 66 | **BENEFITS COVERED BY LUMP SUM CODE - FOURTH POSITION** | N | 374-375 | 2 |

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

Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.

The corresponding Lump Sum Amount Paid - Fourth Position is in positions 376-384 of this record.

This is a recurring field. Repeat as needed.

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
06	Medical Only
09	Disfigurement
11	Temporary Partial
12	Employers Liability
15	Supplemental
48	Penalties, Assessments, Interest
49	Indemnity and Medical Benefits
50	Other Specified Indemnity Benefits

| 67 | **LUMP SUM AMOUNT PAID - FOURTH POSITION** | N | 376-384 | 9 |

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

Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.

The corresponding Benefits Covered by Lump Sum Code - Fourth Position is in positions 374-375 of this record.

This is a recurring field. Repeat as needed.

| 68 | **BENEFITS COVERED BY LUMP SUM CODE - FIFTH POSITION** | N | 385-386 | 2 |

Field No.	Field Title/Description	Class	Position	Bytes

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

Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.

The corresponding Lump Sum Amount Paid - Fifth Position is in positions 387-395 of this record.

This is a recurring field. Repeat as needed.

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
06	Medical Only
09	Disfigurement
11	Temporary Partial
12	Employers Liability
15	Supplemental
48	Penalties, Assessments, Interest
49	Indemnity and Medical Benefits
50	Other Specified Indemnity Benefits

69   **LUMP SUM AMOUNT PAID - FIFTH POSITION**   N   387-395   9
NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.

The corresponding Benefits Covered by Lump Sum Code - Fifth Position is in positions 385-386 of this record.

This is a recurring field. Repeat as needed.

70   **BENEFITS COVERED BY LUMP SUM CODE - SIXTH POSITION**   N   396-397   2
NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.

The corresponding Lump Sum Amount Paid - Sixth Position is in positions 398-406 of this record.

Field No.	Field Title/Description	Class	Position	Bytes

This is a recurring field. Repeat as needed.

Code	Description
01	Death
02	Permanent Total Disability
03	Scheduled Permanent Partial
04	Unscheduled Permanent Partial
05	Temporary Total Injury
06	Medical Only
09	Disfigurement
11	Temporary Partial
12	Employers Liability
15	Supplemental
48	Penalties, Assessments, Interest
49	Indemnity and Medical Benefits
50	Other Specified Indemnity Benefits

71　**LUMP SUM AMOUNT PAID - SIXTH POSITION**　　N　398-406　9

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

Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.

The corresponding Benefits Covered by Lump Sum Code - Sixth Position is in positions 396-397 of this record.

This is a recurring field. Repeat as needed.

72　**MEDICAL EXTINGUISHMENT INDICATOR**　　A　407-407　1

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

Report the applicable indicator code.

Code	Description
N	Medical Payments are not extinguished.
Y	Medical Payments are extinguished.

73　**RETURN TO WORK DATE**　　N　408-415　8

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

Report the most recent date on which the claimant returned to work.

Field No.	Field Title/Description	Class	Position	Bytes
	Format CCYYMMDD.			
74	**RETURN TO WORK RATE OF PAY INDICATOR**	A	416-416	1
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Report the applicable indicator code.

This indicator identifies whether or not the claimant's most recent return-to-work status is to the same or similar hours and pay as before the injury.

Code	Description
N	Returned to work at something other than same or similar preinjury hours and pay.
Y	Returned to work at same or similar preinjury hours and pay.

Field No.	Field Title/Description	Class	Position	Bytes
75	**EXTRAORDINARY LOSS EVENT CLAIM INDICATOR**	A	417-417	1
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Report the applicable indicator code.

An Extraordinary Loss Event (ELE) catastrophe is a signicant loss event from a workers compensation perspective, which is determined on a case-by-case basis.

Code	Description
N	This claim is not the result of an Extraordinary Loss Event (ELE) catastrophe.
Y	This claim is the result of an Extraordinary Loss Event (ELE) catastrophe.

Field No.	Field Title/Description	Class	Position	Bytes
76	**RESERVED FOR FUTURE USE**	AN	418-425	8
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
77	**PREVIOUS CARRIER CODE**	N	426-430	5
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Report the carrier code that was previously reported only if the Carrier Code in NCCI's system is being revised.

If the carrier code is being revised, report the revised Carrier Code in positions 2–6 of this record.

Field No.	Field Title/Description	Class	Position	Bytes
78	**RESERVED FOR FUTURE USE**	AN	431-435	5
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
79	**PREVIOUS POLICY NUMBER IDENTIFIER**	AN	436-453	18
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Report the policy number identifier that was previously reported only if the Policy Number Identifier in NCCI's system

Field No.	Field Title/Description	Class	Position	Bytes
	is being revised.			
	If the policy number identifier is being revised, report the revised Policy Number Identifier in positions 12–29 of this record.			
80	**PREVIOUS POLICY EFFECTIVE DATE**	N	454-461	8
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the policy effective date that was previously reported only if the Policy Effective Date in NCCI's system is being revised.			
	If the policy effective date is being revised, report the revised Policy Effective Date in positions 30–37 of this record.			
	Format CCYYMMDD.			
81	**PREVIOUS REPORTED TO INSURER DATE**	N	462-469	8
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the Reported to Insurer Date that was previously reported only if the Reported to Insurer Date in NCCI's system is being revised.			
	If the Reported to Insurer Date that was previously reported is being revised, report the revised Reported to Insurer Date in positions 83–90.			
	Format CCYYMMDD.			
82	**PREVIOUS CLAIM NUMBER IDENTIFIER**	AN	470-481	12
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the Claim Number Identifier that was previously reported only if the Claim Number Identifier in NCCI's system is being revised.			
	If the Claim Number Identifier is being revised, report the revised Claim Number Identifier in positions 42–53.			
83	**RECOVERY REIMBURSEMENT AMOUNT**	N	482-490	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the recovery reimbursement amount for subrogation and special fund recoveries.			
	Do not report deductible reimbursement amounts in this field.			
84	**RESERVED FOR FUTURE USE**	AN	491-500	10
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
85	**SOCIAL SECURITY NUMBER**	N	501-509	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the social security number assigned by the Social Security Administration.			

Field No.	Field Title/Description	Class	Position	Bytes
	For NCCI, this field is required for Texas only.			
	In Texas, this is known as Employer Social Security Number.			
86	**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**	N	510-518	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the Federal Employer Identification Number assigned to each employer for federal tax purposes.			
	For NCCI, this field is required for Texas only.			
	In Texas, this is known as Employer Federal Tax Number.			
87	**RESERVED FOR FUTURE USE**	AN	519-526	8
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
88	**ZIP CODE OF INJURY SITE**	AN	527-531	5
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the first five digits of the US postal code that corresponds to the location where the injury occurred.			
	If the location is outside the United States, report the first five characters in the zip code.			
	For NCCI, this field is required for Texas only.			
89	**DATE OF FIRST PAYMENT**	N	532-539	8
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the date on which the first indemnity payment was issued.			
	If no payments have been made, report zeros.			
	For NCCI, this field is required for Texas only.			
	Format CCYYMMDD.			
90	**HOSPITAL COSTS AMOUNT PAID**	N	540-548	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the amount paid to date for both in-patient and out-patient services.			
	For NCCI, this field is required for Texas only.			
91	**TOTAL PAYMENTS TO PHYSICIANS**	N	549-557	9
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Report the amount paid to date to treating physicians including all clinic and office visits.			
	For NCCI, this field is required for Texas only.			

Field No.	Field Title/Description	Class	Position	Bytes
92	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI*	AN	558-600	43

Field No.	Field Title/Description	Class	Position	Bytes

FILE CONTROL RECORD

1	**RECORD TYPE CODE**	N	1-1	1

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

Report "9" for the File Control Record.

2	**CARRIER GROUP CODE**	N	2-6	5

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

Report the code assigned by NCCI that corresponds to the
dominant insurer in a carrier group.

3	**FILLER**	N	7-41	35

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

These positions are to be filled with 9s.

4	**RECORD TOTALS**	N	42-49	8

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

Report the total number of records on the submission.

This total should exclude this File Control Record.

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

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