

DELAWARE STATISTICAL PLAN MANUAL

**WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

**Effective
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ISSUED BY

DELAWARE COMPENSATION RATING BUREAU, INC.

DELAWARE STATISTICAL PLAN MANUAL



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TABLE OF CONTENTS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

TABLE OF CONTENTS

INTRODUCTION

SECTION I. GENERAL RULES/DEFINITIONS

- A. Scope of Report
- B. Recording of Statistics
- C. Fine System for Late Unit Reports
- D. Multiple Year Policies
- E. Uncollectible Premiums and Corresponding Losses
- F. Radiation Exposure -- Other Than Government Agency Atomic Energy Projects
- G. Reinsurance
- H. Excess Insurance
- I. Experience Under the National Defense Projects Rating Plan
- J. Admiralty and Federal Employers Liability
- K. Loss Rules
 - 1. Occupational Disease Incurred Losses
 - 2. Interest on Awards
 - 3. Medical on Compensable Cases
 - 4. Subrogation Claims
 - 5. Commuted Cases
 - 6. Employers Liability Claims
 - 7. Correction and Subsequent Reports
 - 8. Medical or Legal Expense
 - 9. Incurred Losses
- L. Special Reportings
 - 1. Three-Year Fixed Rate Policies
 - 2. Option A. Schedule Z Basis
 - 3. Option B. Unit Report Basis
- M. General Rules and Definitions
 - 1. Standard Type of Coverage
 - 2. Voluntary Plan
 - 3. Delaware Workers Compensation Insurance Plan
 - 4. Vocational Rehabilitation
 - 5. Lump Sum
 - 6. Fraudulent Claim
 - 7. Exposure Coverage / Loss Conditions
 - 8. Loss Conditions
 - 9. Recovery
 - 10. Type of Claim
 - 11. Type of Settlement

- 12. Managed Care Organization
- 13. Expenses -- Excluded from Losses
- 14. Expenses -- Included in Losses

SECTION II. REPORTING REQUIREMENTS

- A. Rules Common to Premiums and Losses
 - 1. Form of Report
 - 2. Estimated Audits
 - 3. Fraction of Dollars
 - 4. Method of Transmittal
 - 5. Dates
 - 6. Policy Information
 - 7. Policy Conditions
 - 8. Policy Type ID Code
 - 9. Deductible Type Codes
 - 10. Deductible Percent
 - 11. Deductible Amount Per Claim/Accident
 - 12. Deductible Amount Aggregate

- B. Exposure Information
 - 1. Update Type
 - 2. Exposure Coverage
 - 3. Class Code
 - 4. Exposure Amount
 - 5. Exposure-Other Than Payroll
 - 6. Carrier Rating Values
 - 7. Premium
 - 8. Exposure Total Record
 - 9. Miscellaneous Statistical Codes
 - 10. Correction Reports-Method of Reporting

- C. Loss Information
 - 1. Update Type
 - 2. Claim Number
 - 3. Accident Date
 - 4. Incurred Indemnity
 - 5. Incurred Medical
 - 6. Class Code
 - 7. Injury Type
 - 8. Claim Status
 - 9. Loss Condition Codes
 - 10. Jurisdiction State
 - 11. Catastrophe Number (Cat. No.)
 - 12. Managed Care Organization Type
 - 13. Injury Description Code
 - 14. Occupation Description
 - 15. Vocational Rehabilitation Indicator
 - 16. Lump Sum Indicator
 - 17. Fraudulent Claim Code
 - 18. Paid Indemnity
 - 19. Paid Medical
 - 20. Claimant's Attorney Fees Incurred
 - 21. Employer's Attorney Fees
 - 22. Weekly Wage Amount
 - 23. Allocated Loss Adjustment Paid (ALAE)

24. Allocated Loss Adjustment Incurred (ALAE)

- D. Loss Totals
 - 1. Total Number of Claims
 - 2. Total Incurred Indemnity
 - 3. Total Incurred Medical
 - 4. Total Paid Indemnity
 - 5. Total Paid Medical
 - 6. Total Claimant's Attorney Fees
 - 7. Total Employer's Attorney Fees
 - 8. Total ALAE Paid
 - 9. Total ALAE Incurred

SECTION III. INDIVIDUAL CASE REPORTS

- A. Individual Case Reports Rules
 - 1. Claims on Which Required
 - 2. General Instructions
 - 3. Specific Instructions - Other Than Pension
 - 4. Specific Instructions - Pension Benefits
 - 5. Totals

SECTION IV. CODES

- A. Codes Common to Premium and Losses
 - 1. Report Number and Valuation Date
 - 2. Correction Type
 - 3. Exposure State
 - 4. Policy Type ID Code
 - 5. Deductible Type Codes
 - 6. Policy Conditions
- B. Exposure Information Codes
 - 1. Update Type
 - 2. Exposure Coverage
 - 3. Premium Codes
- C. Loss Information Codes
 - 1. Injury Type
 - 2. Claim Status
 - 3. Loss Conditions
 - 4. Managed Care Organization Type
 - 5. Injury Description Code
 - 6. Vocational Rehabilitation Indicator
 - 7. Lump Sum Indicator
 - 8. Fraudulent Claim Codes
- D. Individual Case Report Codes
 - 1. Report Number
 - 2. Transaction Type
 - 3. Status
 - 4. Managed Care Organization Type Code
 - 5. Surgery Code
 - 6. Attorney Code
 - 7. Workers Sex
 - 8. Injury Description Code
 - 9. Reserve Type
 - 10. Lump Sum Indicator

- 11. Fraudulent Claim Code
- 12. Employment Status
- 13. Beneficiary Code

Injury Description Coding

Scheduled Indemnity - Maximum Weeks

SECTION V. TABLES

- Table I-A - Surviving Spouse Pension Table
- Table II-A - Present Value of Remarriage Award Table
- Table III-M-A (MALE)- Lifetime Benefits (Other Than Surviving Spouse) Pension Table
- Table III-F-A (FEMALE)- Lifetime Benefits (Other Than Surviving Spouse) Pension Table
- Table USL&HW-I-B - Surviving Spouse Pension Table
- Table USL&HW-II-B - Present Value of Remarriage Award Table
- Table USL&HW-III-M-C (MALE) - Lifetime Benefits (Other Than Surviving Spouse) Pension Table
- Table USL&HW-III-F-C (FEMALE) - Lifetime Benefits (Other Than Surviving Spouse) Pension Table
- Table USL&HW-IV-B - Present Value of Survivorship Benefits Table

SECTION VI. EXAMPLES

- Example 1 - Loss Correction Report
- Example 2 - Deductible; Rated Risk
- Example 3 - Deductible; Rated Risk with Construction Credit
- Example 4 - Short Rate Cancellation; Rated Risk
- Example 5 - Ratable Class; Mandatory Non-Ratable Element
- Example 6 - Ratable Class; Optional Non-Ratable Element
- Example 7 - First Report Requiring an Individual Case Report; Rated Risk
- Example 7a - Individual Case Report; Permanent Total Disability
- Example 8 - Individual Risk Experience with USL & HW Coverage
- Example 8a - Individual Case Report with USL & HW Coverage; Permanent Total Disability
- Example 8b - Individual Case Report; Death, Widow Only
- Example 9 - Second Reporting of Losses for Unit for Example 10
- Example 9a - Individual Case Report; Permanent Total Disability; 2nd Report Level
- Example 9b - Individual Case Report; Death, Widow Only; 2nd Report Level
- Example 10 - Individual Risk Experience Including Premiums for "Non-F" Classification
- Example 10a - Individual Case Report; Permanent Total Claim with Survivorship Benefits
- Example 11 - Correction of Header Information Only
- Example 12 - Correction of Loss Totals Only
- Example 13 - Correction of Old Form Information on New Form
- Example 13a - Correction of Old Form Information on New Form
- Example 14 - First Report Requiring an Individual Case Report, Widow with 2 Children
- Example 14a - Individual Case Report; Death Claim, Widow with 2 Children
- Example 15 - Merit Rating
- Example 16 - Assigned Risk Surcharge

SECTION VIII. SAMPLE FORMS

- Unit Statistical Report
- Supplemental Loss Report
- Unit Statistical Plan - Individual Case Report
- Letter of Transmittal
- Summary Report - Three-Year Fixed Rate Policies

SECTION IX. ELECTRONIC SUBMISSION

SECTION X. PREMIUM ALGORITHM



INTRODUCTION

**DELAWARE
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WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

INTRODUCTION

1. This Plan contains the necessary instructions for the reporting of experience on the direct business written by the carrier for workers compensation, voluntary compensation and employers liability insurance in Delaware. These instructions apply to all policies with the exception of coal mining policies. Acting under the direction of the Insurance Commissioner, we are hereby instructing you to file your experience in accordance with the requirements outlined herein.
2. The instructions set forth in this Plan are applicable to all reports for policies effective on or after January 1, 1996 for experience on

- 1st reports due on and after July 1, 1997.
- 2nd reports due on and after July 1, 1998.
- 3rd reports due on and after July 1, 1999.
- 4th reports due on and after July 1, 2000.
- 5th reports due on and after July 1, 2001.
- 6th reports due on and after July 1, 2002.*
- 7th reports due on and after July 1, 2003.*
- 8th reports due on and after July 1, 2004.*
- 9th reports due on and after July 1, 2005.*
- 10th reports due on and after July 1, 2006.*

* Requirements for submission of these extended report levels will be the same as those reported on levels 2 through 5.

This extension of reporting is to occur successively over a five-year period beginning in the Calendar Year 1996. The transition to the increased number of reports will occur as follows. During 1996, carriers will be required to file sixth reports for all policies for which fifth reports would have been due during Calendar Year 1995. During 1997, seventh reports will be required for all policies for which sixth reports would have been due during Calendar Year 1996. During 1998, eighth reports will be required for all policies for which seventh reports would have been due during Calendar Year 1997. During 1999, ninth reports will be required for all policies for which eighth reports would have been due during Calendar Year 1998. During 2000, tenth reports will be required for all policies for which ninth reports would have been due during Calendar Year 1999.

These additional reports will be required in the new Unit Statistical Report format, but new data elements will **NOT** be required for these reports on any policy, which was not subject to the mandatory reporting of new data elements at first report.

3. Whenever a change is made in these instructions, the appropriate change will be highlighted.
4. The Delaware Compensation Rating Bureau, Inc. will hereinafter be referred to as "the DCRB."



SECTION I

GENERAL RULES/DEFINITIONS

**DELAWARE
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INSURANCE**

SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the **Delaware Compensation Rating Bureau Inc., United Plaza Building, Suite 1500, 30 South 17th Street, Philadelphia, PA 19103-4077.**

B. Recording of Statistics

Carriers may use any method for the recording of statistics, including any type of record format convenient to their statistical and account procedures, and codes other than those set forth in this Plan, only if those statistics can be reported by the carrier within the required time frames using the codes and record format provided in this Plan.

C. Fine System for Late Unit Reports

Companies will receive notices of overdue unit reports to be mailed to the company by the DCRB at the end of each month when unit statistical reports are due. Failure to respond to this notice will result in the following fines:

SCHEDULE OF STATISTICAL PLAN FINES

Notice	Non-Rated Units	Rated Units
1 st	\$ 0	\$ 0
2 nd	\$ 5	\$ 5
3 rd	\$ 5	\$ 100
4 th	\$ 5	\$ 100
5 th	\$15	\$ 250
6 th	\$25	\$ 500
7 th	\$40	\$ 750
8 th or more	\$50	\$1,000

D. Multiple Year Policies

Multiple year policies, other than three-year fixed rate policies, shall be considered as made up of separate annual policies for reporting purposes, and reports for each unit of 12 months or less shall be filed at the time all other reports on policies with the same effective date are being filed. Losses shall be valued as of the 18th month after the month in which each unit of experience became effective and at annual periods thereafter.

Examples:

1. The reports on a three-year policy effective January 1, 1996 shall be filed with regular reports on policies effective January 1, 1996, January 1, 1997 and January 1, 1998. First report valuations shall be as of July 1997, July 1998, and July 1999, respectively.
2. The reports on a policy covering the period January 1, 1996 to July 1, 1997, with the first six months considered as a unit, shall be filed with the regular reports on policies effective January 1, 1996 and July 1, 1996. Losses shall be valued as of July 1997 and January 1998, respectively.

3. The reports on a policy covering the period January 1, 1996 to July 1, 1998, with the last six months considered as a unit, shall be filed with the regular reports on policies effective January 1, 1996, January 1, 1997 and January 1, 1998. Losses shall be valued as of July 1997, July 1998 and July 1999, respectively.

E. Uncollectible Premiums and Corresponding Losses

All earned premiums, whether collectible or not, shall be reported. Likewise, the corresponding exposure and losses shall be reported.

F. Radiation Exposure -- Other Than Government Agency Atomic Energy Projects

Experience in connection with Atomic Energy Projects performed for or under the direction of any government agency shall be excluded from the experience reported under this Plan.

The Manual provides that a supplemental rate, subject to the approval of the DCRB, may be applied to operations involving research, manufacturing, handling, transportation, use of or exposure to radioactive materials, where such operations are not performed for or under the direction of any government agency. The payroll to which such supplemental rate is applicable, together with the premium derived from such charge shall be reported under **Code 9985**. The payroll reported for **Code 9985** shall be shown in parentheses and shall not be added to payrolls shown for other Manual classifications in determining the risk payroll total. The payroll, rate and premium shall be entered on lines "D," "E" or "F," and the premium shall be included in the risk total. Similarly, radiation losses on risks where a supplemental loading has been applied shall be assigned to **Code 9985**. If no supplemental radiation loading has been applied, any radiation losses shall be assigned to the appropriate classification. Note, however, that any radiation loss, whether reported under **Code 9985** or a regular classification, must be identified as a disease loss in the column captioned Loss Conditions.

G. Reinsurance

No deductions shall be made from earned premiums and incurred losses for, or on account of, reinsurance ceded. Premiums earned and losses incurred on account of reinsurance received by the reporting carrier shall be excluded from the experience.

H. Excess Insurance

Experience on excess insurance policies must be excluded from the experience reported under this Plan.

I. Experience Under the National Defense Projects Rating Plan

The experience of policies written under the National Defense Projects Rating Plan shall not be reported on Statistical Plan forms. In lieu thereof there shall be filed with the **National Council on Compensation Insurance, Inc., 901 Peninsula Corporate Circle, Boca Raton, FL 33487**, a copy of Exhibit I-Computation of Earned Premiums on Form NDPRD-I at the same time this form is submitted to the insured, in accordance with the rules of the National Defense Projects Rating Plan.

J. Admiralty and Federal Employers Liability

The DCRB has no jurisdiction over the rating values and classifications for Admiralty or Federal Employers Liability exposure. Admiralty and Federal Employers Liability exposure shall be excluded from the experience reported under this Plan.

K. Loss Rules

1. Occupational Disease Incurred Losses

- a. Disease losses shall be identified in the "Loss Conditions" field by the appropriate code for disease loss according to Section IV, Item C.3.

The total losses reported shall be the total of traumatic losses and disease losses incurred and shall exclude any allocated claim expense but shall include allocated claim expense for Part II employers liability losses.

- b. Dust disease losses incurred in connection with payrolls reported under **Codes 0066, 0067 or 0176** shall likewise be assigned to the same code and shall be further identified by the appropriate code for disease loss in the "Loss Conditions" field. These losses shall also be included in the total losses reported.

2. Interest on Awards

Interest on awards for delayed payments of compensation due, for which the carrier is liable and which accrue as benefits to the injured worker or his dependents, shall be chargeable to losses and so reported. No penalties or fines are to be charged to losses.

3. Medical on Compensable Cases

Medical losses shall include all payments to doctors and hospitals, as well as physical rehabilitation costs and reserves for future payments, but shall not include any claim expense. In this connection see the instructions contained in L.7. of this section.

4. Subrogation Claims

- a. For subrogation cases the net liability shall be determined by deducting from the incurred cost prior to recovery the amount recovered through subrogation less any expenses incurred in connection with such recovery. However, in cases where the expenses incurred in connection with such recovery exceed the amount recovered, the net amount of losses reported shall not exceed the gross amount of loss prior to recovery. Furthermore, the net liability incurred shall be apportioned to indemnity and medical in the same proportion as existed in the gross incurred loss.
- b. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed with the DCRB reducing the incurred loss on the claim by the amount of the subrogation recovery received. If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed. The totals on the Individual Case Report and the unit report must match.

A suggested method for these calculations is given in the following example:

	Total	Ind.	% of Total	Med.	% of Total
Gross Incurred Loss	\$20,000	\$17,000	85	\$3,000	15
Subrogation					
Received	7,000				
Claim Expense	500				
Net Recovery	6,500				
Net Loss	\$13,500	\$11,475	85	\$2,025	15

For additional examples, see Section VI.

5. Commuted Cases

When a case involves complete or partial commutation of future payments, report the actual loss payment. On cases, which require Individual Case Reports in Section III, enter in the applicable data field the date of the Single Lump Sum Paid and the amount of the Single Lump Sum Paid.

6. Employers Liability Claims

The rules of this Section apply to Part II employers liability claims except as follows:

Part II employers liability losses include allocated loss adjustment expenses as defined herein. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses in the Unit Statistical Report. Part II allocated loss adjustment expenses represent in connection with claim settlements the following expenses of a carrier, which can be directly allocated to a particular claim:

1. Attorney's fees for claim in suit
2. Court and other specific items of expense such as:
 - Medical examination to determine the extent of company's liability
 - Expert medical or other testimony
 - Laboratory and x-ray
 - Autopsy
 - Stenographic
 - Witnesses and summonses
 - Copies of documents

The following shall not be included as allocated loss adjustment expenses:

1. Salaries and traveling expenses of company employees (other than amounts allocated as attorney's fees for claims in suit)
2. Overhead
3. Adjusters fees (fees paid to independent adjuster or attorneys for adjusting claims)

7. Correction and Subsequent Reports

- a. Any second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth or correction report involving:
 - (1) claim reported "open" on the previous report,
 - (2) any re-opened claim reported "closed" on the previous report,
 - (3) any claim previously unreported, or
 - (4) any other change in the valuation of losses shall show for each claim the amounts previously reported and the revised values. The corresponding total number of claims, total paid and incurred indemnity and total paid and incurred medical as revised shall also be shown.

Revised or corrected Individual Case Reports are required if the paid or incurred amounts, the classification code or the type of injury changes from the previous reporting. An Individual Case Report shall be filed for each claim required by Section III even though not required on the previous report.

b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:
 - (a) Loss values are found to have been included or excluded through mistake other than error of judgment.
 - (b) The claim, or any part thereof, is declared non-compensable (as defined in the Experience Rating Plan).
 - (c) The carrier or claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from a Second Injury or similar type fund.
 - (d) The claim's catastrophe code values are found to have been included or excluded in error.
 - (e) The claim has been determined to be fraudulent (as defined in Section II.C.).

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. If the claim was declared fraudulent, a Code "01" or Code "02" must be reported in the Fraudulent Claim Code field. (See Section IV, Codes)

- (2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.
- (3) Correction reports as defined above should be forwarded to the DCRB as soon as possible after the changes are known.

c. Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Reports.

- (1) A revised loss card, Form NC2913, shall be filed on each risk 12, 24, 36, 48, 60, 72, 84, 96 or 108 months, respectively, after the first reporting date when:
 - (a) there was an open claim on the previous report
 - (b) there are reopened claims, claims previously unreported or any other change in the valuation of losses.

For example, if the valuation date for the first reporting of the risk was July 1, then the valuation date of the second reporting, if required, is July 1 of the next year; and the filing is due no later than September 1 of that year.

8. Medical or Legal Expense

Medical or legal expenses incurred for the benefit of the carrier to secure evidence for presentation before an official body shall be treated as adjusting expenses and not reported except as respects Part II allocated loss adjustment expense as explained in Item L.7. of this Section.

The following are a few examples that should be charged to expense rather than to losses:

- (1) Medical examination of a claimant on behalf of the carrier to determine liability
- (2) Cost of securing birth and death certificates

- (3) Cost of performing autopsies
- (4) Impartial examinations by industrial board
- (5) Expert testimony of physicians on behalf of the carriers or fees paid to the claimant's physician called in by the carrier

NOTE: When the claimant calls in the attending physician to give medical testimony in his behalf, or where the carrier is required to produce the claimant's physician at the hearing and the employer or the insurance carrier is required to pay such a physician's fee, the payment of the fee shall be reported as a medical loss.

When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of the benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.

9. Incurred Losses

Enter the total of all paid and outstanding compensation in the field captioned Indemnity and the total of all paid and outstanding medical in the field captioned Medical. The outstanding costs shall be the company's individual case estimates of future payments as of the date of valuation.

All paid compensation and paid medical shall be reported on a gross (first-dollar) basis and shall not be reduced by any amount(s) reimbursed or reimbursable under any applicable deductible program(s).

All case estimates of future payments reported as outstanding compensation and medical shall be reported on a gross (first-dollar) basis and shall not be reduced by any amount(s) reimbursed or reimbursable under any applicable deductible program(s).

For special instructions regarding the reporting of Employers' Liability claims, refer to Item L.7. of this Section.

- (a) When a final award has been made, the total incurred compensation must be in agreement with such award, except under the following circumstances:
 - (1) When a claimant has appealed for a higher award for a compensable claim, the carrier shall report at least the amount of the award but may report a higher amount if, in its judgment, the facts in the case indicate an additional reserve is advisable.
 - (2) In cases where a claim has been officially declared non-compensable, if the appeal has been taken and is undetermined on the valuation date, the carrier shall report the incurred cost that would have been reported had the claim not been declared non-compensable.
 - (3) In cases where a claim has been officially declared non-compensable, if the period during which an appeal may be taken has not expired by the valuation date, the carrier may report the incurred cost that would have been reported had there been no declaration of non-compensability. It shall be permissible to eliminate from the report the reserve for the non-compensable claim in any case where the period for taking an appeal has expired subsequent to the date of valuation but prior to the date of filing of the report without an appeal having been taken.
- (b) The closing of a claim shall be regarded for the purpose of this rule as the equivalent of a specific official declaration of non-compensability under the following circumstances:

- (1) No claim was filed during the period provided by law, and the carrier therefore closes the case.
- (2) The carrier has raised the issues of accident, notice or causal relation prior to the valuation date and continues to contest the claim on any such issues; and the claim is officially closed because of the claimant's non-appearance or failure to prosecute his claim without a ruling on the question of accident, notice or causal relation.
- (c) Where the carrier has appealed against an award, it shall report the full amount of such award. Cases on which the carrier has filed a petition to terminate must not be reported as "closed" until the petition has been granted by a referee or the Bureau of Workers' Compensation of the Department of Labor and Industry.
- (d) If the final award has not been made but compensation for the injury is subject to a definite schedule of benefits, the provisions of the Law shall be reflected in the amount of compensation reported. In all other cases the amount reported should reflect the carrier's estimate of incurred cost in the light of all information available on the date of valuation.
- (e) Expenses, any general allowances for contingencies, and any supplemental non-statutory benefits not otherwise provided for in this Plan must be excluded. Precautionary reserves in excess of the amount shown on the final settlement receipt as filed at completion of all compensation payments with the Industrial Commission or other body having jurisdiction over workers compensation claims shall not be included in the amount of losses reported under the Statistical Plan. Vocational rehabilitation costs and reserves for future payments shall be included as part of the amount entered as incurred indemnity.
- (f) In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.) the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such fund and the net incurred cost of the claim shall be reported. Anticipated recovery is defined for this purpose as the amount of recovery expected to be recovered from such funds based on the rules governing such funds or a binding agreement between such funds and the carrier on an amount or percentage of the incurred cost to be reimbursed to the carrier on a particular claim.

When such an anticipated recovery becomes known by the carrier or when a recovery is paid to the carrier subsequent to the first reporting of the claim on the 18th month valuation date of the policy, a correction report must be filed with the DCRB reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item K.7. of this Section for additional instructions on correction reports.) If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed.

L. Special Reportings

1. Three-Year Fixed Rate Policies

The rules in this Section relate to the reporting of experience incurred under three-year fixed rate policies written in accordance with Section I, Rule XI of the Basic Manual.

- a. Second through tenth reports on three-year fixed rate policies or per capita policies reported in accordance with this Section are not required.
- b. Individual Case Reports are not required.
- c. Optional methods of reporting this experience are provided as set forth in Options A, B and C.
- d. The rules of the Delaware Workers Compensation Statistical Plan apply to the reporting of the experience, except
 - (1) where the Statistical Plan rules are obviously inappropriate because of the form of reporting for these risks to be described below. (For example, a reporting of Policy Number, Insured, etc., required by Section II may not be applicable.)
 - (2) as supplemented by the following rules in this Section.

2. Option A. Schedule Z Basis

- a. *Form of Report.* The experience shall be summarized by effective year and Manual classification and shall be reported in a separate submission. These reports may be made on Form NC-302. Send this data to the DCRB, Attention Option A Data.

Each submission shall be accompanied by a summary Form NC-302 showing the grand total for all Manual classifications combined.

- b. *Date of Valuation and Filing.* For reporting purposes the experience on three-year fixed rate policies shall be assigned to the year in which the policy became effective regardless of expiration date. Losses shall be valued not earlier than March 31, and the reports shall be filed not later than September 1 of the fourth year after the year in which the policy became effective. For example, the experience on three-year fixed rate policies becoming effective in 1996 shall be filed not later than September 1, 2000 with losses valued not earlier than March 31, 2000.
- c. *Data to be Reported.* The experience to be reported for each classification consists of the following:
 - (1) Number of Risks. The number of risks shown for each classification shall be the number of policies for which the classification in question is the governing classification.
 - (2) Total exposure (payroll, per capita or other basis). Per capita exposure shall be reported on a man-year basis to the nearest 0.1. See Section VII for a definition of man-year.
 - (3) Total earned premium.
 - (4) Number of claims, total indemnity incurred and total medical incurred for
 - (1) Death
 - (2) Permanent Total
 - (5) Temporary Total
 - (6) Non-Compensable Medical
 - (9) Permanent Partial

The totals of the claims, indemnity incurred and medical incurred shall also be shown. It is not necessary to separate and identify incurred losses resulting from Disease, Part II, United States Longshore and Harbor Workers Compensation Act, etc.

- (5) Loss and expense constant premium shall be assigned to the applicable Statistical Code 0900.

- (6) A canceled policy shall be counted as one risk, and penalty premium shall be assigned to Code 0931.
- d. *Correction Reports.* An error discovered by the carrier or the DCRB within 12 months after submitting the original report shall be revised by submitting a correction report per the rules set forth in this manual.

3. Option B. Unit Report Basis

- a. *Form of Report.* The complete three-year experience incurred under each policy shall be reported on the current appropriate Unit Report Form.
- b. *Date of Valuation and Filing.* Losses included in the reporting of a given policy shall be valued as of the 42nd month after the month in which the policy became effective, and the reports shall be filed not later than 44 months after the month in which the policy became effective. These reportings shall be specifically identified as three-year fixed rate policy experience (this must be done by entering a code "Y" in the 3 YR. F/R Policy portion of the Policy Conditions field) and shall be segregated and reported independently of the reportings of one-year policies.
- c. *Data to be Reported.* The data required shall be the data specified under the Statistical Plan. Reporting of the following items shall be optional:
 - (1) Insured
 - (2) Address
 - (3) Location of Risk
 - (4) Rating Value

Loss constant premium shall be assigned to Code 0032. Expense constant premium shall be assigned to Code 0900. If the Deposit Premium has been paid in advance, report only the net amount, i.e., the amount of one expense constant; if the premium has been paid in annual installments, report the amount of two expense constants. Cancellation penalty premium shall be assigned to Code 0931.

M. General Rules and Definitions

1. Standard Type of Coverage

Coverage contemplated by the carrier rating value and classification to which the exposure has been assigned under the provision of Workers Compensation and Employers Liability policy.

2. Voluntary Plan

A policy written voluntarily by a carrier.

3. Delaware Workers Compensation Insurance Plan

The Delaware Workers Compensation Insurance Plan is available in the State of Delaware when an employer is unable to obtain workers compensation coverage in the voluntary market.

4. Vocational Rehabilitation

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and retraining, including on the job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses.

5. Lump Sum

A claim settled by the agreement of the insurer and claimant to redeem the liability for compensation by payment from insurer to the claimant of a specified amount representing a discounted or commuted value of a specific award or benefit.

6. Fraudulent Claim

A claim that has been ruled (or officially declared) fraudulent through a court decision, e.g., criminal conviction or ruling of workers compensation judge/appeals board. Could be declared partially or fully fraudulent.

7. Exposure Coverage / Loss Conditions

- a. *State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act.* Coverage benefits paid to employees injured as the result of a workplace accident under State Workers' Compensation Law or Federal Compensation Laws.
- b. *USL&HW "F" or USL&HW Coverage on Non "F" Classes.* Coverage for benefits paid to employees injured as the result of a workplace accident under the United States Longshore and Harbor Workers Compensation Act.
- c. *Federal Mine Safety and Health Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Mine Safety and Health Act.
- d. *Federal Mine Safety and Health Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Mine Safety and Health Act and the State Act.

8. Loss Conditions

- a. *Trauma.* An injury caused by a work-related accident.
- b. *Occupational Disease.* Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment.
- c. *Cumulative Injury Other than Disease.* An injury occurring from repetitive mental or physical traumatic activities extending over a period of time, the combined effect of which caused disability or need for medical treatment (other than disease).

9. Recovery

- a. *Second Injury Fund Only.* The carrier has received reimbursements from the Second Injury Fund. The Second Injury Fund is a trust established to reimburse carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment or previous accident, disease or congenital condition.
- b. *Subrogation Only.* The carrier has received reimbursements from an entity other than the employer with legal liability due to circumstances for the injury.
- c. *Subrogation with Second Injury Fund.* The carrier has received reimbursement from both the Second Injury Fund and a third party.
- d. *Joint Coverage.* Coverage furnished by other than the one policy for which experience is being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes:
 - (1) The injured party has co-employers.
 - (2) Overlapping coverage on the same employer.
 - (3) Injury developed over an extended period. When a carrier has determined that the loss is chargeable to two or more policies written by such carrier or when two or more carriers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage furnished by other than the one policy for which experience is being reported is pertinent to the division of the total incurred loss.

10. Type of Claim

- a. *Workers Compensation Only.* The entire loss is incurred under provisions of Part I of the Workers Compensation and Employers Liability Insurance Policy.
- b. *Employers Liability Only.* The entire loss is incurred under provisions of Part II of the Workers Compensation and Employers Liability Insurance Policy.
- c. *Workers Compensation and Employers Liability.* The loss is incurred under provisions of both Part I and Part II of the Workers Compensation and Employers Liability Insurance Policy.

11. Type of Settlement

- a. *Non-compensable Previously Alleged.* When the employer provided notification to the insurer that in the employer's opinion no compensation is payable and the claim was later found to be non-compensable, the insurer is required to reimburse the employer for any additional premium resulting from the use of the claim in the employer's experience modification. Further, any modification, which reflects a claim, which the employer alleged to be a non-compensable, and which is found to be non-compensable, will be revised.
- b. *Stipulated Award (carrier/claimant settlement).* An award, which has been drawn up between the carrier and claimant and submitted to the workers compensation, appeals board for review.
- c. *Findings and Award (judicial award).* An award, which has been issued by a judge based on evidence, presented in the process of litigation.

- d. *Dismissal or Take Nothing Non-compensable.* The claim will generate no payments or reserves due to one of the following:
 - (1) Official ruling denying benefits.
 - (2) Claimant's failure to file for benefits.
 - (3) Claimant's failure to prosecute claim following carrier's denial of the claim.
- e. *Compromise and Release.* A settlement over the issues of applicability, extent of injury, or future benefits.

12. Managed Care Organization

- a. *HMO.* The claim will be administered by HMO (Health Maintenance Organization). Generally restricts employee's choice of health care providers in exchange for reduced out-of-pocket costs and more extensive preventive care. Generally requires only minimal co-payments and no deductibles. Directs patients to a network of providers and requires authorization for many specialist and hospital services.
- b. *PPO.* The claim will be administered by PPO (Preferred Provider Organization). Retains many elements of indemnity plans but provides employees with a choice of whether or not to use managed care network providers. Financial incentives are offered for those who receive care from providers selected by employers or insurers.
- c. *EPO.* The claim will be administered by EPO (Exclusive Provider Organization). A network where coverage is confined to the provider network. If enrollees go outside of the network for care, they get no reimbursement.
- d. *IPA.* The claim will be administered by IPA (Individual Practice Association). A network of individual physicians who also serve non-network patients covered by other insurance. IPAs contract with a large number of physicians and enrollees represent only a small portion of the physicians' practices.
- e. *CCO.* The claim will be administered by CCO (Coordinated Care Organization). An organization licensed in Delaware and certified by the Secretary of Health on the basis of established criteria possessing the capacity to provide medical services to an injured worker on a timely and effective manner.

13. Expenses -- Excluded from Losses

Expenses must be excluded from losses except as noted in 14 below. Medical or legal expenses incurred for the benefit of the carrier shall be treated as loss adjustment expense. For expenses developed for the benefit of the claimant, refer to 14.a.

- a. *Allocated Loss Adjustment Expenses.* Allocated Loss Adjustment Expenses encompass the following costs of a carrier, which can be directly allocated to a particular claim:
 - (1) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representative.

- (2) Court, Alternate Dispute Resolution and other specific items of expense such as:
 - Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates, medical treatment records;
 - Arbitration fees;
 - Surveillance;
 - Appeal bond costs and appeal filing fees.

- (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:
 - Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.

 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.

 - Preferred provider network/organization expenses.

 - Medical fee review panel expenses.

- (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.

b. *Unallocated Loss Adjustment Expenses.* Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:

- (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated expenses.
- (2) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

14. Expenses -- Included in Losses

- a. *Medical or Legal Expenses Incurred for the Benefit of the Claimant.* Medical or legal court expenses incurred for the benefit of the claimant or that the carrier is required to produce for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.

- b. *Employers Liability Loss Adjustment Expenses.* Employers liability losses include allocated loss adjustment expenses as defined above. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses on the unit report.

- c. *Impartial Examinations by Industrial Board.* Expenses for impartial examinations ordered by an industrial board are to be considered as incurred losses and reported on the unit report.
- d. *Awards.* When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third-party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.
- e. *Vocational Rehabilitation Evaluation/Testing Expense.* Evaluation expenses (which are defined as costs incurred in testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement) shall be reported as incurred indemnity loss if such evaluation services are purchased from outside vendors.

Evaluation expenses incurred by carrier personnel may be reported as incurred loss if such expenses are related to the activities of individuals (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) that, at a minimum, satisfy the qualifications established by the state having jurisdiction over a particular claim.

- f. *Physical Rehabilitation Expenses.* Expenses incurred by the carrier due to the purchase of physical rehabilitation services from outside vendors shall be reported as incurred medical loss.

Expenses incurred by the carrier for physical rehabilitation activities listed below may be included in incurred losses if performed by carrier personnel (other than claims supervisors and claims adjusters engaged in efforts to return an injured worker to gainful employment) who are medically trained:

- (1) Various necessary evaluations and therapies including physical, occupational, speech and hearing.
- (2) Coordination of services such as necessary medical equipment or special nursing care in a facility or the home.
- (3) Necessary consultation(s) with physician(s).
- (4) Monitoring the treatment and progress of claimant's medical condition.
- (5) Coordination of family, agency and community services to provide optimal recovery.

For such expenses associated with the above, the carrier personnel performing the activities must be trained in one of the following disciplines:

- (1) physicians
- (2) licensed registered nurses
- (3) licensed speech therapists
- (4) registered physical therapists
- (5) dentists and dental technicians
- (6) occupational therapists
- (7) chiropractors
- (8) podiatrists
- (9) licensed physician assistants
- (10) licensed cardio-pulmonary technicians



SECTION II

REPORTING REQUIREMENTS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

Reports consist of experience cards comprising an exhibit of exposures, premium and losses, together with Individual Case Reports as required in Section III of this Plan. The required forms for reporting the data may be ordered from the National Council on Compensation Insurance. All submissions **MUST** be typed or clearly printed. A sample of each form is in Section VIII. A list and description of the various forms follows.

Unit report data may be submitted electronically in lieu of the above hard copy reports. For further information regarding electronic reporting, please contact the DCRB.

Form Number	Description
NC2957	First Reporting
NC2913	Supplemental Loss Reporting
NC2957	Revised Exposures and Premiums
NC2913	Revised Loss Reporting
NC1047	Individual Case Report
NC2400	Letter of Transmittal -- Hard Copy
NC302	Summary Report – Three-Year Fixed Rate Policies

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the DCRB and the Policy Conditions field "Estimated Audit Code" shall be marked with the appropriate code.

3. Fraction of Dollars

Fraction of Dollars. Report all monetary amounts in whole dollars only.

4. Method of Transmittal

- a. Experience reports shall be submitted on a monthly basis, except that the carrier may submit reports more frequently if the carrier so desires.
- b. Experience reports shall be transmitted to the DCRB with a standard letter of transmittal, Form NC2400, signed by a responsible official of the carrier. The transmittal form may show the summary totals. The use of a stamped signature is permissible.

5. Dates

All dates shall be reported using a numeric designation, e.g. April 1, 1996 should appear as **04-01-96**.

6. Policy Information

- a. *Report Number.* In the space provided in the upper left-hand corner of Form NC2957 or NC2913 report the 2-digit numeric code that corresponds to the loss valuation date.

- First Reports are valued as of the 18th month after the month in which the policy became effective, and the report shall be filed not later than 20 months after the effective date of the policy.
- Subsequent Reports
 - Second reports are valued exactly 30 months from the policy effective date.
 - Third reports are valued exactly 42 months from the policy effective date.
 - Fourth reports are valued exactly 54 months from the policy effective date.
 - Fifth reports are valued exactly 66 months from the policy effective date.
 - Sixth reports are valued exactly 78 months from the policy effective date.
 - Seventh reports are valued exactly 90 months from the policy effective date.
 - Eighth reports are valued exactly 102 months from the policy effective date.
 - Ninth reports are valued exactly 114 months from the policy effective date.
 - Tenth reports are valued exactly 126 months from the policy effective date.

- b. *Correction Report Number.* Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.

Refer to Section 1, Item L.8. for conditions requiring a correction report.

Example: 3rd correction to a first report = Report Number "01", Correction Number "03"
Report blanks for original report level submissions on hard copy.

- c. *Correction Type.* Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.

- H - Header Record Correction
- E - Exposure Record Correction (First Reports Only)
- L - Loss Record Corrections
- T - Total Record Correction
- M - Correction to Multiple Record Types

- d. *Carrier Code.* The carrier code shall be inserted in the space provided. Refer to the National Council on Compensation Insurance, Inc. for the appropriate 5-digit code number.
- e. *Policy Number.* The complete policy number must be shown on the unit report AND MUST AGREE WITH THE POLICY NUMBER SHOWN ON THE POLICY INFORMATION PAGE. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. *Policy Effective Date.* The effective date should correspond exactly with that shown on the policy information page or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Delaware, the effective date shown on the risk report for Delaware shall be the effective date of the interstate policy. The effective date of the coverage for Delaware shall be indicated in the space captioned State Effective Date.
- g. *Policy Expiration Date.* The expiration date shall be the expiration date shown on the policy information page unless the policy is canceled. In that event, the cancellation date shall be recorded as the expiration date.

- h. *Exposure State.* Report the 2-digit numeric code that represents the state in which coverage has been provided.

Delaware – 07

- i. *State Effective Date.* The date coverage begins in Delaware on a multistate policy where Delaware is added mid-term. Otherwise leave blank.
- j. *Risk ID Number.* The Risk ID Number is not required by the DCRB.
- k. *Page Number.* The Page Number is not required by the DCRB.
- l. *Insured Name.* Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy information page or as endorsed.
- m. *Insured Address.* The Insured Address is not required by the DCRB.
- n. *Federal Employer ID Number.* Report the Federal Employer Identification Number as shown on the policy information page.
- o. *Modification Effective Date.* The Modification Effective Date is required for all exposures. If the modification changes in accordance with Experience Rating Plan rules, report the effective date of the modification that applies to the class code, rate, exposure, and premium.
- p. *Rate Effective Date.* Rate Effective Date is required for all exposures. Report the rate effective date that corresponds to the class code and its associated rate, exposure and premium. If the rating value changes during the policy period, report the rate effective date that applies to the reported class code, rate, exposure and premium.

7. Policy Conditions

Report the 1-position indicator or code for each policy condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated audit code, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

8. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
08	Exclusion of Executive Officers
09	Voluntary Coverage Not Mandatory by State Act

9. **Deductible Type Codes**

Report the two 2-digit codes that identify the type of deductible being reported.

Losses Subject to Deductible Code

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

Basis of Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Limit
07	Coinsurance Percent with Per Claim Amount and Coinsurance Limit
08	Coinsurance Percent with Per Accident Amount and Coinsurance Limit
09	Per Accident Amount with Per Policy Aggregate Limit
10	Per Claim Amount with Per Policy Aggregate Limit
11	Coinsurance Percent With Per Claim Amount Limit and Per Policy Aggregate Limit
12	Variable

10. **Deductible Percent**

Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program. Applicable only with deductible types 0104, 0105, 0204, 0205, 0304 and 0305.

11. **Deductible Amount Per Claim/Accident**

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

12. **Deductible Amount Aggregate**

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

B. Exposure Information

1. Update Type

Report the 1-position alphabetic code that identifies the activity of an exposure record.

Code	Description
P	Previously Reported
R	Revised

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State Act or Federal Act, Excluding USL&HW and 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
04	Federal Mine Safety and Health Act and the State Act
10	Voluntary Coverage Not Mandatory by State Act

3. Class Code

Report the code corresponding to the insured's classification determined according to classification rules of the DCRB and published in the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance.

4. Exposure Amount

The lines referenced in the following paragraphs, Items 4 through 10, pertain to the hard copy Unit Statistical Report.

- a. No Exposure in the State – When a policy is issued, either on an “if any” basis or as a multi-state policy, and upon audit it is determined that exposure did not develop, a first level unit report must be submitted containing either 1) no exposure records at all or 2) a single exposure record containing Class Code 1111, No Exposure. If the Class Code 1111 option is chosen, the class must be reported above Line “A” with no corresponding exposure, rate or premium amounts. All no exposure unit totals (exposure, premium, loss, etc.) must be equal to zero, and there should be no corresponding exposure or loss records reported. The use of either Option 1) or 2) above will alert the DCRB that no exposure developed in the state.
- b. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Audit Code should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.

- c. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
- d. The total payroll for all classifications is to be shown in the appropriate space provided on the line captioned Total Standard Exposures. In cases where more than one unit card is required for filing the experience under a given policy, it is important that the risk totals be shown on the last unit card.
- e. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.
- f. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the DCRB Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the DCRB Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **9985, 0175, or 0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported.
- g. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the DCRB Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
4771	Manufacturing of Explosives or Ammunition	0771
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

To provide coverage for Federal Black Lung on class **Code 0615**, Tunneling and Shaft Sinking, the additional non-ratable disease loading **Code 0164** and rating value must be applied to the payroll.

5. Exposure-Other Than Payroll

For a number of classifications, the Manual provides a basis of exposure other than payroll. The following method of reporting shall be used in such instances:

- a. *Per Capita Classifications.* Experience on per capita classifications shall be reported on the regular experience card, showing in the Exposure Amount column the number of persons exposed. An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 1.0. Similarly, if coverage is terminated before the expiration of a year, the exposure reported per person shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage was in effect.

For example, an employee covered for four months should be reported as an exposure of 0.3. Exposure shall be governed by the duration of the coverage and not by the number of days worked.

Note: Premium for Code 9740, Terrorism, and Code 9741, Catastrophe (other than Certified Acts of Terrorism), does not apply to these classifications.

6. Carrier Rating Values

The carrier's rating values as shown in the compensation policy shall be shown against the classifications and payrolls to which they are applicable.

7. Premium

- a. *Premium by Classification.* The premium reported by Manual classification shall be that obtained by extension of the payroll or other exposure at the carrier's rating values, and shall be posted in the column captioned Premium Amount. Where a classification includes a non-ratable element or supplemental loading, the ratable portion of the premium should be shown above line "C" and the non-ratable portion should be shown below line "C."

Note: The non-ratable element or supplemental loading is subject to deviation, if applicable.

- b. *Miscellaneous Premium.* The DCRB rules provide for additional premium charges for various special conditions or additional coverage, such as Excess Limits under Part II, etc. These additional premium charges shall be reported in the column captioned Premium Amount under appropriate Class Code. (See Item B.3. of this Section). The exposure items, if any, shall be entered in the column captioned Exposure Amount.

For all risks, whether subject to experience rating or not, the following rules apply.

- (1) Miscellaneous premium shall be reported on one of the lines designated "D," "E" or "F" if it is required by the Manual rules to be determined after application of the experience modification.
- (2) All items of miscellaneous premium which do not fall under Item 1 above shall be reported on any of the blank lines above the line designated A-Total Subject Premium. For further details on the reporting of Miscellaneous Premium, refer to Item B.9. of this Section.

- c. *Premium Totals on Risks not Subject to Experience Modification.* For a risk, which is not subject to experience modification, DISREGARD line A-Total Subject Premium, line B-Experience Modification and line C-Total Modified Premium. The sum of the premiums by classification shown above line A-Total Subject Premium and/or on lines "D," "E" and "F" shall be shown on the line captioned Total Standard Exposure.

8. Exposure Total Record

- a. *Premium Totals on Risks Subject to Experience Modification.*

- (1) Line A-Total Subject Premium. The total of the premium above this line, as per subsection a. and b. above, shall be entered in the premium column on the line captioned A-Total Subject Premium.

- (2) Line B-Experience Modification. The experience modification used to develop charged premium, expressed as a decimal (e.g., .950 for 5% credit, 1.000 for a "neutral" modification, or 1.050 for a 5% debit), shall be entered in the premium column on the line captioned B-Experience Modification. If a change in the experience modification occurs subsequent to inception date of the policy, the payrolls, carrier's rating values and corresponding premium shall be split and reported on separate reports. The period covered by each report shall be shown by appropriate notation in the Mod Effective Date and/or Rate Effective Date fields.

Note: A "neutral" modification (1.000) may not be used for a non-rated risk.

- (3) Line C-Total Modified Premium. The product of the premium as shown on the line A-Total Subject Premium and the experience modification as shown on line B-Experience Modification shall be entered on line C-Total Modified Premium.
- (4) Line G-Total Standard Exposure. Report the sum of all dollar value exposures to be included in standard exposure.
- (5) Line G-Total Standard Premium. Report the sum of all premium dollars, both subject and not subject to modification, which are to be included in standard premium.

In those cases where the experience is reported on a split basis due to a change in experience modification and in other cases where more than one unit report card is required for filing the experience under a given policy, the Total Standard Premium shall be shown on the last card of the series.

9. **Miscellaneous Statistical Codes**

- a. Premium Subject to Experience Modification to be reported on any of the blank lines above the line designated A-Total Subject Premium on the Hard Copy Unit Statistical Report.

- (1) Premium for Increased Limits under Part II **Codes 9803, 9805, 9806, 9807, 9808, 9810, 9811, 9812, 9814, 9815, 9816 and 9837**, to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits.

Note: Increased Limit factors applied to non-ratable classification exposures should be reported as not subject to the experience modification.

The DCRB Manual rules provide that the premium for limits in excess of the standard limits shall be determined by applying the appropriate factors to the total premium, at the carrier's rates, before any applicable experience modification. The codes to be used are listed in Section IV, Item B.3.

These codes should not be used in connection with the reporting of excess premium developed for increased limits on voluntary compensation policies. For such cases, the DCRB Manual rules contemplate that the premium for coverage in excess of standard limits is provided by an appropriate increase in the carrier's rate.

In those cases where the additional premium resulting from the application of the appropriate limit factor to total premium is less than the corresponding minimum premium established by the carrier for such increased limits, the corresponding minimum premium shall be shown opposite the appropriate **Code 9848**.

- (2) Additional Premium Resulting From Flat Increase on Outstanding Policies - **Code 0998**. For policies where the effect of a law amendment has been applied during the term of the policy as a flat increase on total premium for the unexpired portion, the additional aggregate premium resulting from the flat increase shall be reported on a carrier's Manual rate basis and shall be assigned to **Code 0998** and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
 - (3) Premium Credit Resulting From Flat Decrease on Outstanding Policies - **Code 0994**. For policies where the effect of a law amendment has been applied during the term of the policy as a flat decrease on total premium for the unexpired portion, the premium credit resulting from the flat decrease shall be reported on a carrier's Manual rate basis and shall be assigned to **Code 0994** and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
 - (4) Waiver of Subrogation Premium - **Code 0930**. For Policies where the carrier waives subrogation rights, the premium charge associated with such waiver of subrogation shall be assigned to **Code 0930** and entered in the "Premium" column. The "Exposure" and "Rate" columns shall be left blank.
- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.
- (1) Short Rate Penalty Premium - **Code 0931**
Where policies are canceled prior to normal expiration, the cancellation date shall be entered in the block captioned Policy Expiration Date and the symbol "Y" entered in the Policy Condition Field Canceled Mid-Term. When a policy is canceled short rate, the payroll and Manual premium by classification shall be reported on the basis of the actual exposure. Any deviation applied to Manual premium and the experience modification, if any, shall then be applied to the Manual premium to determine the total modified premium. The additional premium resulting from application of the short rate cancellation table to such modified premium extended to full annual basis shall be assigned to **Code 0931** and reported in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank. (For an example, see Section VI.)
 - (2) Delaware Construction Classification Premium Adjustment Program (DCCPAP) Credit - **Code 9046**
For carriers using an approved DCCPAP credit, the premium adjustment resulting from the application of the credit factor to the Manual Premium (after the application of the experience modification) shall be reported under **Code 9046**.

-
- (3) Delaware Workplace Safety Program (DWSP) - **Code 9880**
For carriers using an approved DWSP credit, report the premium adjustment resulting from the application of the credit factor to the Manual premium (after application of experience modification) shall be reported under **Code 9880**.
- (4) Schedule Rating Plan Adjustments
Schedule Rating Plan Adjustments must be applied as a percentage factor applicable to manual premium after application of experience/merit rating but prior to any other credit (i.e., Delaware Safety Committee credit, Delaware Construction Classification Premium Adjustment Program)
Code 9887 Schedule Rating Credit - to be subtracted when calculating standard premium
Code 9889 Schedule Rating Debit - to be added when calculating standard premium
NOTE: USE ONLY POSITIVE VALUES
- (5) Deductibles- **Code 9663**. When a deductible has been elected, the premium on the policy shall be reduced by the deductible credit factor in accordance with the deductible table Section 1 of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance. Such credit amount shall be reported under **Code 9663**.
- (6) Merit Rating Plan Adjustments - Applicable on lines "D," "E" or "F" (on the paper copy of the unit statistical report) in lieu of experience modification.
Code 9884 - Neutral Adjustment - no credit or debit
Code 9885 - 5% Credit Adjustment - to be subtracted when calculating standard premium
Code 9886 - 5% Debit Adjustment - to be added when calculating standard premium
Merit Rating Adjustments are applicable to manual premium before application of any schedule rating, Delaware Safety Committee Credit or Delaware Construction Classification Premium Adjustment Program.
- c. Premium Not Subject to Experience Rating, to be Reported on line "H", "I" or "J" on the Hard Copy Unit Statistical Report.
- (1) Premium Discount - **Code 006_**. If premium discount is applied, the total amount of the discount for the state should be shown in the premium column on line "H" and shall be assigned to Statistical **Code 0063** for Schedule "Y" carriers or **Code 0064** for Schedule "X" carriers. THIS AMOUNT MUST NOT BE INCLUDED IN THE TOTAL STANDARD PREMIUM AMOUNT ENTERED. Be sure to complete the Code number "**006_**" to indicate which discount has been applied.
- (2) Expense Constant - **Code 0900**. On each policy where an expense constant has been charged, the amount so charged shall be assigned to **Code 0900** for all industry groups. Do not include the expense constant in the Total Standard Premium.
- (3) Flat Charge Waiver of Subrogation – **Code 9115**. For policies where a flat charge has be levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Do not include the flat charge waiver of subrogation premium in the Total Standard Premium. (See Item B.9.a.(4) of this section.)

- (4) **Terrorism - Code 9740**
Premium charge for Terrorism is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9740 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9740. Premium developed under Terrorism is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Terrorism.
- (5) **Catastrophe (other than Certified Acts of Terrorism) - Code 9741.**
Premium charge for Catastrophe (other than Certified Acts of Terrorism) is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9741 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9741. Premium developed under Catastrophe (other than Certified Acts of Terrorism) is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Catastrophe (other than Certified Acts of Terrorism).

- d. **Assigned Risk Surcharge - Code 0277.** Premium Not Subject to Experience Rating, to be reported on line "K" on the hard copy Unit Statistical Report.
- e. **Audit Noncompliance Charge (ANC) – Code 9757**

For policies where the carrier has chosen to apply an audit noncompliance charge because the employer would not allow the carrier to examine and audit its records.

The premium for Code 9757 is a flat charge applied after the Employer Assessment (Code 0938).

Note: When the Exposure on the 1st report includes Code 9757, report the Estimated Audit Code as "U" in the applicable Policy Conditions, Estimated Audit Code field.

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with the Basic Manual rules, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Audit Code must be changed to "N" and the exposure and premium must reflect the final audit.

10. **Correction Reports-Method of Reporting**

a. *Conditions Requiring a Correction Report*

- (1) A correction report shall be filed whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the DCRB.
- (2) If the error involves a change on a case, which in the previous reporting required an Individual Case Report, a revised or corrected Individual Case Report shall be submitted with the revised risk exposure.
- (3) Correction reports as defined above should be forwarded to the DCRB as soon as possible after the changes are known.

- b. *Method of Reporting*
 - (1) Correction for any month of issue shall be filed on **NC2957** or **NC2913** during the period when original reportings for the same year are being filed. All corrections must be clearly marked as corrections by inserting the 2-digit correction code that corresponds to the number of corrections submitted within a particular report level. Also the 1-position alphabetic correction type that indicates the type of correction being submitted should be entered in the Correction Type field.
 - (2) Where the classification code or type of injury requires correction, the corrected report shall show all of the data previously reported for the classification in question, as well as all of the data (including those items which do not change) on a corrected basis. (For examples, refer to Section VI.)
- c. If revision of payrolls and premiums are required, **Form NC2957** shall be used.
- d. Correction reports should be forwarded to the DCRB as soon as possible after the changes are known.
- e. All correction reports should, in the Correction Type field indicate the type of correction being submitted. For example, due to an audit where the previous report was an estimate, the correction type would be "E" exposure. (For a list of Correction Type see Section II Item A.6.c.)
- f. Where the exposure previously reported has been changed by reason of an audit, or by a re-audit or any other adjustment affecting classifications, exposure or premiums, a revised report, **Form NC2957** shall be filed showing the amounts reported previously, as well as revised amounts for those classifications where there have been changes.
- g. The lines captioned A-Total Subject Premium, B-Experience Modification and C-Total Modified Premium, (if these lines have been used on the prior report), together with the Total Standard Exposure and Total Standard Premium, shall be shown as revised only.
- h. If the exposure does not change but the risk total standard premium previously reported is revised due solely to a change in the experience modification, it shall be necessary to submit a revised report showing only each item affected by the modification change on a previously reported and revised basis.
- i. Previous premium discounts and revised discounts also shall be reported in the space provided.

C. Loss Information

1. Update Type

Report the 1-position alphabetic code that identifies the activity of a loss record.

Code	Description
P	Previously Reported
R	Revised

2. Claim Number

- a. Report the alphanumeric code that uniquely identifies the claim excluding blanks, punctuation marks and special characters. The complete claim number, including suffixes and prefixes, if used, must remain the same throughout the life of the claim.

3. Accident Date

Enter the accident date by reporting the month, day and year on which the injury occurred is required.

In cases involving disease, the claim shall be assigned to the policy in force at the time the carrier became aware of the claim. In the event the carrier no longer insures the risk, the claim shall be assigned to the last policy issued by the carrier. The selected and indicated date of accident shall fall within the policy period.

4. Incurred Indemnity

Report the whole dollar amount of incurred indemnity expenses as of the loss valuation. These losses consist of 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.

Note: Allocated Loss Adjustment Expenses for other than Employers Liability coverage must be excluded from indemnity losses.

5. Incurred Medical

Report the whole dollar amount of incurred medical expenses, as of the loss valuation date. These losses consist of all paid and outstanding reserve benefits.

6. Class Code

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the DCRB. No claims may be assigned to any classification unless premium also has been reported for that class. In cases where losses have been incurred under the benefits of a state other than where payroll is assigned, the carrier shall report the claim in the state where the payroll is assigned, identifying the claim in the Jurisdiction State field.

7. Injury Type

Report the 2-digit numeric code that identifies under which provision of the law benefits are paid or expected to be paid.

- a. *Death Cases Code - 01*

- (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered, as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state.

If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the loss is to be reported on the basis of the injury for which payments have been previously made.

In valuing a surviving spouse's benefits in death cases, Table I, Surviving Spouse Pension Table, shall be used. (For example, see Section VI.) In valuing the portion of reserves in death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table II, Present Value of Remarriage Award Table, shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used. (Refer to Section V for the Tables.)

- (2) USL&HW Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under USL&HW Coverage, Table USL&HW-I, Surviving Spouse Pension Table, shall be used. In valuing the portion of reserves in death cases under USL&HW Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table USL&HW-II, Present Value of Remarriage Award Table shall be used. In valuing the portion of reserves certain death cases under USL&HW Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL&HW-III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used.

b. *Permanent Total Disability Code - 02*

- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial.

In establishing reserves on permanent total cases, Table III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used, as found in Section V. (For examples, see Section VI.)

- (2) USL&HW Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under USL&HW Coverage, Table USL&HW-III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table USL&HW-IV, Present Value of Survivorship Benefits Table, shall be used. (For an example, see Section VI.)

c. *Temporary Total or Temporary Partial Disability Code - 05*

Enter as Temporary every case, which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.

- d. *Medical Only Claims Code - 06*
When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.
- e. *Contract Medical Code - 07*
Contract medical costs, which cannot be allocated to individual claims, shall be reported in the aggregate in the column captioned Medical Incurred. Such medical shall be assigned to the governing classification of the risk. Contract medical costs allocated to individual claims shall be reported in connection with these claims and shall not be included in the amount reported as contract medical. The amount reported, as contract medical shall be the actual incurred cost to the company for such medical contracts, including payments to physicians and hospitals under contract.
- f. *Permanent Partial Disability Code - 09*
 - (1) Cases involving partial disability or permanent injuries, as defined in Sections 2325 or 2326, respectively, of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.
 - (2) Cases involving total disability, other than permanent total disability, if either of the following holds true:
 - (a) The duration of the disability benefits exceeds, or is expected to exceed, one year.
 - (b) In the judgment of the carrier, the extent of liability for future payments is indeterminate. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. (For examples, see Section VI.)

8. Claim Status

Report the 1-digit numeric code that indicates the status of the claim.

Code	Description
0	Open (final payment not made)
1	Closed

9. Loss Condition Codes

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State Act or Federal Act Excluding USL&HW and 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
04	Federal Mine Safety and Health Act and the State Act

Type of Loss

Code	Description
01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

Type of Claim

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Type of Settlement

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise Settlement
09	All Other Settlements

10. **Jurisdiction State**

Report the 2-digit state code of the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

11. **Catastrophe Number (Cat. No.)**

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc., up to and including "10". After the number "10" is assigned the next number in the sequence will reprocess to number "1". Numbers "11" through "99" are reserved for ISO assigned catastrophe codes. A separate series of catastrophe numbers shall be used for each policy.

EXCEPTIONS:

- a. Report Catastrophe Code Number 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.
- b. Report Catastrophe Code Number 87 for all occupational diseases claims emanating from the rescue, recovery and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined in Article 8-A of the New York Workers' Compensation Law (Chapter 446 of the Laws of 2006).

c. Report Catastrophe Code Number 12 for claims applicable and/or attributable to Coronavirus Disease 2019 (COVID-19) with accident dates of December 1, 2019 and subsequent

Note: Catastrophe Code Number 48 and 87 will apply to both single and multiple claims.

12. Managed Care Organization Type

Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses.

Code	Description
00	The claim is not administrated by an approved managed care organization (MCO).
01	The claim's medical losses are administrated by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization (HMO).
03	The claim's medical losses are administrated by a preferred provider organization (PPO).
04	The claim's medical losses are administrated by an exclusive provider organization (EPO).
05	The claim's medical losses are administrated by an independent practice association (IPA).

13. Injury Description Code

Report the three 2-digit codes that represent the part of body, nature of injury and cause of injury for a given claim. (Refer to Section IV for list of codes.)

14. Occupation Description

Report a narrative description of the regular occupation of the claimant for claims with indemnity or medical value greater than \$25,000.

15. Vocational Rehabilitation Indicator

Report the 1-position code that indicates the inclusion of vocational rehabilitation costs in the losses.

Indicator	Description
Y	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

16. Lump Sum Indicator

Report the value that identifies a lump sum agreement for the claim.

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

17. Fraudulent Claim Code

Report the 2-position code that indicates the claim status as respects occurrence of fraud. Code to be determined based on entry or filing of an order or other formal finding by a court or other judicial authority having jurisdiction over the case.

Code	Description
00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

18. Paid Indemnity

Report the whole dollar amount of paid indemnity expenses for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wage 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.

19. Paid Medical

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

20. Claimant's Attorney Fees Incurred (Optional)

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

21. Employer's Attorney Fees

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

22. Weekly Wage Amount

Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Do not report the maximum or minimum weekly earnings specified in the state law.)

23. Allocated Loss Adjustment Paid (ALAE)

Report the whole dollar amount of loss adjustment expense allocated and paid for this claim as of the loss valuation date.

24. Allocated Loss Adjustment Incurred (ALAE) (Optional)

Report the whole dollar amount of loss adjustment expense allocated and paid or reserved for this claim as of the loss valuation.

D. Loss Totals

1. Total Number of Claims

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

2. **Total Incurred Indemnity**

Report the arithmetic total of the incurred indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

3. **Total Incurred Medical**

Report the arithmetic total of the incurred medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

4. **Total Paid Indemnity**

Report the arithmetic total of the paid indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

5. **Total Paid Medical**

Report the arithmetic total of the paid medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

6. **Total Claimant's Attorney Fees (Optional)**

Report the arithmetic total of the incurred claimant's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

7. **Total Employer's Attorney Fees**

Report the arithmetic total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

8. **Total ALAE Paid**

Report the arithmetic total of the paid ALAE amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

9. **Total ALAE Incurred (Optional)**

Report the arithmetic total of the incurred ALAE amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.



SECTION III

INDIVIDUAL CASE REPORTS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

1. **Claims on Which Required.** Individual Case Reports shall be filed for the following:

- a. All death claims
- b. All permanent total claims

NOTE: Delaware has no statutory maximum for incurred indemnity.

Individual Case Reports shall be filed concurrently with the submission of individual risk experience.

2. **General Instructions** for Reporting Information on the Individual Case Reports. ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

- a. *Forms.* For ALL Individual Case Reports (pension and other than pension) use the Individual Case Report form. (See Section VIII.)
- b. *Class Code.* Report the numeric code to which the loss was assigned.
- c. *Report Number Code.* Enter the code from the code list in Section IV, Item A.1. of this Plan which corresponds to the policy valuation date.
- d. *Transaction Type Code.*
 - (1) Initial Report-Code 1. Must be used for the first time the Individual Case Report for the claim is submitted, regardless of the Unit Statistical Report number based on valuation date.
 - (2) Subsequent Report-Code 2. Must be used on all Individual Case Reports submitted for a particular claim subsequent to the valuation date for which an initial Individual Case Report (Code 1) was submitted.
 - (3) Revised Report-Code 3. Individual Case Report filed due to the rejection by the DCRB Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.
 - (4) Correction Report-Code 4. Individual Case Report filed when the carrier discovers a need for change on an Individual Case Report previously filed for the particular claim.
- e. *Type of Injury Code.* Enter the type of injury code as shown on the corresponding unit report for the particular claim.
- f. *Carrier Number.* Report the 5-digit carrier code assigned to the company by the National Council on Compensation Insurance, Inc.
- g. *Payroll State Code.* Report the 2-digit numeric code corresponding to the state to which the injured worker's payroll was assigned. Code "07" is required in Delaware.
- h. *Administration File Number.* This field is not required by Delaware.

- i. *Policy Number.* Report the policy identification number as set forth on the policy information page and reported on the corresponding unit report.
- j. *Certificate Number.* This field is not required by Delaware. Report the 7-digit number used to identify a risk covered under a master policy.
- k. *Policy Effective Date.* Report the date on which the policy became effective.
- l. *Claim Number.* Report the claim number as shown on the corresponding unit report for the particular claim.
- m. *Claim Status Code.* Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.
- n. *Date Attorney Disclosure.* This field is not required by Delaware.
- o. *Loss Condition Codes.* These fields are not required since the information is on the Unit Statistical Report. However, if reported, these entries should be identical with the entries in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.
- p. *Jurisdiction State.* This field is not required if it is identical to the Exposure State. However, if different, report the 2-digit state code of the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process.
- q. *Managed Care Organization (MCO).* This field is not required since the information is on the Unit Statistical Report. However, if reported, the code corresponds to the type of organization, which will administer the applicable medical losses of the particular claim. Refer to Section IV, Item C.4.
- r. *Insured Name.* Enter the full name of the insured as shown on the policy information page and the corresponding unit report.
- s. *Accident Date.* Enter the date of the accident.
- t. *Date of Death.* (Death Claims Only) Enter the date of death.
- u. *Date Reported.* Enter the date at which the application for benefits was filed.
- v. *Date of Birth.* Enter the injured worker's date of birth.
- w. *Surgery Code.* Report the 1-digit code indicating whether the claimant's injury required surgery. Refer to Section IV, Item D.6
- x. *Attorney Code.* Report a 1-digit code indicating any attorney involvement on this claim. Refer to Section IV, Item D.7.
- y. *Worker's Last Name.* Enter the last name of the injured worker.
- z. *Worker's Sex.* Enter the code for the sex of the injured worker.
- aa. *Average Weekly Wage.* Enter the average weekly wage as computed in accordance with the statutory provisions regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation. Report amount rounded to the nearest whole dollar.

- bb. *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the three 2-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describe the conditions of the injury.
 - cc. *Occupation.* Give the regular occupation of the worker as precisely as possible and not the specific activity that the employee was engaged in at the time of the accident.
 - dd. *Date Closed.* Enter the date the claim was closed, if applicable.
 - ee. *Reserve Type Code.* Report the type of reserve on which this claim is based. Refer to Section IV, Item D.8.
 - ff. *Lump Sum Indicator.* Report whether or not the claim was settled with a payment of a specified amount to the claimant. Report "Y" for a lump sum payment and "N" for other than a lump sum payment.
 - gg. *Fraud.* Report the code that indicates whether the claim was declared fraudulent. Refer to Section IV, Item D.10.
 - hh. *Social Security Number.* This field is not required by Delaware.
 - ii. *Date Single Sum Paid.* Enter the date single sum settlement was paid.
 - jj. *Employment Status.* Report the employment status of the claimant at the date the claim was first reported to the carrier. Refer to Section IV, Item D.11.
 - kk. *Year Last Exposed.* Report the year in which the claimant was last exposed to disease to determine benefit.
 - ll. *Date of Hire.* (Not applicable in Delaware)
3. **Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.**
- a. *Temporary Indemnity.*
 - (1) **Number of Weeks.** Report the number of weeks upon which the temporary indemnity benefits is based.
 - (2) **Incurred Loss.** Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all benefits to the injured worker related to temporary loss of earnings due to loss time from work as a result of an injury or disease.
 - b. *Scheduled Indemnity.*
 - (1) **Percent Disability.** Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based.
 - (2) **Body Member Code.** Report the 2-digit numeric code corresponding to the part of body on which the benefit is based. Body member codes are to be used only with scheduled indemnity cases. Refer to Section IV for the code list and schedule.
 - (3) **Number of Weeks.** Report the number of weeks upon which the scheduled indemnity benefit is based.
 - (4) **Incurred Loss.** Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all scheduled benefits. Report dollars only.

- c. *Non-Scheduled Indemnity.*
 - (1) Percent Disability. Report the percentage upon which the non-scheduled indemnity benefit was determined.
 - (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all non-scheduled benefits based on a percentage disability. Report dollars only.
- d. *Employers Liability or Other Indemnity.*
 - (1) Employers Liability. Report the incurred cost of the claim settled in accordance with Section I, Item L.7. of this Plan.
 - (2) Other Indemnity (Excluding Vocational Rehabilitation). Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all wage loss or other benefits (excluding vocational rehabilitation) not included in a., b. or c. Any payments to special funds should be reported in this field. Report dollars only. Identify the type of indemnity reported, i.e., wage loss.
- e. *Vocational Rehabilitation Total Incurred.* Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding Vocational Rehabilitation Indicator also must be used. See Section IV.
- f. *Claimant Legal Expense.* Report the incurred cost of the claim in accordance with Section I, Item L.9. of this Plan.

4. Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.

- a. *Beneficiary Data.* Report the 1-digit numeric code corresponding to each different type of beneficiary. Refer to Section IV, Item D.12. for the code list. A separate code must be given for each beneficiary even if more than one beneficiary falls within the same code. For each beneficiary report the date when the beneficiary was born.
- b. *Pension Indemnity Benefits Paid to Valuation Date.* Report the total amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment. Report the amount rounded to the nearest dollar. This amount must exclude all amounts reported under Item 3. above (Other Than Pension).
- c. *Pension Indemnity Previously Reserved, Not Paid.* Report the pension indemnity amount previously reserved but not yet paid. (Accruals)
- d. *Pension Value of Future Indemnity Payments.* Report the present value of total future indemnity payments. Report amount rounded to the nearest whole dollar. Refer to Items C.7.a. and C.7.b. of Section II for additional instructions.
- e. *Funeral Allowance.* Report the amount of funeral allowance rounded to the nearest whole dollar.
- f. *Lump Sum Remarriage Payment.* Report the amount paid upon the remarriage of the injured worker's spouses. Report amount rounded to nearest whole dollar.

5. Totals

- a. *Total Incurred Indemnity (Sum 1-11).* This amount must be identical to the Indemnity Losses shown in the Incurred Losses section of the corresponding unit report.

- b. *Total Incurred Medical.* This amount must be identical to the Medical Losses shown in the Incurred Losses section of the corresponding unit report.
- c. *Total Indemnity and Total Medical Paid to Valuation Date.* Enter the totals of indemnity and medical that been paid as of the valuation date.
- d. *Social Security or Other Offset Amount.* Enter the whole dollar amount of any social security or other offset paid as of the valuation date.
- e. *Calculations.* Use this space to show any pertinent calculations or remarks.
- f. *Physician Paid.* This field is not required in Delaware. Enter the whole dollar amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.
- g. *Hospital Benefits Paid.* This field is not required in Delaware. Enter the whole dollar amount for all benefits paid as of the valuation date to a hospital.
- h. *Applicants Medical Evaluation Paid.* This field is not required in Delaware. Enter 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 a non-represented worker.
- i. *Defense Medical Evaluation Paid.* This field is not required in Delaware. Enter the amount as of the valuation date for medical evaluations procured by the insurance carrier, excluding evaluations performed by the treating physician or by qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- j. *Independent Medical Evaluation Paid.* This field is not required in Delaware. Enter 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.
- k. *Legal Expense Defense.* Report any legal expenses paid on behalf of the defense. This element shall not be included in the incurred losses. See Section I, Item L.9. of this Plan.
- l. *Annuity Purchased Amount.* Enter the total purchase price (cost to the carrier) of the annuity purchased.
- m. *Total Gross Incurred.* This field is not required in Delaware.
- n. *Temporary Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in temporary disability benefits.
- o. *Permanent Partial Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in permanent partial disability benefits.
- p. *Permanent Total Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in permanent total disability benefits.
- q. *Death Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in death benefits.
- r. *Single Sum Paid.* When a case involves complete or partial commutation of future payments, report the actual loss payment. Enter the total dollar amount in indemnity benefits that have been paid as of the valuation date as a single amount.

- s. *Vocational Rehabilitation Paid.* Enter the total dollar amount paid as of the valuation date in vocational rehabilitation benefits (including training, evaluation and vocational rehabilitation indemnity).



SECTION IV

CODES

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION IV - CODES

A. Codes Common to Premium and Losses

1. Report Number and Valuation Date

Code	Description
01	Valued as of the 18th month after the month in which the policy became effective.
02	Valued 30 months after the policy effective date.
03	Valued 42 months after the policy effective date.
04	Valued 54 months after the policy effective date.
05	Valued 66 months after the policy effective date.
06	Valued 78 months after the policy effective date.
07	Valued 90 months after the policy effective date.
08	Valued 102 months after the policy effective date.
09	Valued 114 months after the policy effective date.
10	Valued 126 months after the policy effective date.

2. Correction Type

The alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.

Code	Description
H	Header Record Correction
E	Exposure Record Correction
L	Loss Record Correction
T	Total Record Correction
M	Multiple Record Corrections

3. Exposure State

The following state code number **must** be used. Delaware -- **07**

4. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
08	Exclusion of Executive Officers
09	Voluntary Coverage Not Mandatory by State Act

5. Deductible Type Codes

Identifies the type of deductible being reported.

Losses Subject to Deductible Code

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

Basis of Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Amount Limit
07	Coinsurance Percent with Per Claim Deductible Amount and Coinsurance Limit
08	Coinsurance Percent with Per Accident Deductible Amount and Coinsurance Limit
09	Per Accident Deductible Amount with Per Policy Deductible Aggregate Limit
10	Per Claim Deductible Amount with Per Policy Deductible Aggregate Limit
11	Coinsurance Percent With Per Claim Deductible Amount Limit with Per Policy Aggregate Limit
12	Variable

6. Policy Conditions

Report the 1-position indicator or code for each policy condition.

- a. Three Year Fixed Rate Indicator
 "Y"= Policy is a three-year fixed rate policy.
 "N"= Policy is not a three-year fixed rate policy.
- b. Multistate Policy Indicator
 "Y"= Policy is a multistate policy.
 "N"= Policy is not a multistate policy.
- c. Interstate Rated Indicator
 "Y"= Policy is interstate rated.
 "N"= Policy is not interstate rated.
- d. Estimated Audit Code
 "Y"= Exposures expressed on the unit report are estimated.
 "N"= Exposures expressed on the unit report are the result of an audit.
 "U"= Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.

Note: When the Exposure on the 1st report includes Code 9757, report the Estimated Audit Code as "U" in the applicable Policy Conditions, Estimated Audit Code field.

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with the Basic Manual rules, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Audit Code must be changed to "N" and the exposure and premium must reflect the final audit.

- e. Retrospective Rated Indicator
 "Y"= Policy is retrospective rated.
 "N"= Policy is not retrospective rated.

- f. Canceled Mid-Term Indicator
 "Y"= Policy has been canceled mid-term.
 "N"= Policy has not been canceled mid-term.

- g. Managed Care Organization Indicator
 "Y"= Policy has provisions for the administration of losses under an approved managed care organization.
 "N"= Policy does not have provisions for the administration of losses by an approved managed care organization.

B. Exposure Information Codes

1. Update Type

Code	Description
P	Previously Reported
R	Revised

2. Exposure Coverage

Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State Act or Federal Act Excluding USL&HW and 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
04	Federal Mine Safety and Health Act and/or the State Act
10	Voluntary Compensation Coverage

3. Premium Codes

- a. Premium Subject to Experience Modification
 - (1) Premium for Increased Limits

Table for Increased Limits Effective 06/01/13

Limits of Liability (000's omitted)	Codes
100/100/1,000	9803
100/100/5,000	9805
100/100/10,000	9806
500/500/500	9807
500/500/1,000	9808
500/500/5,000	9810
500/500/10,000	9811
1,000/1,000/1,000	9812

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Section IV

Page 4

CODES

1,000/1,000/5,000	9814
1,000/1,000/10,000	9815
Over 1,000/1,000/10,000	9816
All Other	9837

Note: The increased limits factors applied to **non-ratable classification** exposures should be reported as not subject to the experience modification.

- | | |
|---|------------------|
| (2) Amount Required to Balance to Increased Limits Minimum Premium | Code 9848 |
| (3) Additional Premium From Flat Increase on Outstanding Policies | Code 0998 |
| (4) Premium Credit Resulting From Flat Decrease on Outstanding Policies | Code 0994 |
| (5) Deductible Applied to Manual Premium Before Experience Modification | Code 9664 |
| (6) Waiver of Subrogation | Code 0930 |
- b. Premium Not Subject to Experience Modification
- | | |
|---|------------------|
| (1) Short Rate Penalty Premium | Code 0931 |
| (2) Risk Minimum Premium | Code 0990 |
| (3) Optional Supplemental Loadings | |
| For Class 512 | Code 0175 |
| For Class 513 | Code 0176 |
| For Black Lung Experience | Code 0164 |
| For Radiation Experience | Code 9985 |
| (4) Mandatory Supplemental Loadings | |
| For Class 4771 | Code 0771 |
| For Class 7405 | Code 7445 |
| For Class 7413 | Code 7453 |
| (5) Delaware Construction Credit Premium Adjustment Program (DCCPAP) | Code 9046 |
| (6) Delaware Workplace Safety Credit (DWSP) | Code 9880 |
| (7) Assigned Risk Surcharge | Code 0277 |
| (8) Deductible Applied to Manual Premium After Experience Modification Deductible | Code 9663 |
| (9) Merit Rating Plan Adjustment Neutral | Code 9884 |
| (10) Merit Rating Plan Adjustment - 5% Credit Adjustment | Code 9885 |
| (11) Merit Rating Plan Adjustment - 5% Debit Adjustment | Code 9886 |
| (12) Schedule Rating Plan Credit | Code 9887 |
| (13) Schedule Rating Plan Debit | Code 9889 |
- c. Premium Not Subject to Experience Modification and Not to be Included in Standard Premium (Reported on lines "H", "I" or "J")
- | | |
|--|----------------------------|
| (1) Premium Discount | Code 0063/Code 0064 |
| (2) Expense Constant | Code 0900 |
| (3) Waiver of Subrogation – Flat Charge | Code 9115 |
| (4) Terrorism | Code 9740 |
| (5) Catastrophe (other than Certified Acts of Terrorism) | Code 9741 |
| (6) Audit Noncompliance Charge | Code 9757 |

C. Loss Information Codes

1. Injury Type

Code	Description
01	Death
02	Permanent Total Disability
05	Temporary Total or Temporary Partial Disability
06	Medical Only Claims
07	Contract Medical
09	Permanent Partial Disability

2. Claim Status

Code	Description
0	Open
1	Closed

3. Loss Conditions

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State Act or Federal Act Excluding USL&HW and 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
04	Federal Mine Safety and Health Act and/or the State Act

Type of Loss

Code	Description
01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

Type of Claim

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Type of Settlement

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise Settlement
09	All Other Settlements

4. Managed Care Organization Type

Code	Description
00	The claim is not administrated by an approved managed care organization.
01	The claim's medical losses are administrated by an approved managed care organization not specifically listed in codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization.
03	The claim's medical losses are administrated by a preferred provider organization.
04	The claim's medical losses are administrated by an exclusive provider organization.
05	The claim's medical losses are administrated by an independent practice association.

5. Injury Description Code. This code is made up of three separate components:

- a. First two positions (XX -- --) identify the part of body injured.
- b. Middle two positions (-- XX --) identify the nature of the injury.
- c. Last two positions (-- -- XX) identify the specific cause of injury.

Refer to page 9 for a list of the Injury Description Codes.

6. Vocational Rehabilitation Indicator

Indicator	Description
Y	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

7. Lump Sum Indicator

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

8. Fraudulent Claim Codes

Code	Description
00	Not Fraudulent
01	Partial Fraudulent
02	Fully Fraudulent

D. Individual Case Report Codes

1. Report Number

The report number must coincide with the Unit Statistical Report. (Refer to Section IV, Item A1)

2. Transaction Type

Code	Description
1	Initial Report
2	Subsequent Report
3	Revised Report
4	Correction Report

3. Status

Code	Description
0	Open Claim
1	Closed Claim

4. Managed Care Organization Type Code

Code	Description
00	The claim is not administered by an approved managed care organization (MCO).
01	The claim's medical losses are administered by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.
02	The claim's medical losses are administered by a health maintenance organization (HMO).
03	The claim's medical losses are administered by a preferred provider organization (PPO).
04	The claim's medical losses are administered by an exclusive provider organization (EPO).
05	The claim's medical losses are administered by an independent practice association (IPA).

5. Surgery Code

Code	Description
1	Surgery
2	No Surgery

6. Attorney Code

Code	Description
2	Attorney involved
3	No Attorney involved

7. Worker's Sex

Code	Description
M	Male
F	Female

8. Injury Description Code. This code is made up of three separate components:

- a. First two positions (XX -- --) identify the part of body injured.
- b. Middle two positions (-- XX --) identify the nature of the injury.
- c. Last two positions (-- -- XX) identify the specific cause of injury.

Refer to page 9 for a list of the Injury Description Codes.

9. **Reserve Type**

Code	Description
00	Standard Reserve
01	Stacked Estimate
02	Volunteers
03	Questionable Compensability
04	Second Injury Fund Involvement
05	Partial Dependency
06	Still Exposed
07	Last Exposed
08	Stacked Award

10. **Lump Sum Indicator**

Indicator	Description
Y	Lump Sum
N	Other than Lump Sum

11. **Fraudulent Claim Code**

Code	Description
00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

12. **Employment Status**

Code	Description
1	Regular
2	Part-time
3	Unemployed
4	On Strike
5	Disabled
6	Retired
8	Unemployed (due to work-force reduction)
9	Other

13. **Beneficiary Code**

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other
9	Handicapped Child

Injury Description Coding

Part of Body

Code	Narrative Description
I. Head	
10. Multiple Head Injury	Any Combination of Below Parts
11. Skull	
12. Brain	
13. Ear(s)	Includes: Hearing, Inside Eardrum
14. Eye(s)	Includes: Optic Nerves, Vision, Eye Lids
15. Nose	Includes: Nasal Passage, Sinus, Sense of Smell
16. Teeth	
17. Mouth	Includes: Lips, Tongue, Throat, Taste
18. Soft Tissue	
19. Facial Bones	Includes: Jaw
II. Neck	
20. Multiple Neck Injury	Any Combination of Below Parts
21. Vertebrae	Includes: Spinal Column Bone, "Cervical Segment"
22. Disc	Includes: Spinal Column Cartilage, "Cervical Segment"
23. Spinal Cord	Includes: Nerve Tissue, "Cervical Segment"
24. Larynx	Includes: Cartilage and Vocal Cords
25. Soft Tissue	Other than Larynx or Trachea
26. Trachea	
III. Upper Extremities	
30. Multiple Upper Extremities	Any Combination of Below Parts, Excluding Hands and Wrists Combined
31. Upper Arm	Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32. Elbow	Radial Head
33. Lower Arm	Fore Arm - Radius, Ulna and Corresponding Muscles
34. Wrist	Carpals and Corresponding Muscles
35. Hand	Metacarpals and Corresponding Muscles - Excluding Wrist or Fingers

Injury Description Coding

Part of Body

Code	Narrative Description
36. Finger(s)	Other than Thumb and Corresponding Muscles
37. Thumb	
38. Shoulder(s)	Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
39. Wrist (s) & Hand(s)	
IV. Trunk	
40. Multiple Trunk	Any Combination of Below Parts
41. Upper Back Area	(Thoracic Area) Upper Back Muscles, Excluding, Vertebrae, Disc, Spinal Cord
42. Lower Back Area	(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
43. Disc	Spinal Column Cartilage Other than Cervical Segment
44. Chest	Including Ribs, Sternum, Soft Tissue
45. Sacrum and Coccyx	Final Nine Vertebrae-Fused
46. Pelvis	
47. Spinal Cord	Nerve Tissue Other than Cervical Segment
48. Internal Organs	Other than Heart and Lungs
49. Heart	
60. Lungs	
61. Abdomen Including Groin	Excluding Injury to Internal Organs
62. Buttocks	Soft Tissue
63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)	Bone Portion of the Spinal Column
V. Lower Extremities	
50. Multiple Lower Extremities	Any Combination of Below Parts
51. Hip	
52. Upper Leg	Femur and Corresponding Muscles
53. Knee	Patella
54. Lower Leg	Tibia, Fibula and Corresponding Muscles

Injury Description Coding

Part of Body

Code	Narrative Description
55. Ankle	Tarsals
56. Foot	Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes
57. Toes	
58. Great Toe	
VI. Multiple Body Parts	
64. Artificial Appliance	Braces, Etc.
65. Insufficient Info to Properly Identify - Unclassified	Insufficient Information to Identify Part Affected
66. No Physical Injury	Mental Disorder
90. Multiple Body Parts (Including Body Systems & Body Parts)	Applies when More than One Major Body Part has been Affected, Such as an Arm and a Leg and Multiple Internal Organs
91. Body Systems and Multiple Body Systems	Applies to the Functioning of an Entire Body System Has Been Affected Without Specific Injury to Any Other Part, as in the Case of Poisoning, Corrosive Action, Inflammation, Affecting Internal Organs, Damage to Nerve Centers, Etc. Does NOT Apply When the Systemic Damage Results from an External Injury Affecting an External Part Such as a Back Injury Which Includes Damage to the Nerves of the Spinal Cord.
99. Whole Body	A code referencing the anatomic classification of the injury.

Injury Description Coding

Nature of Injury

Code	Narrative Description
I. Specific Injury	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface. Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxion, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing

Injury Description Coding

Nature of Injury

Code	Narrative Description
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Sepsicemia or Infected Wounds.
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain or Tear	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
II. Occupational Disease or Cumulative Injury	
60. Dust Disease, NOC	All Other Pneumoconiosis
61. Asbestosis	Lung Disease, A Form Of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles.
62. Black Lung	The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners

Injury Description Coding

Nature of Injury

Code	Narrative Description
63. Byssinosis	Pneumoconiosis of Cotton, Flax and Hemp Workers.
64. Silicosis	Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust.
65. Respiratory Disorders	Gases, Fumes, Chemicals, Etc.
66. Poisoning - Chemical, (Other Than Metals)	Man Made or Organic
67. Poisoning - Metal	Man Made
68. Dermatitis	Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals Which May be in the Form of Solids, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures or Inflammation or Irritation Resulting from Friction or Impact.
69. Mental Disorder	A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e. Acute Anxiety, Neurosis, Stress, Non-Toxic Depression
70. Radiation	All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71. All Other Occupational Disease Injury, NOC	
72. Loss of Hearing	
73. Contagious Disease	
74. Cancer	
75. AIDS	
76. VDT - Related Diseases	Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77. Mental Stress	
78. Carpal Tunnel Syndrome	Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it Goes Through the Carpal Tunnel of the Wrist

Injury Description Coding

Nature of Injury

Code	Narrative Description
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
83. COVID-19	Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by a coronavirus
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

Injury Description Coding

Cause of Injury

Code	Narrative Description
I. Burn or Scald - Heat or Cold Exposures - Contact With	*
01. Chemicals	Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze.
02. Hot Objects or Substances	*
03. Temperature Extremes	Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite.
04. Fire or Flame	*
05. Steam or Hot Fluids	*
06. Dust, Gases, Fumes or Vapors	Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke.
07. Welding Operation	Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.)
08. Radiation	Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.
09. Contact With, NOC.	Not otherwise classified in any other code. Includes cleaning agents and fertilizers.
11. Cold Objects or Substances	*
14. Abnormal Air Pressure	*
84. Electrical Current	Includes electric shock, electrocution and lightning.
II. Caught In, Under or Between	*
10. Machine or Machinery	Running or meshing objects, a moving and a stationary object, two or more moving objects
12. Object Handled	Includes medical hospital bed & parts, wheelchair, clothespin vise.
13. Caught In, Under or Between, NOC.	Not otherwise classified in any other code.
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	*
15. Broken Glass	*
16. Hand Tool, Utensil; Not Powered	Includes needle, pencil, knife, hammer, saw, axe, screwdriver.
17. Object Being Lifted or Handled	Includes being cut, punctured or scraped by a person or object

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 17

Section IV

CODES

	being lifted or handled.
18. Powered Hand Tool, Appliance	Includes drill, grinder, sander, iron, blender, welding tools, nail gun.
19. Caught, Puncture, Scrape, NOC.	Not otherwise classified in any other code. Includes power actuated tools.
IV. Fall, Slip or Trip Injury	*
25. From Different Level (Elevation)	Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.
26. From Ladder or Scaffolding	*
27. From Liquid or Grease Spills	*
28. Into Openings	Includes mining shafts, excavations, floor openings, elevator shafts.
29. On Same Level	*
30. Slipped, Do Not Fall	Slip or trip and did not come in contact with the floor or ground.
31. Fall, Slip or Trip, NOC.	Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.
32. On Ice or Snow	*
33. On Stairs	*
V. Motor Vehicle	*
40. Crash of Water Vehicle	*
41. Crash of Rail Vehicle	*
45. Collision or Sideswipe With Another Vehicle	Vehicle collision, both vehicles in motion.
46. Collision with a Fixed Object	Collision occurring with standing vehicle or stationary object.
47. Crash of Airplane	*
48. Vehicle Upset	Includes overturned or jackknifed.
50. Motor Vehicle, NOC.	Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.
VI. Strain or Injury By	*
52. Continual Noise	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53. Twisting	Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.

**Injury Description Coding
Cause of Injury**

Code	Narrative Description
54. Jumping	*
55. Holding or Carrying	Applies to objects or people. Includes restraining a person.
56. Lifting	Includes objects or people.
57. Pushing or Pulling	Includes objects or people.
58. Reaching	*
59. Using Tool or Machinery	*
60. Strain or Injury By, NOC.	Not otherwise classified in any other code.
61. Wielding or Throwing	Physical effort or overexertion from attempts to resist a force applied by an object being handled.
97. Repetitive Motion	Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.
VII. Striking Against or Stepping On	
	NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.
65. Moving Part of Machine	*
66. Object Being Lifted or Handled	*
67. Sanding, Scraping, Cleaning Operation	Include scratches or abrasions caused by sanding, scraping, cleaning operations.
68. Stationary Object	*
69. Stepping on Sharp Object	*
70. Striking Against or Stepping On, NOC.	Not otherwise classified in any other code.
VIII. Struck or Injured By	
	NOTE: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person.
74. Fellow Worker; Patient	Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime.
75. Falling or Flying Object	*
76. Hand Tool or Machine in Use	*
77. Motor Vehicle	Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.
78. Moving Parts of Machine	*
79. Object Being Lifted or Handled	Includes dropping object on body part.

**Injury Description Coding
Cause of Injury**

Code	Narrative Description
80. Object Handled By Others	Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC.	Not otherwise classified in any other code. Includes kicked, stabbed, bitten.
85. Animal or Insect	Includes bite, sting or allergic reaction.
86. Explosion or Flare Back	Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature.
IX. Rubbed or Abraded By	Not otherwise classified in any other code. Includes foreign body in ears.
94. Repetitive Motion	Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister.
95. Rubbed or Abraded, NOC.	Not otherwise classified in any other code. Includes foreign body in ears.
X. Miscellaneous Causes	*
82. Absorption, Ingestion or Inhalation, NOC	Not otherwise classified in any other code. Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances.
83. Pandemic	Includes disease epidemic that has spread across a large region
87. Foreign Matter (Body) in Eye(s)	Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.
88. Natural Disaster	Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.
89. Person in Act of a Crime	Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.
90. Other Than Physical Cause of Injury	Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.
91. Mold	Includes mildew.

Injury Description Coding

Cause of Injury

Code	Narrative Description
93. Gunshot	Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.
96. Terrorism	An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion.
98. Cumulative, NOC	Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time.
99. Other - Miscellaneous, NOC	Not otherwise classified in any other code.

* Intentionally left blank.

SCHEDULED INDEMNITY - MAXIMUM WEEKS

<u>CODE</u>	<u>BODY MEMBER CODE</u>	<u>WEEKS</u>
35	Hand	220
31	Arm	250
56	Foot	160
54	Leg	250
14	Eye	200
13	Hearing (one ear)	75
13	Hearing (both ears)	175
37	Thumb	75
36	First finger	50
36	Second finger	40
36	Third finger	30
36	Fourth finger	20
37	One-half of thumb	37 1/2
36	One-half of first finger	25
36	One-half of second finger	20
36	One-half of third finger	15
36	One-half of fourth finger	10
57	Great toe	40
57	Other than great toe	15
57	One-half of great toe	20
57	One-half other than great toe	8
18	Facial disfigurement	150



SECTION V

TABLES

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

TABLE I-A
Surviving Spouse Pension Table
 Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

Age at Widowhood (x)	a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age* (x+5)
16	13.391	13.186	13.422	13.840	14.386	14.817	21
17	13.526	13.329	13.580	14.016	14.583	15.034	22
18	13.673	13.486	13.752	14.207	14.797	15.270	23
19	13.833	13.656	13.939	14.415	15.029	15.526	24
20	14.007	13.841	14.142	14.641	15.281	15.805	25
21	14.369	14.208	14.502	14.986	15.604	16.107	26
22	14.722	14.565	14.850	15.318	15.913	16.395	27
23	15.065	14.911	15.186	15.636	16.208	16.667	28
24	15.397	15.245	15.509	15.941	16.487	16.922	29
25	15.715	15.566	15.817	16.229	16.749	17.160	30
26	16.021	15.872	16.111	16.502	16.995	17.380	31
27	16.311	16.163	16.387	16.757	17.222	17.582	32
28	16.586	16.437	16.647	16.994	17.431	17.765	33
29	16.845	16.695	16.889	17.213	17.621	17.929	34
30	17.087	16.935	17.113	17.414	17.792	18.073	35
31	17.311	17.157	17.318	17.595	17.943	18.197	36
32	17.516	17.360	17.503	17.756	18.074	18.301	37
33	17.703	17.544	17.669	17.897	18.184	18.384	38
34	17.871	17.708	17.814	18.017	18.274	18.447	39
35	18.019	17.852	17.940	18.117	18.344	18.489	40
36	18.146	17.975	18.044	18.195	18.392	18.511	41
37	18.254	18.078	18.127	18.254	18.421	18.513	42
38	18.341	18.159	18.190	18.291	18.428	18.494	43
39	18.408	18.220	18.231	18.307	18.416	18.456	44
40	18.454	18.261	18.253	18.303	18.383	18.397	45
41	18.480	18.280	18.253	18.279	18.330	18.320	46
42	18.485	18.279	18.232	18.234	18.257	18.222	47
43	18.470	18.257	18.191	18.169	18.165	18.104	48
44	18.435	18.215	18.130	18.084	18.052	17.967	49
45	18.379	18.152	18.049	17.979	17.920	17.811	50
46	18.305	18.070	17.947	17.854	17.769	17.636	51
47	18.210	17.967	17.826	17.709	17.598	17.442	52
48	18.095	17.844	17.684	17.544	17.408	17.230	53
49	17.961	17.701	17.522	17.361	17.200	16.999	54
50	17.807	17.538	17.342	17.158	16.973	16.752	55
51	17.633	17.356	17.141	16.936	16.728	16.488	56
52	17.440	17.153	16.920	16.695	16.467	16.210	57
53	17.228	16.931	16.682	16.438	16.191	15.917	58
54	16.997	16.691	16.426	16.165	15.901	15.612	59
55	16.750	16.435	16.155	15.878	15.598	15.296	60
56	16.487	16.163	15.869	15.578	15.283	14.969	61
57	16.209	15.876	15.570	15.266	14.958	14.632	62
58	15.917	15.576	15.259	14.942	14.622	14.286	63
59	15.612	15.264	14.936	14.608	14.277	13.931	64
60	15.295	14.940	14.602	14.265	13.923	13.567	65

TABLE I-A
Surviving Spouse Pension Table
 Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

Age at Widowhood (x)	a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age* (x+5)
61	14.967	14.605	14.259	13.912	13.560	13.196	66
62	14.629	14.261	13.906	13.550	13.189	12.817	67
63	14.281	13.907	13.545	13.181	12.811	12.431	68
64	13.925	13.545	13.175	12.804	12.425	12.038	69
65	13.561	13.175	12.798	12.419	12.032	11.638	70
66	13.189	12.798	12.414	12.027	11.633	11.232	71
67	12.810	12.413	12.022	11.628	11.228	10.824	72
68	12.424	12.021	11.624	11.224	10.820	10.413	73
69	12.031	11.623	11.220	10.817	10.410	10.003	74
70	11.631	11.219	10.813	10.408	10.001	9.595	75
71	11.227	10.812	10.405	9.999	9.593	9.190	76
72	10.819	10.404	9.996	9.591	9.188	8.788	77
73	10.409	9.995	9.589	9.187	8.787	8.390	78
74	10.000	9.588	9.185	8.786	8.389	7.998	79
75	9.592	9.184	8.784	8.389	7.997	7.612	80
76	9.187	8.783	8.387	7.997	7.612	7.233	81
77	8.786	8.387	7.996	7.611	7.233	6.862	82
78	8.389	7.995	7.610	7.233	6.862	6.500	83
79	7.997	7.610	7.232	6.862	6.500	6.148	84
80	7.611	7.232	6.862	6.500	6.148	5.806	85
81	7.232	6.861	6.500	6.148	5.806	5.474	86
82	6.862	6.500	6.147	5.806	5.474	5.154	87
83	6.500	6.147	5.805	5.474	5.154	4.846	88
84	6.148	5.805	5.474	5.154	4.846	4.551	89
85	5.805	5.474	5.154	4.846	4.551	4.268	90
86	5.474	5.154	4.846	4.551	4.268	3.998	91
87	5.154	4.846	4.551	4.268	3.998	3.741	92
88	4.846	4.551	4.268	3.998	3.741	3.497	93
89	4.550	4.268	3.998	3.741	3.497	3.266	94
90	4.268	3.998	3.741	3.497	3.266	3.049	95
91	3.997	3.741	3.497	3.266	3.049	2.844	96
92	3.741	3.497	3.266	3.049	2.844	2.652	97
93	3.497	3.266	3.049	2.844	2.652	2.473	98
94	3.266	3.049	2.844	2.652	2.473	2.305	99
95	3.049	2.844	2.652	2.473	2.305	2.149	100
96	2.844	2.652	2.473	2.305	2.149	2.009	101
97	2.652	2.473	2.305	2.149	2.009	1.879	102
98	2.472	2.305	2.149	2.009	1.878	1.754	103
99	2.305	2.149	2.009	1.878	1.754	1.642	104
100	2.149	2.009	1.879	1.756	1.644	1.530	105
101	2.009	1.879	1.756	1.644	1.530	1.419	106
102	1.879	1.756	1.644	1.530	1.419	1.302	107
103	1.756	1.644	1.530	1.419	1.302	1.153	108
104	1.644	1.530	1.419	1.302	1.153	0.955	109
105	1.530	1.419	1.302	1.153	0.955	0.500	110

TABLE I-A
Surviving Spouse Pension Table
 Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

Age at Widowhood (x)	$\bar{a}_{[x]}$	$\bar{a}_{[x]+1}$	$\bar{a}_{[x]+2}$	$\bar{a}_{[x]+3}$	$\bar{a}_{[x]+4}$	$\bar{a}_{[x]+5}$	Attained Age* (x+5)
106	1.419	1.302	1.153	0.955	0.500		111
107	1.302	1.153	0.955	0.500			112
108	1.153	0.955	0.500				113
109	0.955	0.500					114
110	0.500						115

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

* For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x+5) corresponding to the beneficiary's attained age.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 4

Section V

Tables

TABLE II-A
Present Value of Remarriage Award Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

Age at Widowhood (x)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age* (x+5)
16	0.4989	0.5039	0.4920	0.4729	0.4487	0.4285	21
17	0.4912	0.4957	0.4830	0.4630	0.4376	0.4163	22
18	0.4828	0.4868	0.4732	0.4522	0.4255	0.4030	23
19	0.4737	0.4771	0.4627	0.4404	0.4125	0.3886	24
20	0.4639	0.4667	0.4512	0.4278	0.3983	0.3730	25
21	0.4464	0.4488	0.4333	0.4100	0.3810	0.3561	26
22	0.4289	0.4310	0.4155	0.3925	0.3639	0.3393	27
23	0.4115	0.4133	0.3978	0.3750	0.3469	0.3228	28
24	0.3942	0.3956	0.3803	0.3578	0.3302	0.3066	29
25	0.3771	0.3782	0.3629	0.3407	0.3137	0.2907	30
26	0.3600	0.3608	0.3457	0.3239	0.2975	0.2750	31
27	0.3432	0.3438	0.3288	0.3074	0.2817	0.2597	32
28	0.3266	0.3269	0.3122	0.2913	0.2661	0.2448	33
29	0.3103	0.3103	0.2958	0.2754	0.2510	0.2303	34
30	0.2942	0.2940	0.2798	0.2599	0.2362	0.2161	35
31	0.2784	0.2780	0.2641	0.2447	0.2218	0.2024	36
32	0.2630	0.2624	0.2488	0.2300	0.2078	0.1891	37
33	0.2479	0.2472	0.2339	0.2157	0.1943	0.1763	38
34	0.2332	0.2324	0.2194	0.2018	0.1812	0.1639	39
35	0.2190	0.2179	0.2054	0.1884	0.1686	0.1521	40
36	0.2051	0.2039	0.1918	0.1754	0.1565	0.1407	41
37	0.1916	0.1904	0.1787	0.1630	0.1449	0.1298	42
38	0.1787	0.1773	0.1660	0.1510	0.1338	0.1194	43
39	0.1661	0.1648	0.1539	0.1396	0.1232	0.1096	44
40	0.1541	0.1527	0.1423	0.1286	0.1131	0.1002	45
41	0.1425	0.1411	0.1311	0.1182	0.1035	0.0914	46
42	0.1315	0.1300	0.1206	0.1083	0.0945	0.0831	47
43	0.1210	0.1195	0.1105	0.0989	0.0860	0.0753	48
44	0.1109	0.1095	0.1010	0.0901	0.0780	0.0681	49
45	0.1014	0.1000	0.0920	0.0818	0.0706	0.0614	50
46	0.0925	0.0910	0.0835	0.0741	0.0636	0.0552	51
47	0.0840	0.0826	0.0756	0.0669	0.0573	0.0495	52
48	0.0761	0.0748	0.0683	0.0602	0.0514	0.0444	53
49	0.0687	0.0674	0.0614	0.0540	0.0461	0.0398	54
50	0.0619	0.0607	0.0552	0.0484	0.0413	0.0356	55
51	0.0556	0.0545	0.0495	0.0435	0.0370	0.0318	56
52	0.0499	0.0489	0.0444	0.0389	0.0331	0.0284	57
53	0.0447	0.0438	0.0398	0.0348	0.0296	0.0254	58
54	0.0401	0.0393	0.0356	0.0311	0.0264	0.0226	59
55	0.0359	0.0351	0.0318	0.0278	0.0235	0.0201	60
56	0.0321	0.0314	0.0284	0.0248	0.0209	0.0178	61
57	0.0286	0.0280	0.0253	0.0220	0.0185	0.0157	62
58	0.0255	0.0250	0.0225	0.0195	0.0164	0.0139	63
59	0.0227	0.0222	0.0200	0.0173	0.0145	0.0122	64
60	0.0202	0.0198	0.0178	0.0154	0.0128	0.0107	65

TABLE II-A
Present Value of Remarriage Award Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

Age at Widowhood (x)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age* (x+5)
61	0.0180	0.0176	0.0158	0.0136	0.0113	0.0094	66
62	0.0161	0.0157	0.0141	0.0120	0.0099	0.0082	67
63	0.0143	0.0140	0.0125	0.0106	0.0087	0.0072	68
64	0.0127	0.0125	0.0110	0.0093	0.0076	0.0062	69
65	0.0113	0.0111	0.0098	0.0082	0.0067	0.0054	70
66	0.0101	0.0098	0.0086	0.0072	0.0058	0.0046	71
67	0.0089	0.0087	0.0076	0.0063	0.0050	0.0040	72
68	0.0079	0.0077	0.0067	0.0054	0.0043	0.0034	73
69	0.0069	0.0068	0.0058	0.0047	0.0037	0.0028	74
70	0.0060	0.0059	0.0050	0.0040	0.0031	0.0024	75
71	0.0052	0.0051	0.0043	0.0033	0.0026	0.0020	76
72	0.0045	0.0044	0.0037	0.0028	0.0022	0.0017	77
73	0.0039	0.0038	0.0031	0.0023	0.0018	0.0014	78
74	0.0033	0.0032	0.0026	0.0019	0.0015	0.0011	79
75	0.0028	0.0027	0.0021	0.0016	0.0012	0.0009	80
76	0.0023	0.0022	0.0017	0.0013	0.0010	0.0007	81
77	0.0019	0.0018	0.0014	0.0010	0.0008	0.0006	82
78	0.0016	0.0015	0.0012	0.0008	0.0006	0.0005	83
79	0.0013	0.0012	0.0009	0.0006	0.0005	0.0004	84
80	0.0011	0.0010	0.0007	0.0005	0.0004	0.0003	85
81	0.0009	0.0008	0.0006	0.0004	0.0003	0.0002	86
82	0.0007	0.0006	0.0004	0.0003	0.0002	0.0002	87
83	0.0006	0.0005	0.0003	0.0002	0.0001	0.0001	88
84	0.0004	0.0003	0.0002	0.0001	0.0001	0.0001	89
85	0.0003	0.0002	0.0002	0.0001	0.0001	0.0001	90
86	0.0002	0.0002	0.0001	0.0001	0.0001	0.0000	91
87	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	92
88	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	93
89	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	94
90	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	95
91	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	96
92	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	97
93	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	98
94	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	99
95	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	100
96	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	101
97	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	102
98	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	103
99	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	104
100	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	105
101	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	106
102	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	107
103	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	108
104	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	109
105	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	110

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

* For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x+5) corresponding to the beneficiary's attained age.

TABLE III-M-A
Lifetime Benefits (Other Than Surviving Spouse) Pension Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%
Male

Age	Present Value	Age	Present Value	Age	Present Value
11	25.363	41	20.024	71	9.945
12	25.236	42	19.758	72	9.553
13	25.105	43	19.486	73	9.164
14	24.973	44	19.210	74	8.779
15	24.840	45	18.928	75	8.400
16	24.706	46	18.641	76	8.027
17	24.572	47	18.349	77	7.660
18	24.436	48	18.051	78	7.300
19	24.299	49	17.749	79	6.948
20	24.160	50	17.442	80	6.604
21	24.020	51	17.132	81	6.268
22	23.878	52	16.818	82	5.943
23	23.733	53	16.499	83	5.627
24	23.583	54	16.175	84	5.321
25	23.427	55	15.846	85	5.025
26	23.263	56	15.511	86	4.741
27	23.093	57	15.170	87	4.468
28	22.917	58	14.824	88	4.206
29	22.733	59	14.473	89	3.956
30	22.543	60	14.117	90	3.718
31	22.347	61	13.755	91	3.491
32	22.144	62	13.390	92	3.275
33	21.935	63	13.020	93	3.071
34	21.719	64	12.646	94	2.878
35	21.496	65	12.268	95	2.696
36	21.266	66	11.887	96	2.523
37	21.030	67	11.504	97	2.361
38	20.787	68	11.118	98	2.206
39	20.539	69	10.729	99	2.058
40	20.284	70	10.338	100	1.914

Based on the 2007 United States Life Table for Male Population.

**TABLE III-F-A
Lifetime Benefits (Other Than Surviving Spouse) Pension Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%
Female**

Age	Present Value	Age	Present Value	Age	Present Value
11	26.053	41	21.230	71	11.276
12	25.950	42	20.988	72	10.860
13	25.844	43	20.739	73	10.443
14	25.735	44	20.486	74	10.027
15	25.623	45	20.227	75	9.614
16	25.510	46	19.962	76	9.205
17	25.393	47	19.691	77	8.800
18	25.274	48	19.414	78	8.400
19	25.152	49	19.130	79	8.005
20	25.025	50	18.840	80	7.618
21	24.895	51	18.544	81	7.238
22	24.760	52	18.241	82	6.866
23	24.622	53	17.931	83	6.503
24	24.478	54	17.614	84	6.150
25	24.331	55	17.290	85	5.807
26	24.178	56	16.959	86	5.475
27	24.020	57	16.620	87	5.155
28	23.857	58	16.275	88	4.847
29	23.689	59	15.922	89	4.551
30	23.515	60	15.564	90	4.268
31	23.335	61	15.200	91	3.998
32	23.150	62	14.831	92	3.741
33	22.960	63	14.457	93	3.497
34	22.764	64	14.077	94	3.266
35	22.562	65	13.692	95	3.049
36	22.355	66	13.302	96	2.844
37	22.141	67	12.907	97	2.652
38	21.922	68	12.506	98	2.473
39	21.697	69	12.101	99	2.305
40	21.466	70	11.690	100	2.149

Based on the 2007 United States Life Table for Female Population.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 8

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT
Table USL&HW-I-B
Surviving Spouse Pension Table
 Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%

Age at Widowhood (x)	a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age* (x+5)
16	31.361	31.003	31.689	32.780	34.136	35.174	21
17	31.740	31.391	32.099	33.219	34.608	35.675	22
18	32.137	31.797	32.528	33.678	35.101	36.199	23
19	32.552	32.221	32.977	34.157	35.616	36.745	24
20	32.985	32.665	33.445	34.658	36.154	37.317	25
21	33.895	33.553	34.282	35.425	36.834	37.913	26
22	34.752	34.386	35.060	36.130	37.448	38.442	27
23	35.552	35.161	35.778	36.770	37.995	38.902	28
24	36.292	35.876	36.431	37.344	38.475	39.292	29
25	36.969	36.525	37.018	37.850	38.883	39.612	30
26	37.580	37.109	37.538	38.287	39.223	39.862	31
27	38.124	37.625	37.988	38.654	39.492	40.043	32
28	38.600	38.073	38.370	38.952	39.692	40.155	33
29	39.006	38.452	38.681	39.180	39.824	40.200	34
30	39.342	38.760	38.923	39.339	39.887	40.179	35
31	39.609	38.999	39.097	39.430	39.884	40.093	36
32	39.805	39.169	39.202	39.454	39.817	39.945	37
33	39.934	39.271	39.240	39.414	39.686	39.736	38
34	39.995	39.306	39.213	39.309	39.494	39.469	39
35	39.989	39.276	39.122	39.143	39.245	39.147	40
36	39.918	39.182	38.969	38.917	38.938	38.771	41
37	39.784	39.026	38.756	38.635	38.579	38.346	42
38	39.590	38.810	38.486	38.298	38.168	37.873	43
39	39.336	38.537	38.161	37.909	37.709	37.355	44
40	39.027	38.210	37.784	37.472	37.206	36.796	45
41	38.665	37.830	37.357	36.989	36.660	36.198	46
42	38.251	37.401	36.884	36.462	36.074	35.563	47
43	37.789	36.925	36.367	35.894	35.450	34.893	48
44	37.282	36.406	35.809	35.288	34.792	34.192	49
45	36.733	35.846	35.213	34.646	34.101	33.461	50
46	36.145	35.247	34.579	33.971	33.380	32.704	51
47	35.519	34.611	33.912	33.265	32.632	31.922	52
48	34.857	33.941	33.213	32.530	31.859	31.118	53
49	34.163	33.240	32.485	31.770	31.063	30.294	54
50	33.439	32.511	31.731	30.986	30.247	29.455	55
51	32.686	31.753	30.951	30.178	29.413	28.603	56
52	31.907	30.970	30.148	29.354	28.566	27.742	57
53	31.105	30.165	29.327	28.514	27.710	26.874	58
54	30.283	29.342	28.491	27.664	26.846	26.002	59
55	29.445	28.505	27.644	26.806	25.978	25.130	60
56	28.595	27.656	26.789	25.944	25.109	24.260	61
57	27.735	26.800	25.929	25.080	24.242	23.394	62
58	26.868	25.938	25.067	24.216	23.378	22.532	63
59	25.997	25.074	24.205	23.355	22.518	21.676	64
60	25.125	24.210	23.345	22.498	21.663	20.826	65

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 9

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT

Table USL&HW-I-B

Surviving Spouse Pension Table

Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%

Age at Widowhood (x)	a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age* (x+5)
61	24.254	23.349	22.488	21.645	20.814	19.985	66
62	23.385	22.490	21.636	20.799	19.974	19.152	67
63	22.522	21.637	20.790	19.961	19.142	18.328	68
64	21.664	20.790	19.952	19.131	18.319	17.514	69
65	20.814	19.951	19.122	18.310	17.506	16.710	70
66	19.972	19.121	18.302	17.498	16.703	15.919	71
67	19.139	18.300	17.490	16.696	15.913	15.143	72
68	18.316	17.489	16.690	15.907	15.138	14.384	73
69	17.502	16.688	15.901	15.133	14.380	13.644	74
70	16.700	15.899	15.128	14.376	13.641	12.926	75
71	15.910	15.126	14.371	13.638	12.923	12.229	76
72	15.135	14.370	13.634	12.920	12.227	11.554	77
73	14.378	13.633	12.917	12.225	11.553	10.902	78
74	13.639	12.916	12.222	11.551	10.901	10.272	79
75	12.921	12.221	11.549	10.900	10.271	9.666	80
76	12.226	11.548	10.898	10.271	9.665	9.083	81
77	11.551	10.897	10.269	9.665	9.083	8.524	82
78	10.900	10.268	9.664	9.082	8.524	7.989	83
79	10.270	9.663	9.081	8.524	7.989	7.478	84
80	9.664	9.081	8.523	7.989	7.478	6.991	85
81	9.082	8.522	7.988	7.478	6.991	6.528	86
82	8.523	7.988	7.477	6.991	6.528	6.089	87
83	7.988	7.477	6.991	6.528	6.089	5.673	88
84	7.478	6.991	6.528	6.089	5.673	5.280	89
85	6.991	6.528	6.088	5.673	5.280	4.909	90
86	6.528	6.088	5.672	5.280	4.909	4.561	91
87	6.088	5.672	5.279	4.909	4.561	4.234	92
88	5.672	5.279	4.909	4.561	4.234	3.929	93
89	5.279	4.909	4.561	4.234	3.929	3.643	94
90	4.909	4.561	4.234	3.929	3.643	3.377	95
91	4.561	4.234	3.929	3.643	3.377	3.130	96
92	4.234	3.929	3.643	3.377	3.130	2.901	97
93	3.928	3.643	3.377	3.130	2.901	2.688	98
94	3.643	3.377	3.130	2.901	2.688	2.492	99
95	3.377	3.130	2.901	2.688	2.492	2.311	100
96	3.130	2.901	2.688	2.492	2.311	2.150	101
97	2.901	2.688	2.492	2.311	2.150	2.001	102
98	2.688	2.492	2.311	2.150	2.001	1.861	103
99	2.492	2.311	2.150	2.001	1.860	1.734	104
100	2.311	2.150	2.001	1.860	1.734	1.606	105
101	2.150	2.001	1.860	1.734	1.606	1.483	106
102	2.001	1.860	1.734	1.606	1.483	1.350	107
103	1.860	1.734	1.606	1.483	1.350	1.192	108
104	1.734	1.606	1.483	1.350	1.192	0.969	109
105	1.606	1.483	1.350	1.192	0.969	0.500	110

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 10

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT

Table USL&HW-I-B

Surviving Spouse Pension Table

Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%

Age at Widowhood (x)	\bar{a} [x]	\bar{a} [x]+1	\bar{a} [x]+2	\bar{a} [x]+3	\bar{a} [x]+4	\bar{a} [x]+5	Attained Age* (x+5)
106	1.483	1.350	1.192	0.969	0.500		111
107	1.350	1.192	0.969	0.500			112
108	1.192	0.969	0.500				113
109	0.969	0.500					114
110	0.500						115

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

* For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x+5) corresponding to the beneficiary's attained age.

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DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 11

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT

Table USL&HW-II-B

Present Value of Remarriage Award Table

Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%

Age at Widowhood (x)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age* (x+5)
16	0.7294	0.7192	0.6992	0.6744	0.6461	0.6202	21
17	0.7133	0.7029	0.6819	0.6560	0.6264	0.5993	22
18	0.6966	0.6858	0.6640	0.6369	0.6059	0.5775	23
19	0.6792	0.6681	0.6452	0.6169	0.5845	0.5548	24
20	0.6611	0.6496	0.6257	0.5961	0.5621	0.5312	25
21	0.6367	0.6251	0.6011	0.5713	0.5373	0.5065	26
22	0.6120	0.6005	0.5763	0.5465	0.5126	0.4819	27
23	0.5872	0.5757	0.5515	0.5218	0.4881	0.4577	28
24	0.5623	0.5509	0.5267	0.4972	0.4637	0.4337	29
25	0.5375	0.5261	0.5021	0.4728	0.4397	0.4102	30
26	0.5127	0.5014	0.4776	0.4486	0.4161	0.3871	31
27	0.4881	0.4770	0.4534	0.4249	0.3929	0.3645	32
28	0.4637	0.4527	0.4296	0.4015	0.3702	0.3425	33
29	0.4396	0.4289	0.4061	0.3786	0.3480	0.3211	34
30	0.4159	0.4054	0.3831	0.3562	0.3265	0.3003	35
31	0.3926	0.3824	0.3606	0.3344	0.3055	0.2802	36
32	0.3698	0.3599	0.3387	0.3133	0.2853	0.2609	37
33	0.3476	0.3380	0.3174	0.2927	0.2657	0.2422	38
34	0.3260	0.3167	0.2967	0.2729	0.2469	0.2244	39
35	0.3050	0.2960	0.2768	0.2538	0.2288	0.2073	40
36	0.2847	0.2760	0.2575	0.2355	0.2116	0.1910	41
37	0.2651	0.2568	0.2390	0.2179	0.1951	0.1755	42
38	0.2462	0.2383	0.2213	0.2011	0.1794	0.1609	43
39	0.2281	0.2206	0.2043	0.1851	0.1645	0.1470	44
40	0.2108	0.2036	0.1881	0.1700	0.1505	0.1340	45
41	0.1943	0.1874	0.1728	0.1556	0.1372	0.1217	46
42	0.1785	0.1721	0.1582	0.1420	0.1248	0.1103	47
43	0.1636	0.1576	0.1445	0.1293	0.1132	0.0997	48
44	0.1495	0.1439	0.1316	0.1174	0.1023	0.0898	49
45	0.1363	0.1309	0.1195	0.1062	0.0923	0.0807	50
46	0.1238	0.1188	0.1082	0.0959	0.0830	0.0724	51
47	0.1121	0.1075	0.0976	0.0863	0.0745	0.0648	52
48	0.1013	0.0970	0.0879	0.0775	0.0667	0.0579	53
49	0.0912	0.0873	0.0789	0.0694	0.0596	0.0517	54
50	0.0819	0.0783	0.0707	0.0620	0.0532	0.0461	55
51	0.0734	0.0702	0.0632	0.0555	0.0475	0.0411	56
52	0.0657	0.0628	0.0565	0.0495	0.0423	0.0365	57
53	0.0587	0.0561	0.0505	0.0441	0.0377	0.0324	58
54	0.0525	0.0501	0.0450	0.0393	0.0334	0.0287	59
55	0.0468	0.0447	0.0401	0.0349	0.0297	0.0254	60
56	0.0417	0.0398	0.0356	0.0310	0.0262	0.0224	61
57	0.0371	0.0353	0.0316	0.0274	0.0232	0.0197	62
58	0.0329	0.0314	0.0280	0.0242	0.0204	0.0173	63
59	0.0292	0.0278	0.0248	0.0214	0.0179	0.0152	64
60	0.0258	0.0246	0.0219	0.0189	0.0158	0.0132	65

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 12

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT
Table USL&HW-II-B
Present Value of Remarriage Award Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%

Age at Widowhood (x)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age* (x+5)
61	0.0229	0.0218	0.0194	0.0166	0.0138	0.0116	66
62	0.0203	0.0193	0.0171	0.0146	0.0121	0.0100	67
63	0.0180	0.0171	0.0151	0.0128	0.0105	0.0087	68
64	0.0159	0.0151	0.0133	0.0112	0.0092	0.0075	69
65	0.0140	0.0134	0.0117	0.0097	0.0080	0.0065	70
66	0.0124	0.0118	0.0102	0.0085	0.0069	0.0055	71
67	0.0109	0.0104	0.0090	0.0074	0.0059	0.0047	72
68	0.0096	0.0091	0.0078	0.0063	0.0051	0.0040	73
69	0.0084	0.0079	0.0067	0.0054	0.0043	0.0033	74
70	0.0073	0.0069	0.0058	0.0046	0.0036	0.0028	75
71	0.0062	0.0059	0.0049	0.0038	0.0030	0.0023	76
72	0.0053	0.0051	0.0042	0.0032	0.0025	0.0019	77
73	0.0045	0.0043	0.0035	0.0026	0.0021	0.0016	78
74	0.0038	0.0036	0.0029	0.0022	0.0017	0.0013	79
75	0.0032	0.0030	0.0024	0.0018	0.0014	0.0010	80
76	0.0027	0.0025	0.0020	0.0014	0.0011	0.0008	81
77	0.0022	0.0021	0.0016	0.0011	0.0009	0.0007	82
78	0.0018	0.0017	0.0013	0.0009	0.0007	0.0005	83
79	0.0015	0.0014	0.0010	0.0007	0.0005	0.0004	84
80	0.0012	0.0011	0.0008	0.0005	0.0004	0.0003	85
81	0.0010	0.0009	0.0006	0.0004	0.0003	0.0002	86
82	0.0008	0.0007	0.0005	0.0003	0.0002	0.0002	87
83	0.0006	0.0005	0.0004	0.0002	0.0002	0.0001	88
84	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	89
85	0.0003	0.0002	0.0002	0.0001	0.0001	0.0001	90
86	0.0003	0.0002	0.0001	0.0001	0.0001	0.0000	91
87	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	92
88	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	93
89	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	94
90	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	95
91	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	96
92	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	97
93	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	98
94	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	99
95	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	100
96	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	101
97	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	102
98	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	103
99	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	104
100	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	105
101	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	106
102	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	107
103	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	108
104	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	109
105	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	110

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

* For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x+5) corresponding to the beneficiary's attained age.

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DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 13

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT
Table USL&HW-III-M-C
Lifetime Benefits (Other Than Surviving Spouse) Pension Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%
Male

Age	Present Value	Age	Present Value	Age	Present Value
11	77.228	41	40.869	71	13.605
12	75.866	42	39.776	72	12.913
13	74.514	43	38.694	73	12.241
14	73.178	44	37.624	74	11.590
15	71.857	45	36.567	75	10.963
16	70.555	46	35.522	76	10.359
17	69.269	47	34.489	77	9.777
18	67.998	48	33.467	78	9.218
19	66.742	49	32.459	79	8.681
20	65.500	50	31.465	80	8.167
21	64.271	51	30.486	81	7.675
22	63.054	52	29.521	82	7.205
23	61.848	53	28.570	83	6.757
24	60.647	54	27.631	84	6.331
25	59.448	55	26.704	85	5.927
26	58.249	56	25.788	86	5.544
27	57.052	57	24.884	87	5.181
28	55.859	58	23.992	88	4.838
29	54.668	59	23.111	89	4.515
30	53.483	60	22.243	90	4.212
31	52.303	61	21.387	91	3.926
32	51.128	62	20.545	92	3.658
33	49.959	63	19.716	93	3.408
34	48.796	64	18.901	94	3.173
35	47.639	65	18.099	95	2.954
36	46.489	66	17.313	96	2.749
37	45.347	67	16.542	97	2.558
38	44.212	68	15.785	98	2.378
39	43.088	69	15.043	99	2.207
40	41.973	70	14.316	100	2.042

Based on the 2007 United States Life Table for Male Population.

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DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 14

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT
Table USL&HW-III-F-C
Lifetime Benefits (Other Than Surviving Spouse) Pension Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%
Female

Age	Present Value	Age	Present Value	Age	Present Value
11	83.932	41	45.692	71	15.988
12	82.540	42	44.542	72	15.199
13	81.155	43	43.403	73	14.429
14	79.780	44	42.274	74	13.680
15	78.415	45	41.156	75	12.954
16	77.062	46	40.050	76	12.251
17	75.718	47	38.953	77	11.572
18	74.385	48	37.866	78	10.915
19	73.059	49	36.790	79	10.283
20	71.740	50	35.724	80	9.674
21	70.429	51	34.669	81	9.089
22	69.125	52	33.624	82	8.529
23	67.829	53	32.589	83	7.992
24	66.539	54	31.564	84	7.480
25	65.256	55	30.550	85	6.993
26	63.978	56	29.544	86	6.529
27	62.708	57	28.549	87	6.089
28	61.444	58	27.565	88	5.673
29	60.186	59	26.593	89	5.280
30	58.935	60	25.633	90	4.910
31	57.691	61	24.687	91	4.561
32	56.454	62	23.755	92	4.234
33	55.225	63	22.837	93	3.929
34	54.004	64	21.932	94	3.643
35	52.791	65	21.041	95	3.377
36	51.585	66	20.164	96	3.130
37	50.389	67	19.301	97	2.901
38	49.201	68	18.452	98	2.688
39	48.022	69	17.616	99	2.492
40	46.852	70	16.795	100	2.311

Based on the 2007 United States Life Table for Female Population.

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DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 15

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT

Table USL&HW-IV-B

Present Value of Survivorship Benefits Table

Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	0
16						11.033
17						10.973
18				12.358	11.684	10.911
19			13.054	12.289	11.553	10.848
20		13.771	12.981	12.219	11.486	10.783
21	14.509	13.694	12.907	12.147	11.417	10.716
22	14.427	13.616	12.831	12.074	11.346	10.646
23	14.346	13.537	12.754	12.000	11.273	10.576
24	14.264	13.457	12.677	11.924	11.200	10.504
25	14.182	13.378	12.600	11.849	11.126	10.432
26	14.101	13.299	12.523	11.774	11.053	10.361
27	14.020	13.220	12.446	11.699	10.980	10.289
28	13.938	13.141	12.369	11.624	10.906	10.218
29	13.856	13.061	12.291	11.548	10.833	10.146
30	13.774	12.981	12.213	11.472	10.759	10.075
31	13.691	12.900	12.134	11.395	10.685	10.002
32	13.607	12.818	12.055	11.318	10.610	9.929
33	13.522	12.735	11.974	11.240	10.534	9.856
34	13.436	12.652	11.893	11.161	10.457	9.782
35	13.349	12.566	11.810	11.081	10.379	9.706
36	13.260	12.480	11.726	10.999	10.300	9.630
37	13.169	12.392	11.641	10.917	10.220	9.552
38	13.077	12.303	11.554	10.832	10.138	9.473
39	12.983	12.211	11.465	10.746	10.054	9.392
40	12.885	12.116	11.373	10.656	9.968	9.308
41	12.785	12.018	11.278	10.564	9.879	9.222
42	12.682	11.918	11.180	10.469	9.787	9.133
43	12.574	11.813	11.078	10.371	9.691	9.040
44	12.464	11.706	10.974	10.269	9.592	8.945
45	12.349	11.594	10.865	10.164	9.490	8.846
46	12.230	11.478	10.753	10.054	9.384	8.743
47	12.108	11.359	10.637	9.942	9.275	8.637
48	11.982	11.237	10.518	9.827	9.163	8.529
49	11.852	11.110	10.395	9.707	9.047	8.416
50	11.719	10.980	10.268	9.583	8.927	8.299
51	11.580	10.845	10.136	9.455	8.802	8.178
52	11.437	10.706	10.001	9.323	8.674	8.053
53	11.290	10.562	9.861	9.187	8.541	7.925
54	11.139	10.415	9.718	9.048	8.406	7.793
55	10.985	10.265	9.572	8.906	8.268	7.660
56	10.829	10.113	9.423	8.761	8.128	7.523
57	10.669	9.957	9.272	8.614	7.985	7.385
58	10.506	9.799	9.118	8.464	7.840	7.244
59	10.340	9.637	8.960	8.311	7.692	7.101
60	10.170	9.471	8.799	8.156	7.541	6.956

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UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT
Table USL&HW-IV-B
Present Value of Survivorship Benefits Table
Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%*
Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	0
61	9.996	9.301	8.635	7.996	7.387	6.808
62	9.817	9.128	8.467	7.834	7.231	6.658
63	9.634	8.951	8.295	7.669	7.073	6.506
64	9.448	8.771	8.122	7.502	6.912	6.351
65	9.259	8.588	7.946	7.333	6.749	6.195
66	9.066	8.402	7.767	7.160	6.583	6.036
67	8.871	8.214	7.586	6.986	6.416	5.876
68	8.673	8.024	7.402	6.810	6.247	5.714
69	8.474	7.831	7.218	6.633	6.077	5.551
70	8.273	7.638	7.032	6.455	5.906	5.388
71	8.069	7.443	6.844	6.274	5.734	5.223
72	7.862	7.243	6.653	6.091	5.559	5.058
73	7.650	7.039	6.457	5.904	5.382	4.890
74	7.431	6.830	6.257	5.714	5.202	4.721
75	7.206	6.614	6.052	5.520	5.020	4.551
76	6.975	6.393	5.843	5.323	4.835	4.378
77	6.739	6.169	5.631	5.125	4.650	4.206
78	6.499	5.944	5.419	4.926	4.464	4.033
79	6.258	5.716	5.206	4.727	4.278	3.860
80	6.016	5.489	4.993	4.528	4.093	3.689
81	5.773	5.261	4.780	4.329	3.909	3.518
82	5.530	5.034	4.568	4.132	3.726	3.350
83	5.289	4.808	4.358	3.937	3.546	3.184
84	5.048	4.584	4.149	3.744	3.368	3.021
85	4.810	4.362	3.943	3.554	3.194	2.861
86	4.574	4.143	3.741	3.368	3.023	2.705
87	4.342	3.928	3.543	3.186	2.856	2.553
88	4.114	3.717	3.349	3.008	2.694	2.406
89	3.891	3.512	3.160	2.835	2.537	2.263
90	3.673	3.311	2.977	2.668	2.385	2.126
91	3.461	3.117	2.799	2.507	2.239	1.995
92	3.256	2.929	2.628	2.352	2.099	1.869
93	3.058	2.748	2.463	2.203	1.965	1.749
94	2.867	2.574	2.306	2.061	1.837	1.635
95	2.683	2.408	2.155	1.925	1.716	1.527
96	2.508	2.249	2.013	1.797	1.602	1.425
97	2.341	2.098	1.877	1.676	1.494	1.330
98	2.182	1.956	1.749	1.562	1.392	1.240
99	2.032	1.820	1.628	1.454	1.297	1.156
100	1.891	1.694	1.516	1.354	1.210	1.080
101	1.755	1.572	1.407	1.258	1.125	1.008
102	1.627	1.458	1.306	1.169	1.049	0.940
103	1.508	1.352	1.212	1.089	0.978	0.875
104	1.394	1.251	1.125	1.012	0.907	0.813
105	1.295	1.166	1.050	0.942	0.846	0.751

Based on the 2007 United States Life Tables for Total Population and Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

* Same rates applied prior to and after claimant's death.

** When spouse's age exceeds claimant's age, use the 0 age difference value. When claimant's age exceeds spouse's age by more than 5, use the -5 age difference value.



SECTION VI

EXAMPLES

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION VI - EXAMPLES

Section VI contains examples of certain common types of reports required by the DCRB's Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes. Consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the examples should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded. Refer to the coding sections of this plan for mandatory and optional filing requirements.

Questions regarding any phase of the Plan or the submission of reports should be referred directly to the Statistical Department of the DCRB.

In several instances related reports have been brought together to form a single illustration in order to make the examples more meaningful. Appropriate discussion, comments and notes follow.

The Unit Statistical Report -- and the Individual Case Report must be submitted full size (8½" x 11").

Example 1 - Loss Correction Report

The correction was necessary because of the revised jurisdiction state. The jurisdiction state is the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

When revising loss information on a loss correction report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Note: Even if the totals were being changed due to a change in an amount on a claim, the correction type would still be a "L".

UNIT STATISTICAL REPORT

POLICY INFORMATION																																		
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																				
01	02	L		99998	WC4444	01/01/09	01/01/10	07																										
Insured's Name: PDQ Refining Company											F.E.I.N. → 123456789		Pending File No.																					
Insured's Address:											T.P.E / F.E.I.N. →																							
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use															
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000																			
		N	Y		N	N	N	N		01	01	01	03	01																				
EXPOSURE INFORMATION										LOSS INFORMATION																								
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisic State	Cat. No.	MCO Type								
								15000	04/22/09	125083	900	0581	09	0	Act				Type	Recv	Clm	Settl												
															01				01	01	01	00	07				00	00						
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
								90	04	01	Chemical Processor			N		00				31271			800											
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred															
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type								
								15000	04/22/09	125083	900	0581	09	0	01				01	01	01	00	37	00	00									
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage					ALAE Paid		ALAE Incurred													
N O T S U B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type								
								A. Total Subject Premium																										
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
N O T S U B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred															
								15000		15000				12500																				
								B. Experience Mod (XX.XXX)																										
N O T S U B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type								
								C. Total Modified Premium																										
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
N O T S U B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred															
								Total Standard Exposure		Total Standard Premium																								
								G.																										
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
								H. 006_ Premium Discount Amount																										
								I. 0900 Expense Constant Amount																										
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	LOSS TOTALS																										
								Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical														
										5		136293		4460				35731		4235														
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred																	
										15000						12500																		

Example 2 - Deductible; Rated Risk

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

Note: When reporting electronically both the modification effective date and the rate effective date must be reported for each exposure record. Within each split period, these dates should equal each other and should reflect the applicable anniversary rating date.

Example 3 - Deductible; Rated Risk with Construction Credit

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

The Delaware Construction Credit Adjustment Program (DCCPAP) is applied to the modified premium inclusive of the non-ratable elements and supplement surcharge premiums.

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01				12345	WC9949	01/01/09	01/01/10	07																							
Insured's Name: XYZ Industries											F.E.I.N. → 123456789		Pending File No.																		
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use												
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000																
		N	Y		N	N	N	N		01	01	01	03	02																	
EXPOSURE INFORMATION																LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type									
															Act	Type	Recv	Clm	Settl												
R		01	0609	742345	12.10	89824																									
SUBJECT	R	01	0951	1169584	.96	11228		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
	R	01	0953	835267	.49	4093		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	01	9807			1998	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type									
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
NOT SUBJECT	A. Total Subject Premium					107143	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type									
	B. Experience Mod (XX.XXX)							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
	C. Total Modified Premium							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
SUBJECT	R	D.	9046		.23	24643	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type									
	R	E.	9663			2888		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
AFTER SUBJECT	G.				Total Standard Exposure	Total Standard Premium	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdc State	Cat. No.	MCO Type									
					2747196	79612		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical									
	R	H.	0063	Premium Discount Amount	8678			Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred										
	R	I.	0900	Expense Constant Amount	200			LOSS TOTALS																							
	R	J.	9740		.02	549		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																	
	R	K.	9741		.01	275		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred																			
		L.																													

Example 4 - Short Rate Cancellation; Rated Risk

When a policy is canceled short term, the actual payroll and manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums and applying the appropriate factor from the short rate cancellation table. Refer to - the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium developed from actual exposure

$$\$15,312 + \$1,878 = \$17,190$$

Short Rate Penalty Premium Calculation

1) Actual Policy Period = 6 months

2) Payroll extended to an annual basis

$$180,559 \times \frac{365 \text{ days}}{181 \text{ days}} = 364,111$$

$$3,894 \times \frac{365 \text{ days}}{181 \text{ days}} = 7,853$$

3) Annual Premiums

a) Rated

Class	Payroll	Rate	Premium
0513	364,111	8.75	\$31,860
0953	7,853	0.49	\$ 38
Total Subject Premium			\$31,898
Experience Modification			.968
Total Modified Premium			\$30,877
Total Standard Premium			\$30,877 + \$3,787 = \$34,664

b) Non-rated

Class	Payroll	Rate	Premium
0176	364,111	1.04	\$3,787

4) Short Rate Percentage 6 months = .60

5) Short Rate premium for canceled policy = \$34,664 x .60 = \$20,798

6) Short Rate penalty premium code 0931 = \$20,798 - \$17,190 = \$3,608

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				78972	60666	01/01/09	07/01/09	07																
Insured's Name: AZA Company											F.E.I.N. → 123456789		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std												
		N	N		N	N	Y	N		01	01	01												
EXPOSURE INFORMATION										LOSS INFORMATION														
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clim	Settl					
R		01	0513	180559	8.75	15799																		
SUBJECT	R		01	0953	3894	.49	19	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
NOT SUBJECT	A. Total Subject Premium					15818		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	B. Experience Mod (XX.XXX)					0.968		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
		C. Total Modified Premium					15312		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
R	D.	0176	180559	1.04	1878			Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
SUBJECT	R	E.	0931		3608			Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		F.						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
G.				Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
				184453		20798		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
AFTER SUBJECT		H.	006_	Premium Discount Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
		I.	0900	Expense Constant Amount				LOSS TOTALS																
	R	J.	9740		.02	37		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
R	K.	9741		.01	18		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred									
	L.																							

Example 5 - Ratable Class; Mandatory Non-Ratable Element

For class codes 4771, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the DCRB and shown on the DCRB Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
01				19872	WC2795461	01/01/09	01/01/10	07																		
Insured's Name: FBA Company											F.E.I.N. → 123456789		Pending File No.													
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
		N	N		N	Y	N	N		01	01	01														
EXPOSURE INFORMATION										LOSS INFORMATION																
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
															Act	Type	Recv	Clm	Settl							
R		01	7405	82351	55.37	45598																				
R		01	0953	1587	.49	8		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
AFTER	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
STANDARD	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
								LOSS TOTALS																		
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical												
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred										

Example 6 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the DCRB and shown on the DCRB Data Card when the non-ratable element is authorized by the DCRB's Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other DCRB established, optional non-ratable codes such as those associated with classification Code 0513 and classifications with radiation or carcinogen exposure.

When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit, and the premium is subject to the experience modification. The optional non-ratable element is reported below line "C" on the hard copy unit.

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				16928	97523A	01/01/09	01/01/10	07																
Insured's Name: GEE Corp											F.E.I.N. → 123456789		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std												
		N	Y		N	N	N	N		01	01	01												
EXPOSURE INFORMATION										LOSS INFORMATION														
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
R		01	0512	258870	55.37	143336																		
R		01	0953	1328	.49	7		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
AFTER	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
STANDARD	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
LOSS TOTALS																								
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use					Total ALAE Paid		Total ALAE Incurred							

Example 7 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit.

Also note this risk has qualified for the Delaware Workplace Safety Program (Code 9880). The Delaware Workplace Safety Program Credit is to be applied to the manual premium after the application of the experience modification. When applicable the employers liability should be calculated and the Increased Limits premium is subject to the Delaware Workplace Safety Program Credit.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No						
01				94999	WC54321	07/01/13	07/01/14	07												
Insured's Name: PAZ Industries Corporation											F.E.I.N. → 123456789		Pending File No.							
Insured's Address:											T.P.E / F.E.I.N. →									
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use	
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std								
		N	N		N	Y	N	N		01	01	01								

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type						
															Act	Type	Recv	Clm	Settl									
R		01	0101	1214435	6.91	83917	R	46096	07/28/13	181500	7027	0101	09	0	01	01	01	01	00		00	00						
R		01	0951	675210	.96	6482		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								31	02	86	Miller	N		00					7025			3600						
R		01	0953	20800	.49	102		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								35000							20000													
R							R	46114	08/05/13	1323	137	0101	05	1	01	01	01	01	00		00	00						
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								35	40	10		N		00					900			137						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
							R	46122	10/01/13	277355	13000	0101	02	0	01	01	01	01	00		00	00						
R								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								30	13	10	Miller	N		00					20871			6000						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
R	D.	9880			.05	7331		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type						
	E.							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	F.																											
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
							R	G.	Total Standard Exposure	Total Standard Premium			Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
								1910445	139281																			
	H.	006_						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	I.	0900						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
R	J.	9740			.02	382		LOSS TOTALS																				
R	K.	9741			.01	191		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical														
									3	460178	20164		28796	9737														
	L.							Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred												
								35000				20000																

Example 7a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/13
Date of Valuation - 01/01/15
1st Level Report - Open

Date of Accident - 10/01/13
Date of Birth - 04/01/61
Employee's age @ Valuation - 54 (sex - M)
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.286 wks

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$459) = \306
Present Value of \$1 @ Age 54 = 16.175 {Table III-M-A}
 $\$306 \times 52 \times 16.175 = \$257,377$

Indemnity Paid to Valuation
Date - $65.286 \times 306 = 19,978$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME	PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 46122	STAT CODE* 0	DATE ATTN DISC MO. DAY YR	LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE 07	MCO TYPE 00				
INSURED NAME PAZ Industries Corporation					ACC. DATE MO DAY YR 10 01 13		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 13		DATE OF BIRTH MO DAY YR 04 01 61		SURG CODE 1	ATTNY CODE* 3		
WORKER LAST NAME Jones		WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →		PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller			DATE CLOSED MO YR	RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 09 01 80				
BENEFITS OTHER THAN PENSION								PENSION BENEFITS								
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY			X X X	X X X					CODE 1	DATE OF BIRTH MO DAY YR 04 01 61			Paid to valuation date			
2. SCHEDULED INDEMNITY													65.286 x 306 = 19978			
3. NON-SCHEDULED INDEMNITY				X X X	XXXX								Future Payments			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 16.175 = 257377			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			19978				
PHYSICIAN PAID				TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID						
HOSPITAL PAID				PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.			257377			
APP. MED. EVAL. PAID				PERM. TOTAL PAID						10. FUNERAL ALLOWANCE						
DEFENSE MED. EVAL PAID				DEATH PAID						11. LUMP SUM REMARRIAGE						
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)			277355			
LEGAL EXP. - DEFENSE				V.R. PAID						13. TOTAL INCURRED MEDICAL			13000			
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE			20871			
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE			6000			
				V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.						

*SEE MANUAL FOR CODING

Example 8 - Individual Risk Experience with USL&HW Coverage

Note that the Federal Class 6843F has exposure coverage and loss coverage act Code 02.

An Individual Case Report must be filed concurrently with the submission of individual risk experience when the claim is filed as a death or permanent total claim.

Note: USL&HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to Example 8a and 8b for the Individual Case Reports.

UNIT STATISTICAL REPORT

POLICY INFORMATION																														
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																
01				16928	99887	07/01/13	07/01/14	07																						
Insured's Name: Steve Ho Corp											F.E.I.N. → 123456789			Pending File No.																
Insured's Address:											T.P.E / F.E.I.N. →																			
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use											
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																		
		N	N		N	N	N	N		01	01	01																		
EXPOSURE INFORMATION										LOSS INFORMATION																				
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl	Act	Type	Recv	Clm	Settl	Act	Type	Recv	Clm	Settl	Act	Type	Recv	Clm	Settl			
R		02	6843	127896	23.90	30567	R	789803		10/01/13			295462		25000	6843		02		0			02	01	01	01	00		00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
R		01	0718	279132	11.77	32854			42	49	56	Iron Worker			N		00		8008			15000								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
							R	789749		08/01/13			238006		0	0718		01		0		01	01	01	01	00		00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
									90	13	75	Ship Builder			N		00		13346											
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								A. Total Subject Premium				63421																		
							R	B. Experience Mod (XX.XXX)				0.975																		
								C. Total Modified Premium				61835																		
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								D.																						
								E.																						
								F.																						
							Upd Type	G.	Total Standard Exposure				Total Standard Premium																	
									407028				61835																	
								Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								R	H.	0063	Premium Discount Amount			5627																
								R	I.	0900	Expense Constant Amount			270																
								R	J.	9740				.01		41														
								R	K.	9741				.01		41														
								L.																						
LOSS TOTALS																														
Reserved For Future Use				Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use				Total Paid Indemnity		Total Paid Medical														
				2		533468		25000						21354		15000														
Tot. Claimant's Attny. Fees				Tot. Employer's Attny. Fees		Reserved For Future Use						Total ALAE Paid		Total ALAE Incurred																

Example 8a - Individual Case Report with USL&HW Coverage; Permanent Total Disability

Use Table USL&HW III-M-C (Male)

Type - USL&HW-Trauma	Date of Accident - 10/01/13
Average Weekly Wage - \$459	Date of Birth - 03/15/49
Effective Date - 07/01/13	Employee's age @ Valuation Date -66 (sex - M)
Date of Valuation - 01/01/15	Loss Conditions - 02/01/01/01/00
1st Level Report - Open	

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$459) = \306
Present Value of \$1 = 17.313 {Table USL&HW III-M-C}
 $\$306 \times 52 \times 17.313 = \$275,484$
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/13 to 01/01/15 [457 days / 7 = 65.286 (Wks)]
 $65.286 \times \$306 = \$19,978$

Total Indemnity Incurred = $\$275,484 + \$19,978 = \$295,462$

Class code, occupation, cause of accident and injury description code must relate to each other. An adjustment to allow for survivorship benefits would be needed if the beneficiary has a spouse.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 789803		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00			JURIS STATE 07	MCO TYPE 00	
INSURED NAME Steve Ho Corporation							ACC. DATE MO DAY YR 10 01 13		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 13		DATE OF BIRTH MO DAY YR 03 15 49		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	OFF-SET S/S	
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →			DATE OF HIRE →		MO	DAY	YR		
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY								1	03	15	49	Paid to valuation date 65.286 x 306 = 19978				
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												306.00 x 52 x 17.313 = 275484				
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE			19978					
PHYSICIAN PAID					TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID								
HOSPITAL PAID					PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			275484					
APP. MED. EVAL. PAID					PERM. TOTAL PAID			10. FUNERAL ALLOWANCE								
DEFENSE MED. EVAL PAID					DEATH PAID			11. LUMP SUM REMARRIAGE								
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			295462					
LEGAL EXP. - DEFENSE					V.R. PAID			13. TOTAL INCURRED MEDICAL			25000					
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			8008					
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			15000					
					V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.								

*SEE MANUAL FOR CODING

Example 8b - Individual Case Report; Death, Widow Only

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/13
Date at Valuation - 01/01/15
Date of Accident - 08/01/13

Widow's Date of Birth - 05/01/48
Age at Widowhood - 65
Age at Valuation - 67
1st Level Report - Open
Date of Death - 08/01/13

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$475) = \316.68
Present Value of \$1 = 12.798 - Widowhood at age 65, $^a[x] + 2$ Value
 $\$316.68 \times 52 \times 12.798 = \$210,749$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$316.68
Present Value of Remarriage Dowry = .0098
 $\$316.68 \times 104 \times .0098 = \323

Indemnity Paid to Valuation Date
Benefits Paid from 08/01/13 to 01/01/15 - 518 days / 7 = 74 Wks
(74 Wks) x \$316.68 = \$23,434

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME	PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 789749	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR	LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 01 01 01 01 00			JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corporation					ACC. DATE MO DAY YR 08 01 13	DATE OF DEATH MO DAY YR 08 01 13	DATE REPORTED MO DAY YR 08 01 13	DATE OF BIRTH MO DAY YR 07 25 48	SURG CODE	ATTNY CODE*		
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* → 90	PART 13	NATURE 75	CAUSE	OCCUPATION Ship Builder	DATE CLOSED MO YR	RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →	DATE OF HIRE →	MO DAY YR	01 01 80				
BENEFITS OTHER THAN PENSION						PENSION BENEFITS						
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED	BENEFICIARY DATA*			DATA PROVIDER COMMENTS			
1. TEMPORARY INDEMNITY		X X X	X X X			CODE	DATE OF BIRTH MO DAY YR					
2. SCHEDULED INDEMNITY						2	05	01	48	Paid to valuation date 74 x 316.68 = 23434		
3. NON-SCHEDULED INDEMNITY			X X X	XXXX						Future payments 316.68 x 52 x 12.798 = 210749		
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												
5. VOCATIONAL REHABILITATION TOTAL INCURRED												
6. CLAIMANT LEGAL EXPENSE						7. PENSION INDEM. PAID TO VAL. DATE			23434			
PHYSICIAN PAID			TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID						
HOSPITAL PAID			PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			210749			
APP. MED. EVAL. PAID			PERM. TOTAL PAID			10. FUNERAL ALLOWANCE			3500			
DEFENSE MED. EVAL PAID			DEATH PAID			11. LUMP SUM REMARRIAGE			323			
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			238006			
LEGAL EXP. - DEFENSE			V.R. PAID			13. TOTAL INCURRED MEDICAL			0			
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			13346			
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			0			
			V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.						

*SEE MANUAL FOR CODING

Example 9 - Second Reporting of Losses for Unit for Example 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/16).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Refer to Examples 9a and 9b for Individual Case Reports.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
02				16928	99887	07/01/13	07/01/14	07											
Insured's Name: Steve Ho Corporation											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
		N	N		N	N	N	N		01	01	01							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
								789803	10/01/13	295462	25000	6843	02	0	Act	Type	Recv	Clm	Settl	00	00		
								02	01	01	01	00											
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
								42	49	56	Iron Worker	N		00		8008	15000						
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred										
N O T S B J	Upd Type	D.	E.	F.	G.	H.	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								789749	08/01/13	238006	0	0718	01	0	01	01	01	01	00				
								01	01	01	01	00											
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
								90	13	75	Ship Builder	N		00		13346							
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred										
LOSS TOTALS																							
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
								2	547374	27500		41501	20000										
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred											

Example 9a - Individual Case Report; Permanent Total Disability; 2nd Report Level

Use Table USL&HW III-M-C (Male)

Type - USL&HW-Trauma

Average Weekly Wage - \$459

Effective Date - 07/01/13

Date of Valuation - 01/01/16

Date of Accident - 10/01/13

Date of Birth - 03/15/49

Employee's Age at Valuation Date - 67 (sex - M)

Maximum Weekly Benefit - \$1,325.18

Present Value of Future Payments

$\$306 \times 52 \times 16.542 = \$263,216$

Indemnity Paid to Valuation Date

Benefits Paid from 10/01/13 to 01/01/16 [822 days / 7 = 117.429 (Wks)]

(117.429 Wks) x \$306 = \$35,933

Total Indemnity Incurred - $\$263,216 + \$35,933 = \$299,149$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 789803		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00		
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 10 01 13			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 13			DATE OF BIRTH MO DAY YR 03 15 49		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee		WORKERS SEX M	AVG. WEEKLY WAGE 459		INJURY DESC. CODE* → 42 49 56		PART 42	NATURE 49	CAUSE 56		OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO DAY YR 01 01 80					
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR 1 03 15 49			Paid to valuation date						
2. SCHEDULED INDEMNITY													117.429 x 306.00 = 35933						
3. NON-SCHEDULED INDEMNITY				XXX	XXXX								Future payments						
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 16.542 = 263216						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				35933						
PHYSICIAN PAID				TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID				PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.				263216					
APP. MED. EVAL. PAID				PERM. TOTAL PAID						10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID				DEATH PAID						11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM						12. TOTAL INCURRED INDEM..(SUM 1-11)				299149					
LEGAL EXP. - DEFENSE				V.R. PAID						13. TOTAL INCURRED MEDICAL				27500					
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE				18715					
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE				20000					
				V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 9b - Individual Case Report; Death, Widow Only; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma	Widow's Date of Birth - 05/01/48
Average Weekly Wage - \$475	Age at Widowhood - 65
Effective Date - 07/01/13	Age at Valuation - 68
Date at Valuation - 01/01/16	2nd Level Report - Open
Date of Accident - 08/01/13	Date of Death - 08/01/13

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$475) = \316.68
Present Value of \$1 = 12.419 - Widowhood at age 65, $^a[x] + 3$ Value
 $\$316.68 \times 52 \times 12.419 = \$204,508$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$316.68
Present Value of Remarriage Dowry = .0082
 $\$316.68 \times 104 \times .0082 = \270

Indemnity Paid to Valuation Date
Benefits Paid from 08/01/13 to 01/01/16 - 883 days / 7 = 126.143 Wks
 $(126.143 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER							
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 789749	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE	MCO TYPE 00				
INSURED NAME Steve Ho Corp						ACC. DATE MO DAY YR 08 01 13			DATE OF DEATH MO DAY YR 08 01 13			DATE REPORTED MO DAY YR 08 01 13			DATE OF BIRTH MO DAY YR 07 25 48		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens		WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Shup Builder			DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET		
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS											
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR 05 01 48			Paid to valuation date					
2. SCHEDULED INDEMNITY													126.143 x 316.68 = 39947					
3. NON-SCHEDULED INDEMNITY				XXX	XXXX								Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													316.68 x 52 x 12.419 = 204508					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE			39947						
PHYSICIAN PAID					TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID					PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			204508						
APP. MED. EVAL. PAID					PERM. TOTAL PAID				10. FUNERAL ALLOWANCE			3500						
DEFENSE MED. EVAL PAID					DEATH PAID				11. LUMP SUM REMARRIAGE			270						
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM				12. TOTAL INCURRED INDEM..(SUM 1-11)			248225						
LEGAL EXP. - DEFENSE					V.R. PAID				13. TOTAL INCURRED MEDICAL			0						
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE			22786						
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE			0						
					V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 10 - Unit Reporting; Individual Risk Experience Including Premiums for Operation Subject to the USL&HW Compensation Act for a "Non-F" Classification

When reporting a classification, which includes coverage for the USL&HW Compensation Act, increase the rating value by the applicable USL&HW percentage and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL&HW Compensation Act.

Note: USL&HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Note: Class 665's rating value as of 7/1/13 is 9.38, the rating value including coverage for the USL&HW Compensation Act is $9.38 \times 1.508 \times 1.580 = \22.35 . Refer to Section I, Rule XII of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL&HW Compensation Act.

Refer to Example 10a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				99622	198265	07/01/13	07/01/14	07											
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
		N	Y		Y	N	N	N		01	01	01							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
															Act	Type	Recv	Clm	Settl				
R		02	0655	120000	22.35	26820	R	845	02/01/14	707802	25000	0655	02	0	02	01	01	01	00	07	00	00	
R		01	0655	1000000	12.61	126100		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								40	28	25	Iron Worker			N		00		17201			12000		
R		01	0951	95000	.96	912		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000							25000								
R		01	0953	105000	.49	515	R	896	03/01/14	600	350	0655	05	1	01	01	01	01	00	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								38	37	59				N		00		600			350		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000															
A. Total Subject Premium						154347	R	897	03/15/14	750	800	0655	05	1	01	01	01	01	00	00	00	00	
R						0.900		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								31	28	26				N		00		750			800		
B. Experience Mod (XX.XXX)								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
C. Total Modified Premium						138912																	
N O T		D.					R	898	04/11/14		250	0953	06	1	01	01	01	01	00	00	00	00	
S B J		E.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								36	40	19								250					
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000															
G.				Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
				1320000		138912																	
A F T E R	R	H.	0063	Premium Discount Amount		12065		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
	R	I.	0900	Expense Constant Amount		270																	
S T D	R	J.	9740		.01	132		LOSS TOTALS															
	R	K.	9741		.01	132		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
								4	709152	26400		18551	13400										
		L.						Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred											
								50000			25000												

Example 10a - Individual Case Report; Permanent Total Claim with Survivorship Benefits

Use Tables USL&HW III-M-C (Male) and USL&HW IV-B

Type - USL&HW-Trauma	Claimant's Birth Date - 05/01/66
Average Weekly Wage - \$500	Spouse's Birth Date - 07/01/68
Date of Accident - 02/01/14	Date of Valuation - 01/01/15
Effective Date - 07/01/13	Claimants Age at Valuation - 49 (sex - M)
Maximum Benefit - 200% NAWW = \$1,325.18	Spouse's Age at Valuation - 47
-	

Present Value of Future Payments

Claimants - $.6667 \times (\$500) = \333.35 wk

Present Value of \$1 = 32.459

Future Payments - $\$333.35 \times 32.459 \times 52 = \$562,651$

Survivorship - $.5 \times (\$500) = \250

Benefits

Present Value of Benefits = 9.942

Future Payout = $250 \times 9.942 \times 52 = \$129,246$

Indemnity to Valuation Date Benefits Paid from 02/01/14 to 01/01/15 - 334 days / 7 = 47.714 Wks
 $\$333.35 \times 47.714 = \$15,905$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0655	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 99622	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13			CLAIM NO. 845		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00			
INSURED NAME Doelron Erections, Inc.							ACC. DATE MO DAY YR 02 01 14			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 14			DATE OF BIRTH MO DAY YR 05 01 66		SURG CODE	ATTNY CODE*	
WORKER LAST NAME Doe		WORKERS SEX M	AVG. WEEKLY WAGE 500		INJURY DESC. CODE* →		PART 40	NATURE 28	CAUSE 25		OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE	S/S OFF-SET
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO 01	DAY 01	YR 80			
BENEFITS OTHER THAN PENSION										PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED				BENEFICIARY DATA*				DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY			X X X	X X X						CODE	DATE OF BIRTH MO DAY YR									
2. SCHEDULED INDEMNITY										1	05	01	66	Paid to valuation date						
										2	07	01	68	47.714 x 333.35 = 15905						
3. NON-SCHEDULED INDEMNITY				X X X	XXXX									Future payments						
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY														(333.35 x 52 x 32.459) +						
5. VOCATIONAL REHABILITATION TOTAL INCURRED														(250.00 x 52 x 9.942) = 691897						
6. CLAIMANT LEGAL EXPENSE										7. PENSION INDEM. PAID TO VAL. DATE				15905						
PHYSICIAN PAID				TEMP. DISABILITY PAID							8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID				PERM. PARTIAL PAID							9. PRES. VALUE FUTURE INDEM. PMNT.				691897					
APP. MED. EVAL. PAID				PERM. TOTAL PAID							10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID				DEATH PAID							11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM							12. TOTAL INCURRED INDEM.,(SUM 1-11)				707802					
LEGAL EXP. - DEFENSE				V.R. PAID							13. TOTAL INCURRED MEDICAL				25000					
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED							14. TOTAL INDEM. PAID TO VAL. DATE				17201					
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED							15. TOTAL MED. PAID TO VAL. DATE				12000					
				V.R. EVAL. INCURRED							16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 11 - Correction of Header Information Only

In the following example the only information that needs correcting is the policy number. Since the policy number field has two lines, the previous reported policy number (incorrect number) goes on the first line and the revised policy number (correct number) goes on the second line.

If a header field needs to be corrected and the field only has one line, report the revised information only.

When reporting a header correction only the Report Number, Correction Number, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

Example 12 - Correction of Loss Totals Only

In the following example the only information that needs correcting is the loss totals. Because there is only one line per field for the loss totals, only the revised totals are shown. The key policy information must also be shown (Report Number, Correction Number, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

Note: The exposure, premium and loss totals must all be provided when submitting 1st level total corrections.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
02	04	T		99998	WC54321	01/01/09	01/01/10	07																
Insured's Name:											F.E.I.N. →		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions										Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use			
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std												
EXPOSURE INFORMATION											LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								LOSS TOTALS																
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
									14	136033	7000		35471	6775										
								Tot. Claimant's Attny.	Tot. Employer's Attny. F	Reserved For Future Use			Total ALAE Paid	Total ALAE Incurred										
								15000					12500											

Example 13 - Correction of Old Form Information on New Form

The following example shows the information reported on the old form prior to the adoption of the ASWG form.

Refer to Example 13a showing the correction on the ASWG form.

REPORT 1	POLICY NUMBER WC12345	STATE DE	STATE NO. 07	CARRIER					CARRIER NO. 99999	DATE RECEIVED	ADM FILE NO.		
EFFECTIVE DATE 12/20/95	TERM	EXPIRATION DATE 10/26/96	INSURED	ABC CORP.									
COND.	91	92	93	94	95	96	97	98					
EXP COV	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM	CLAIM NUMBER	ACCIDENT DATE OR NO. OF CLAIMS	CLASS CODE	INJ	INCURRED LOSSES		OPEN OR CLOSED	LOSS COV.	CAT. NO.
									INDEMNITY	MEDICAL			
11	0953	175485	0.49	860		3	0953	06		875	1	11	00
11	0951	83368	0.96	800	23456	02/05/96	0951	06		1000	1	11	00
					34567	07/03/96	0953	09	4750	1225	0	11	00
					45678	10/25/96	0951	05	2950	595	0	21	00
A - TOTAL SUBJECT PREMIUM				1660									
B - EXPERIENCE MODIFICATION				.850									
C - TOTAL MODIFIED PREMIUM (A) X (B)				1411									
D													
E													
F													
G													
RISK	STD	258853	XXX	1411									
	OTHER		XXX	XXX									
TOTALS	0064	PREMIUM DISCOUNT	XXX	(140)	TOTALS	6	XXXX	X	7700	3695	X	X	X
	0900	EXPENSE CONSTANT											

Example 13a - Correction of Old Form Information on New Form

The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do not need to be filled in).

Also note the claim 56789 is being added as a new claim, therefore there is an Update Type "P" with all fields left blank because there was no previously reported information. Update Type "R" has all the new claim information.

UNIT STATISTICAL REPORT

POLICY INFORMATION																									
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No											
01	01	M		99999	WC12345	12/20/95	12/20/96	07																	
Insured's Name: ABC Corp.											F.E.I.N. →		Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →														
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use						
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
EXPOSURE INFORMATION										LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
															Act	Type	Recv	Clm	Settl						
P		11	0953	175485	.49	860	P	23456	02/05/96		1000	0951	06	1	11										
R		11	0953	233945	.49	1146		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
							R	23456	02/05/96		1565	0951	06	1	11										
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
							P	A. Total Subject Premium																	
							R	B. Experience Mod (XX.XXX)																	
								C. Total Modified Premium																	
							R	56789	09/30/96		7935	4000	0953	05	0	11									
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								Total Standard Exposure																	
							G.	317313																	
								Total Standard Premium																	
								H. 006_	Premium Discount Amount																
								I. 0900	Expense Constant Amount																
								J.	LOSS TOTALS																
								K.	Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
									7	15635	8260														
								L.	Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred									

Example 14 - First Report Requiring an ICR, Widow with 2 Children

Claim 68235 is a death claim.

Refer to Example 14a for the Individual Case Report with a Widow and 2 Children.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
01				99998	111222	07/01/13	07/01/14	07											
Insured's Name: Bob's Roofing											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
		N	N		N	N	N	N		01	01	01							

EXPOSURE INFORMATION

LOSS INFORMATION

CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type							
								01	01	01	01	00										
S U B J E C T	R	01	0659	98076	41.13	40339	R	68235	11/01/13	275538	500	0659	01	0	01	01	01	01	00		00	00
	R	01	9807			766		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred	
S U B J E C T							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred	
N O T S B J							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type
		D.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		E.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred	
A F T E R S T D							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type
		H.	006_					Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		I.	0900					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred	
A F T E R S T D								LOSS TOTALS														
	R	J.	9740		.01	10		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical								
	R	K.	9741		.01	10		1	275538	500	6799	500										
	L.							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred						

Example 14a - Individual Case Report; Death Claim, Widow with 2 Children

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$395
Effective Date - 07/01/13
Date at Valuation - 01/01/15
Date of Accident - 11/01/13

Widow's Date of Birth - 09/01/74
Age at Widowhood - 39
Age at Valuation - 40
1st Level Report - Open
Date of Death - 11/01/13

Present Value of Future Payments

1) Widow's Benefit plus child #1 Benefits
Weekly Benefit = $.6667 \times (\$395) = \263.35
Present Value of \$1 = 18.261 - Widowhood at age 39, $^a[x] + 1$ Value
 $\$263.35 \times 52 \times 18.261 = \$250,070$

2) Child #2 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.0333 \times (\$395) = \13.15
No. of Weeks Payable = 01/01/15 to 12/01/15 + 334 days / 7 = 47.714 wks.
 $\$13.15 \times 47.714 = \627

3) Remarriage Dowry

Weekly Benefit - \$263.35
Present Value of Remarriage Dowry = .1648
No. of Weeks Payable = 104 weeks
Value of Payments = $\$263.35 \times 104 \times .1648 = \$4,514$

4) Indemnity Paid to Valuation Date

Weekly Benefit = $.70 \times (\$395) = \276.50
No. of Weeks Payable = 11/01/13 to 01/01/15 - 426 days / 7 = 60.857 Wks
 $\$276.50 \times 60.857 = \$16,827$

5) Funeral Allowance = \$3,500

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0659	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 99998	CARRIER NAME						PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 111222		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13			CLAIM NO. 68235	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00	
INSURED NAME Bob's Roofing						ACC. DATE MO DAY YR 11 01 13			DATE OF DEATH MO DAY YR 11 01 13			DATE REPORTED MO DAY YR 11 01 13			DATE OF BIRTH MO DAY YR 12 01 63		SURG CODE	ATTNY CODE*
WORKER LAST NAME Harris	WORKERS SEX M	AVG. WEEKLY WAGE 395	INJURY DESC. CODE* →		PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	S/S OFF-SET	
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO	DAY	YR			
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY									2	09	01	74	Paid to valuation date					
									4	12	01	97	60.857 x 276.50 = 16827					
3. NON-SCHEDULED INDEMNITY				X X X	XXXX				4	05	01	99	Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													(263.35 x 52 x 18.261= 250070) +					
5. VOCATIONAL REHABILITATION TOTAL INCURRED													(13.15 x 47.714) = 250697					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				16827					
PHYSICIAN PAID						TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID						PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.				250697					
APP. MED. EVAL. PAID						PERM. TOTAL PAID			10. FUNERAL ALLOWANCE				3500					
DEFENSE MED. EVAL PAID						DEATH PAID			11. LUMP SUM REMARRIAGE				4514					
INDEP. MED. EVAL. PAID						SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)				275538					
LEGAL EXP. - DEFENSE						V.R. PAID			13. TOTAL INCURRED MEDICAL				500					
ANNUITY PURCHASE AMT.						V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE				6799					
TOTAL GROSS INCURRED						V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE				500					
						V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 15 - Merit Rating

Merit rating adjustments are applicable below line C and are calculated as a percentage of the earned premium. Each insured who does not qualify for an experience mod is reviewed to determine if a merit rating adjustment applies.

There are three types of merit rating adjustments based upon an insured's occurrence of lost time (indemnity) losses: Code 9884 (no credit/no debit), Code 9885 (5% credit), Code 9886 (5% debit).

Example 16 – Assigned Risk Surcharge

Assigned risk surcharges are applicable below Line C and are calculated as a percentage after the application of any schedule rating debit/credit. See Algorithm Section X for specific premium calculation sequence.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				00200	WC123456789	10/01/09	10/01/10	07																
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789		Pending File No.											
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
10/01/09	10/01/09	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00										
		N	Y		N	N	N	N		01	01	01												
EXPOSURE INFORMATION										LOSS INFORMATION														
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clim	Settl					
R		01	0951	35000	.72	252																		
SUBJECT	R		01	0953	17950	.49	88	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
NOT SUBJ	A. Total Subject Premium					340		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	B. Experience Mod (XX.XXX)					1.431		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
		C. Total Modified Premium					487		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred			
R	D.		0277		.39	190		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	E.							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
	F.							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
G.				Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
				52950		677		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
	H.	006_	Premium Discount Amount					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred				
	I.	0900	Expense Constant Amount					LOSS TOTALS																
R	J.	9740		.02	11		Reserved For Future Use																Total No. Claims	Total Incurred Indemnity
R	K.	9741		.01	5		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred										
	L.																							



SECTION VII

GLOSSARY OF TERMS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION VII -- GLOSSARY

DCRB Data Card

DCRB Data Cards provide the risk name, location, DCRB file number, authorized classification(s) and, if applicable, the risk's experience modification for a minimum of one year.

Risks approved for the Delaware Construction Classification Premium Adjustment Program and any other applicable credit program will be shown on these data cards.

DCRB Loss Costs

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverage's, filed by the DCRB based on the aggregate experience of all DCRB members and approved by the Delaware Insurance Commissioner.

DCRB Rating Values

All parameters filed by the DCRB and approved by the Delaware Insurance Commissioner, and which are used either mandatorily or by option of carriers for purpose of pricing workers compensation and employers liability coverages. Such DCRB rating values include DCRB Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to USL&HW coverages such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.

Carrier Rate

The amount per unit of exposure which an insurance carrier charges for workers compensation and employers liability insurance.

Carrier Rating Value

All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverages. Such parameters may be either DCRB Rating Values adopted by a carrier for its own use or values independently determined by a carrier.

Contract Medical

An agreement between an insurance carrier and one or more doctors, which specifies that in return for stipulated sum of money, the doctor(s) will provide medical services for treatment of occupational injuries sustained by employees of a particular risk being insured by the carrier.

Correction Report

A report, which is required to correct an error of any kind on a previously filed report.

Cumulative Injury

An injury, which results in a disability or death and is not traceable to a definite compensable accident occurring during the employee's present or past employment. The injury is understood to have occurred from and has been aggravated by an employment-related repetitive activity. For example, a cement mason, carpet installer or tile man presents a claim for injury to the knee caused by repetitive bending and kneeling on the job.

Employers Liability

If an injured employee is not covered under any workers compensation law, he or she may seek recovery by suing the employer under employer's liability.

Expense Constant

A premium charge which may apply to a policy in addition to the premium inclusive of loss constants. The expense constant covers expenses such as those issuing recording and auditing, which are common to all workers compensation policies regardless of size.

Experience Modification

An adjustment to premium for a given risk merited by loss ratios that are higher or lower than expected.

Rated Risk

A risk which has an experience modification.

Non-Rated Risk

A risk which has no experience modification.

Exposure

The extent of exposure to loss as measured by payroll, or, for per capita classes, man-weeks.

Loss Constant

An amount, which may be added to the premium on policies on small risks to compensate for their higher loss ratio.

Loss Cost

Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages. Loss costs may be developed either by the DCRB based on the aggregate experience of all DCRB members or may be established by individual carriers based on their own supporting information.

Loss Ratio

The ratio of losses to premiums.

Man-Year

One employee working for one year. For example, an employee working for one year is insured for one man-year. An employee working for nine months is insured for .8 man-years.

Merit Rating

The plan is intended to grant premium discounts or assess premium surcharges to employers, which do not qualify under the uniform Experience Rating Plan.

Minimum Premium

The lowest premium amount for which a single risk can be insured for a policy period. Minimum premiums are not subject to experience modifications or rate deviations.

Non-Ratable Element

A portion of the rating value, which is not subject to experience or retrospective rating.

Occupational Disease

Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers' occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment. For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica.

Per Capita Classification

A classification where the exposure base is the number of employees rather than payroll.

Premium Discount

For policies with a total standard premium in excess of a specified amount, the premium discount recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

Provision for Claim Payment

Historical aggregate losses projected through development to their ultimate value and through trending to a future point in time, but excluding all loss adjustment or claim management expenses, other operating expenses, assessments, taxes, and profit or contingency allowances. In this Plan, the term "loss cost" is synonymous with "provision for claim payment."

Rating Value

A parameter or number used in pricing workers compensation or employers liability insurance coverage's. Rating values may be established by the DCRB or by individual carriers. Where individual carriers have established rating values different from those of the DCRB, the carrier's values supercede those of the DCRB for purposes of that insurer's policies.

Reinsurance

Acceptance by an insurer (called a reinsurer) of all or part of the risk of loss of another insurer.

Scheduled Indemnity

Benefits determined from a schedule of awards based on injury as required by law.

Second Injury Fund

When a previously injured worker returns to work and is injured again in such a way that the combined effects of the injuries constitutes a more serious injury (and thus has higher benefits) than the two injuries considered separately, the difference in benefits is paid by the Second Injury Fund. For example, if a worker is injured and loses an arm, then returns to work and is subsequently re-injured losing his other arm, the second injury fund will pay the difference between the benefits for the loss of both arms and the combined benefits when the loss of each arm is considered separately.

Schedule Rating Plan

The loss and/or expense components of an insured risk's premium may, at the option of the underwriting carrier, be adjusted in accordance with provisions of this plan to reflect defined characteristics of the risk which, in the sole judgment of the underwriting carrier, are not adequately reflected in prior experience of the insured risk.

Subrogation

A recovery action in which losses incurred by a carrier due to the injury of an employee are reimbursed either in part or in whole by a third party deemed primarily responsible for the injury.

Subsequent Report

A report, which updates the loss information and is filed as of the second, third, fourth, fifth, sixth, seventh, eighth, ninth and/or tenth valuation date. (Refer to Section IV, Item A.1. for valuation dates)

Supplemental Non-Ratable Loading

A supplement to be added to the rating value for certain risks within a classification, which have a hazard, not shared by all members of the classification. The supplemental loading is not subject to experience or retrospective rating.

Vocational Rehabilitation

The costs involved in retraining an injured worker to return to work at the same or a different job.

Voluntary Compensation Insurance

An employer may purchase a voluntary compensation policy to insure against claims filed by employees who are not covered under any workers compensation law. Such insurance provides benefits similar to those provided under workers compensation.



SECTION VIII

SAMPLE FORMS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION VIII - SAMPLE FORMS

<u>Form Number</u>	<u>Description</u>
NC-2957	Unit Statistical Report
NC-2913	Supplemental Loss Report
NC-1047	Individual Case Report
NC-2400	Letter of Transmittal -- Hard Copy
NC-302	Summary Report – Three - Year Fixed Rate Policies

SUPPLEMENTAL LOSS REPORT

Pending File No.	Page No	Last Page No.
------------------	---------	---------------

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State
------------	-----------	------------	-------------------	--------------	---------------	-----------------------	------------------------	--------------

Insured's Name:	F.E.I.N.	Card Serial No.
Insured's Address:		

Upd Typ	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
	Claimant's Attorney Fees	Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				

Upd Typ	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
	Claimant's Attorney Fees	Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				

Upd Typ	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
	Claimant's Attorney Fees	Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				

Upd Typ	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
	Claimant's Attorney Fees	Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				

Upd Typ	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
	Claimant's Attorney Fees	Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				

Upd Typ	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Settl			
	Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
	Claimant's Attorney Fees	Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				

LOSS TOTALS														
Reverse for Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved for Future Use	Total Paid Indemnity	Total Paid Medical								
Total Claimant's Attorney Fees	Total Employer's Attorney Fees	Reserved for Future Use					Total ALAE Paid	Total ALAE Incurred						

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER	CARRIER NAME						PAYROLL STATE CODE*	ADM. FILE NUMBER							
POLICY NUMBER		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR		CLAIM NO.		STAT CODE*	DATE ATTNY DISC MO. DA YR			LOSS CONDITIONS ACT TYP RCOV COV SETT L			JURIS STATE	MCO TYPE				
INSURED NAME							ACC. DATE MO DA YR			DATE OF DEATH M DA YR			DATE REPORTED M DA YR			DATE OF BIRTH MO DA YR		SURG CODE	ATTN Y CODE*
WORKER LAST NAME		AVG. WEEKLY WAGE	INJURY DESC. CODE* ⚡		PAR T	NATUR E	CAUS E	OCCUPATION				DATE CLOSED MO YR		RESERV E CODE*	LUMP SUM	FRAUD			
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID ⚡	MO	DAY	YR	EMPLOYMENT STATUS ⚡		YEAR LAST EXPOSED ⚡			DATE OF HIRE ⚡		MO	DAY	YR			
BENEFITS OTHER THAN PENSION									PENSION BENEFITS										
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			CALCULATIONS							
1. TEMPORARY INDEMNITY			X X X	X X X					CODE	DATE OF BIRTH MO DAY YR									
2. SCHEDULED INDEMNITY																			
3. NON-SCHEDULED INDEMNITY				X X X	XXXX														
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE										
PHYSICIAN PAID			TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID			PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.										
APP. MED. EVAL. PAID			PERM. TOTAL PAID						10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID			DEATH PAID						11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)										
LEGAL EXP. - DEFENSE			V.R. PAID						13. TOTAL INCURRED MEDICAL										
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE										
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE										
			V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE REVERSE FOR CODING

**LETTER OF TRANSMITTAL
FOR REPORTING UNIT STATISTICAL REPORTS--HARD COPY**

Transmittal No. _____

I am transmitting herewith, in accordance with the approved Workers Compensation Statistical Plan, unit reports shown below.

I hereby certify these reports constitute a correct exhibit of earned premiums, corresponding payrolls and incurred losses under the policies represented. Such premiums, payrolls and losses are properly assigned to the respective classifications and are in conformity with the policies under which the business was written. The entries on these cards are true and correct to the best of my knowledge and belief.

Signature and Title _____ Date _____

Carrier Name _____ Group Code _____

Address _____ No. of Reports Included: _____

_____ No. of Cards Included: _____

Check One Submission and Complete the Following:

- 1. By State: State Name _____ State Code _____ Report Type _____
- 2. Effective Month: _____
- 3. Underground Coal Mine _____ From Serial # _____ to Serial # _____
- 4. Interstate Specials (MA, MN, NY, TX)

NCCI--RECEIPT OF UNIT REPORTS

No. of Reports Received _____ Received By _____

No. of Cards Received _____

DATE RECEIVED

SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES

STATE _____ STATE NO. _____ EFFECTIVE YEAR _____ CLASS CODE _____

CARRIER _____ CARRIER NO. _____

A. NUMBER OF RISKS _____
 (NUMBER OF POLICIES FOR WHICH CLASS IS
 THE GOVERNING CLASS)

B. EXPOSURE TOTALS

1. PAYROLL _____

2. PER CAPITA _____

3. OTHER _____

C. STD. EARNED PREM. _____

LOSS EXHIBIT					
	CODE	INJURY	NUMBER OF CLAIMS	TOTAL LOSS INCURRED	
				INDEMNITY	MEDICAL
1.		DEATH			
2.		P.T.			
3.		MAJOR			
4.		MINOR			
5.		TEMP			
6.		NON COMP MEDICAL		XXXX	
		TOTAL			



SECTION IX

ELECTRONIC SUBMISSION

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Delaware has adopted the WCIO Electronic Data Interchange (EDI) Committee's changes to WCSTAT. The DCRB encourages the use of electronic submission. Carriers should contact the DCRB's Systems & Programming Department at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. The Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org.



SECTION X

PREMIUM ALGORITHM

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

SECTION X – PREMIUM ALGORITHM

Delaware Premium Algorithm Preface:

Mandatory use for policies effective on or after January 1, 2015.

The computation of workers compensation premium includes a broad complement of potential rating values, pricing programs and other similar or related variables. To the extent that these component parts of premium determination may be applied in a prescribed sequence and using defined formulas and/or relationships, several potential benefits arise including the following:

- Competitive differences within the marketplace can be more clearly defined and consistently applied;
- Similarly-situated risks can receive comparable treatment with respect to specific rating values, pricing programs or other factors, increasing the equity of the marketplace;
- Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;
- In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 2

Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Workfare Program Employees Exposure (PA)	0982	(28)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 3

Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(29)	Workfare Program Employees Rating Value (PA)	0982	(29)	Carrier Value
(30)	Workfare Program Employees Premium (PA)	0982	(30)	(28) x (29)
(31)	Non-Ratable Classification Premium Total		(31)	Sum of all (27)+(30) premiums
(32)	Non-Ratable Classification Increased Limits Factor	xxxx	(32)	Carrier value
(33)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(33)	(31)x [(32) expressed as a decimal]
(34)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(34)	Carrier value
(35)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(35)	[(34)-(33)] if (33) < (34) and (32) > 0, otherwise zero
(36)	Premium Before Schedule Rating		(36)	(23)+(31)+(33)+(35)
(37)	Schedule Rating Plan Adjustment Factor	9887/9889	(37)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(38)	Schedule Rating Plan Premium Adjustment	9887/9889	(38)	(36)x[(37) expressed as a decimal]. For schedule credits Line (38) will be negative
(39)	Certified Safety Committee Credit Factor (PA)	9890	(39)	Credit applies if insured is certified.
(40)	Certified Safety Committee Premium Credit (PA)	9890	(40)	[(36)+(38)]x[(-39) expressed as a decimal]
(41)	Workplace Safety Program Credit Factor (DE)	9880	(41)	Credit applies if insured qualifies
(42)	Workplace Safety Program Premium Credit (DE)	9880	(42)	[(36)+(38)]x[(-41) expressed as a decimal]
(43)	Construction Classification Premium Adjustment Program Credit Factor	9046	(43)	Based on wage level(s), application to rating organization
(44)	Construction Classification Premium Adjustment Program Premium Credit	9046	(44)	[(36)+(38)]x[(-43) expressed as a decimal]
(45)	Drug-Free Workplace Factor	9846	(45)	Carrier value
(46)	Drug-Free Workplace Credit	9846	(46)	[(36)+(38)+(42)+(44)]x[(-45) expressed as a decimal]
(47)	Managed Care Factor	9874	(47)	Carrier value
(48)	Managed Care Credit	9874	(48)	[(36)+(38)+(42)+(44)+(46)]x[(-47) expressed as a decimal]
(49)	Package Credit Factor	9721	(49)	Carrier value
(50)	Package Credit	9721	(50)	[(36)+(38)+(42)+(44)+(46)+(48)]x[(-49) expressed as a decimal]
(51)	Premium After Managed Care and Package Credit If Applicable		(51)	[(36)+(38)+(40)+(42)+(44)+(46)+(48)+(50)]

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2020

Page 4

Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(52)	Assigned Risk Surcharge Factor (DE)	0277	(52)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(53)	Assigned Risk Premium Surcharge (DE)	0277	(53)	(51)x[(52) expressed as a decimal]
(54)	Deductible Credit Factor	9663	(54)	Carrier value
(55)	Deductible Premium Credit	9663	(55)	[(51)+(53)]x[(-54) expressed as a decimal]
(56)	Loss Constant	0032	(56)	Carrier value - may vary based on risk premium size
(57)	Loss Constant Charge	0032	(57)	Line (56) if applicable
(58)	Short Rate Cancellation Factor	0931	(58)	Carrier value - zero if short rate cancellation does not apply
(59)	Short Rate Premium	0931	(59)	[(51)+(53)+(55)+(57)]x[(58)-1.0000] if (58)>0, otherwise zero
(60)	Expense Constant	0900	(60)	Carrier value if applicable
(61)	Expense Constant Charge	0900	(61)	Line (60)
(62)	Minimum Premium	0990	(62)	Carrier value
(63)	Minimum Premium Charge	0990	(63)	If (62)>[(51)+(53)+(55)+(57)+(59)+(61)], (62)-[(51)+(53)+(55)+(57)+(59)+(61)], otherwise zero
(64)	Unit Statistical Report Total Standard Premium		(64)	[(51)+(53)+(55)+(57)+(59)+(63)]
(65)	Premium Discount Amount	0063/0064	(65)	Carrier value based on [(51)+(53)+(55)+(57)+(59)+(63)]
(66)	Additional premium Waiver of Subrogation (flat charge)	9115	(66)	Carrier value(s)
(67)	Terrorism	9740	(67)	(Total payroll/100) x carrier rating value
(68)	Catastrophe (other than Certified Acts of Terrorism)	9741	(68)	(Total payroll/100) x carrier rating value
(69)	Total Policy Premium Subject to Employer Assessment		(69)	(61)+(64)-(65)+(66)+(67)+(68)
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	PCRB value for the specific purpose of computer employer assessments
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	[(69)-(11)-(55)]x(70) NOTE: Cells (11) and (55) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments
(72)	Audit Noncompliance Charge	9757	(72)	Carrier Value x (69)



April 13, 2020

DCRB CIRCULAR NO. 976

To All Members of the DCRB:

RE: APPROVAL OF DCRB FILING NO. 2001
DATA REPORTING RELATED TO CORONAVIRUS DISEASE 2019 (COVID-19)
REVISIONS TO STATISTICAL PLAN MANUAL - EFFECTIVE APRIL 1, 2020

The Delaware Insurance Commissioner has approved DCRB Filing No. 2001, which includes revisions to the Delaware Statistical Plan Manual (Statistical Plan). These Statistical Plan revisions are effective April 1, 2020 for the reporting of claims with accident dates of December 1, 2019 and subsequent.

This Statistical Plan revision establishes new coding values for use in recording and tracking losses applicable and/or attributable to the Coronavirus Disease – 2019 (COVID-19). These new code values have been established in collaboration with the Workers Compensation Insurance Organizations (WCIO) and are consistent with the countrywide standard.

The new codes are as follows:

- Extraordinary Loss Event Code (Catastrophe Code) No. 12
- Nature of Injury Code No. 83 - COVID-19
- Cause of Injury Code No. 83 - Pandemic

Questions regarding unit statistical reporting coding requirements should be directed to Dawn Belfus, Director – Data Services at (215) 320-4478 or dbelfus@dcrb.com.

William V. Taylor

President

WVT/BP/dn

Remember to visit our web site at www.dcrb.com for more information about this and other topics.

DELAWARE STATISTICAL PLAN MANUAL
Proposed Effective April 1, 2020

INTRODUCTION remains unchanged.

SECTION I remains unchanged.

SECTION II - REPORTING REQUIREMENTS

Items **A and B** remain unchanged.

Item **C** Loss Information

Item Numbers **1 through 10** remain unchanged.

11. **Catastrophe Number (Cat. No.)**

EXCEPTIONS: a.) through b.) remain unchanged.

c) Report Catastrophe Code Number 12 for claims applicable and/or attributable to Coronavirus Disease 2019 (COVID-19) with accident dates of December 1, 2019 and subsequent.

Item Numbers **12 through 24** remain unchanged.

Item **D** remains unchanged.

SECTION III remains unchanged.

SECTION IV – CODES

Items **A through D** remain unchanged.

Injury Description Coding

Part of Body

All **Codes** and **Narrative Descriptions** remain unchanged.

Nature of Injury

Code	Narrative Description
II. Occupational Disease or Cumulative Injury	*
<u>83. COVID-19</u>	<u>Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by a coronavirus</u>

All other codes and narrative descriptions remain unchanged.

DELAWARE STATISTICAL PLAN MANUAL
Proposed Effective April 1, 2020

Cause of Injury

Code	Narrative Description
X. Miscellaneous Causes	*
<u>83. Pandemic</u>	<u>Includes disease epidemic that has spread across a large region</u>

All other codes and narrative descriptions remain unchanged.

SECTION V remains unchanged.

SECTION VI remains unchanged.

SECTION VII remains unchanged.

SECTION VIII remains unchanged.

SECTION IX remains unchanged.

SECTION X remains unchanged.

DELAWARE STATISTICAL PLAN MANUAL
Proposed Effective April 1, 2020

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SECTION I remains unchanged.

SECTION II - REPORTING REQUIREMENTS

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DELAWARE STATISTICAL PLAN MANUAL
Proposed Effective April 1, 2020

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