

DELAWARE STATISTICAL PLAN MANUAL

**WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

**Effective
July 1, 2004**

ISSUED BY

DELAWARE COMPENSATION RATING BUREAU, INC.

DELAWARE STATISTICAL PLAN MANUAL



DELAWARE COMPENSATION RATING BUREAU, INC.

THE WIDENER BUILDING 6TH FLOOR
ONE SOUTH PENN SQUARE
PHILADELPHIA, PA 19107-3577

TELEPHONE

(302) 654 1435

FAX

(215) 564 4328

WEB SITE

www.dcrb.com

Permission to reprint any part of this publication must be secured
in writing from the DELAWARE Compensation Rating BUREAU, INC.

© 2004 DELAWARE Compensation Rating BUREAU, INC.

Section V of this manual includes material that is owned by the National Council on Compensation Insurance, Inc. and is protected by copyright law. Unauthorized use, sale, reproduction, distribution, preparation of derivative works, transfer or assignment of this material, or any part thereof, may be punishable to the fullest extent of the law.

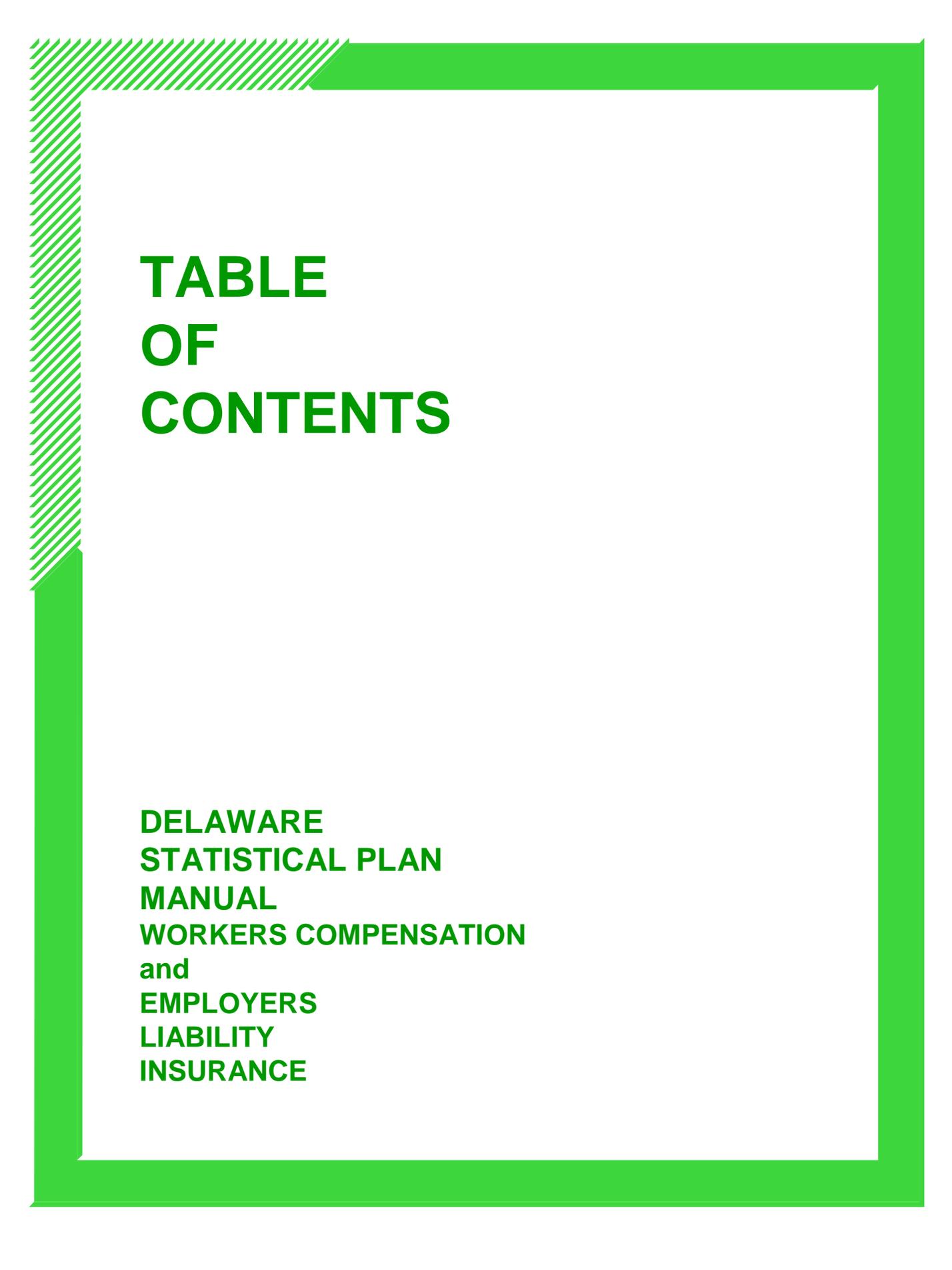


TABLE OF CONTENTS

**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. Aircraft Operation Losses
 - 7. Employers Liability Claims
 - 8. Correction and Subsequent Reports
 - 9. Medical or Legal Expense
 - 10. Incurred Losses
- L. Special Reportings
 - 1. Three-Year Fixed Rate Policies
 - 2. Option A. Schedule Z Basis
 - 3. Option B. Unit Report Basis
 - 4. Option C. Magnetic Tape Reporting
- 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 Coverage
 - 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
 - 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/Number of Claims
 - 4. Incurred Indemnity
 - 5. Incurred Medical
 - 6. Class Code
 - 7. Injury Type
 - 8. Claim Status
 - 9. Loss Conditions
 - 10. Jurisdiction State
 - 11. Catastrophe Number (Cat. No.)
 - 12. Managed Care Organization Type
 - 13. Social Security Number
 - 14. Injury Description Code
 - 15. Occupation Description
 - 16. Vocational Rehabilitation Indicator
 - 17. Fraudulent Claim Code
 - 18. Paid Indemnity
 - 19. Paid Medical
 - 20. Claimant's Attorney Fees Incurred
 - 21. Employer's Attorney Fees
 - 22. Allocated Loss Adjustment Paid (ALAE)
 - 23. 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
 - 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. Fraudulent Claim Codes
- D. Individual Case Report Codes
 - 1. Report Number
 - 2. Transaction Type
 - 3. Report Type
 - 4. Injury Description Code
 - 5. Status
 - 6. Surgery Code

- 8. Reserved Type
- 9. Lump Sum Indicator
- 10. Fraudulent Claim Code
- 11. Employment Status
- 12. Beneficiary
 - Injury Description and Cause of Injury Code
 - Scheduled Indemnity - Maximum Weeks

SECTION V. TABLES

- Table I - Surviving Spouse's Pension Table
- Table II - Present Value of Remarriage Dowry
- Table III -M-A (MALE)- Pension Table (Other Than Surviving Spouse's)
- Table III -F-A (FEMALE)- Pension Table (Other Than Surviving Spouse's)
- Table USL-I - Surviving Spouse's Pension Table
- Table USL-II - Present Value of Remarriage Dowry
- Table USL-III (MALE) - Pension Table (Other Than Surviving Spouse's)
- Table USL-III (FEMALE) - Pension Table (Other Than Surviving Spouse's)
- Table USL-IV - Present Value of Survivorship Benefits

SECTION VI. EXAMPLES

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

Illustration 17 - Second Reporting of Losses for Unit for Illustration 16
Illustration 17a - Individual Case Report; Death, Widow; 2nd Report Level
Illustration 18 - First Report Requiring an Individual Case Report, Widow with 2 Children
Illustration 18a - Individual Case Report; Death Claim, Widow with 2 Children
Illustration 19 - Merit Rating
Illustration 20 - Deductible Applicable Before Experience Modification
Illustration 21 – Anniversary Rated Policy with the Premium Charge for Terrorism Risk Insurance Act of 2002 – Certified losses

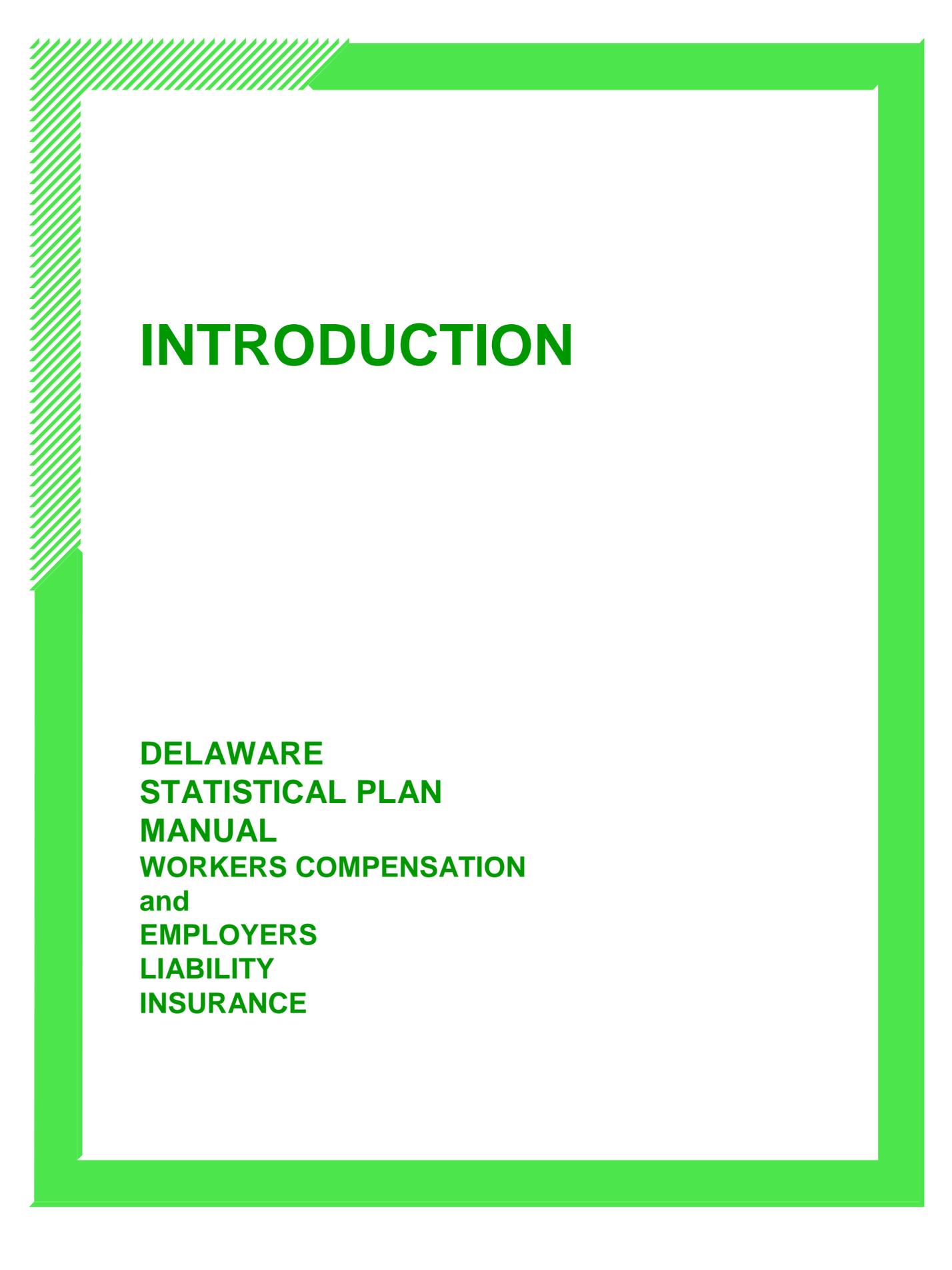
SECTION VII. GLOSSARY OF TERMS

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
STATISTICAL PLAN
MANUAL
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 Bureau."

SECTION I

GENERAL RULES/DEFINITIONS

**DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
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., The Widener Building, 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577.**

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 a notice of overdue unit reports, to be mailed to the company by the Bureau at the end of the month when units are finally 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 Bureau, 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 Bureau 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 Bureau 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. Aircraft Operation Losses

Losses incurred in connection with employees of the risk, other than members of the flying crew, shall not be reported by classification but shall be assigned to Statistical **Code 9108**, provided such losses arise out of the operation of aircraft subject to a passenger seat surcharge.

7. 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)

8. 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 an 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.

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.

(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 Bureau 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.

9. 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.

10. 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 Bureau reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item L.8. 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 Bureau, 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, U.S. Longshore 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 Bureau within 12 months after submitting the original report shall be revised by submitting a correction report. Where the original report was submitted on Form NC-302, the correction shall consist of two NC-302 forms carrying the necessary identifying information including the Manual classification. One form shall show only the amounts previously reported incorrectly as negative amounts, and the second form shall show the corresponding revised amounts as positive values. In cases where experience has been assigned to an incorrect Manual classification, the correction shall show the original code number with all amounts designated as negative items and the corresponding revised code number with the same amounts designated as positive values.

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.

4. Option C. Magnetic Tape Reporting

Data for three-year fixed rate policies may be submitted on magnetic tape. For further information, contact the Bureau.

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 re-training, 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.* 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 Non "F."* 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 Coal Mine Health and Safety Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act.
- d. *Federal Coal Mine Health and Safety Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Coal Mine Health and Safety 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 Coverage

- 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.
- d. *Liability Over.* Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.

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) Expenses 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.

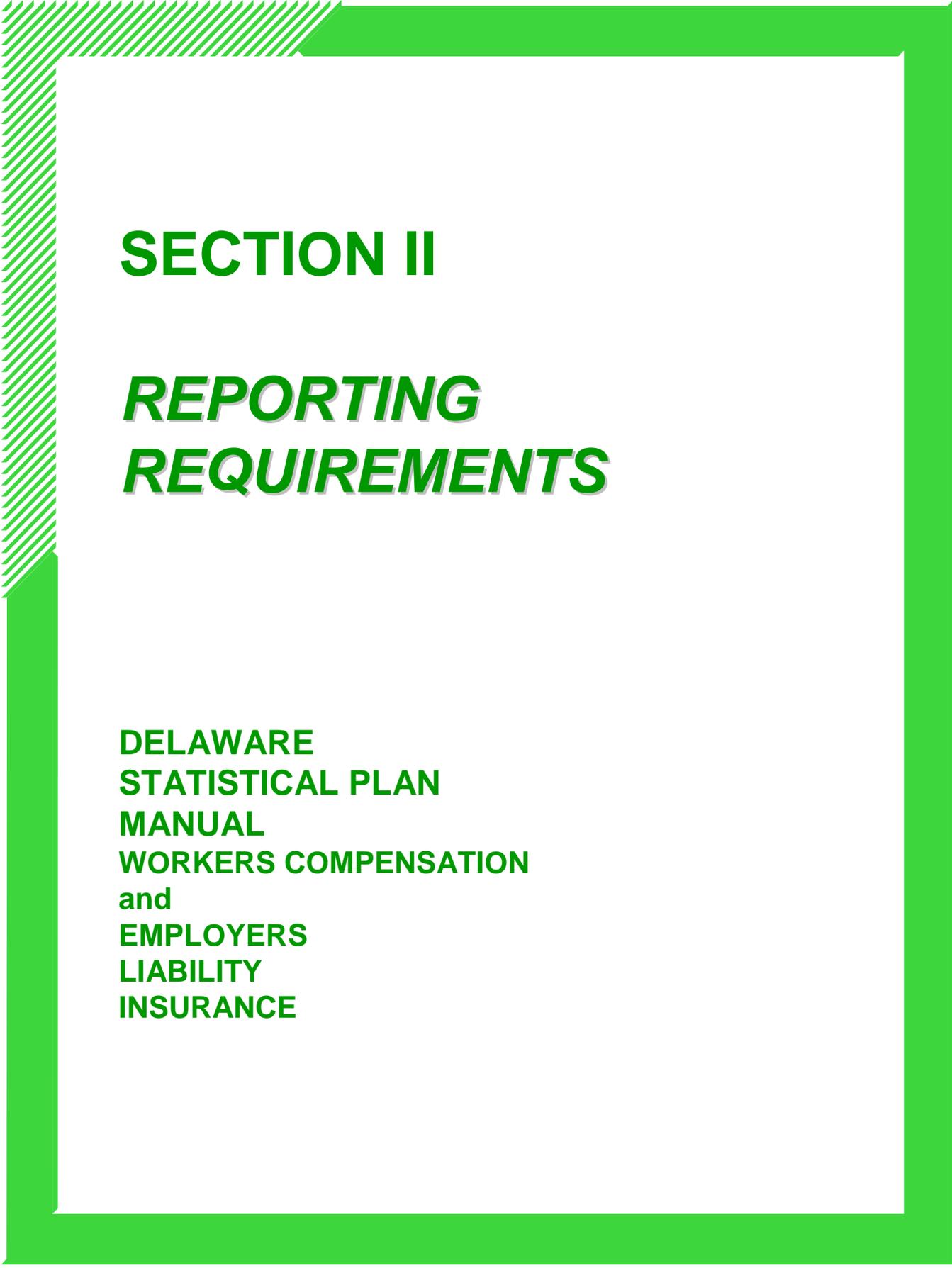
- f. *Physical Rehabilitation Expenses.* Expenses incurred by the carrier due to the purchase of physical rehabilitation services from outside vendors shall be reported as incurred medical loss.

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 on magnetic tape in lieu of the above hard copy reports. For further information regarding magnetic tape reporting, please contact the Bureau.

| 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 Bureau and the Policy Condition Field "Estimated Exposures" shall be marked with the symbol "Y".

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 Bureau 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 Bureau.

k. *Page Number.* The Page Number is not required by the Bureau.

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 Bureau.

n. *Federal Employer ID Number.* Report the Federal Employer Identification Number as shown on the policy information page.

o. *Modification Effective Date.* Report the Modification Effective Date only when different from the policy effective date. If the modification changes in accordance with Experience Rating Plan rules, report the effective date of the modification, which applies, to the reported exposure(s). If the anniversary rating date is different from the policy effective date, then the modification effective date equals the anniversary rating date.

p. *Rate Effective Date.* Report the Rate Effective Date only when the Modification Effective Date is different from the policy effective date. If the rating value changes in accordance with manual rules, or due to the application of an anniversary rating date, report the effective date, which applies to the reported class code(s) and Exposure(s). The rate effective date should reflect the effective date of the rating value being applied.

7. Policy Conditions

Report the 1-position code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicator, 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

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

Report the 4-digit code that identifies the type of deductible being reported.

First Two Positions

Code Description

- 00 No Deductible
- 01 Medical Losses Only
- 02 Indemnity Losses Only
- 03 Medical & Indemnity Losses

Second Two Positions

Code Description

- 00 No Deductible
- 01 Per Claim
- 02 Per Accident
- 03 Per Policy
- 04 Percent of Claim Cost
- 05 Percent of Premium
- 06 Coinsurance Only
- 07 Benefits Coinsurance
- 08 Per Accident Coinsurance
- 09 Per Policy & Accident
- 10 Per Claim and Policy Aggregate
- 11 Coinsurance Percent With Claim and Policy Aggregate Limits
- 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 or Federal Act, excl. USL&HW |
| 02 | USL&HW "F" or non "F" Coverage |
| 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 Bureau 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. 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 Exposures 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.
- b. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
- c. 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.
- d. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 6

Section II

REPORTING REQUIREMENTS

- e. 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 Bureau Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the Bureau Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **0066, 0133, 9985, 0176, 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 on one of the lines captioned "D," "E" or "F."
- f. 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 Bureau 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 |
|-------|---|------|
| 4773 | Manufacturing of high explosives | 0773 |
| 4774 | Manufacturing of high explosives | 0774 |
| 4775 | Handling of explosives or mixing of fulminate | 0775 |
| 4776 | Handling of explosives or mixing of fulminate | 0776 |
| 4779 | Mixing and/or loading of charges | 0779 |
| 7323 | Stevedoring - handling of ammunition | 0763 |
| 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 |

5. Exposure-Other Than Payroll

For a number of classifications the Manual provides bases 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.
- b. *Aircraft Operation-Passenger Seat Surcharge.* Passenger seat surcharge premiums shall be reported separately on the basis of each aircraft owned or operated by the risk during the policy period and shall be assigned to **Code 9108**. The number of seats shall be reported as 1.0 per seat. The exposure and premium shall be entered on lines "D," "E" or "F."

Note: Premium for the Terrorism Risk Insurance Act of 2002 – Certified Losses 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 Bureau rules provide for additional premium charges for various special conditions or additional coverage, such as Aircraft Seat Surcharge, 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, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816** to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits and percentages.

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

The Bureau 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 Bureau 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) Aircraft Operation - Passenger Seat Surcharge - **Code 9108** - Refer to Item B.5.b. of this Section.
 - (2) 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.)
 - (3) 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**.
 - (4) 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**.
 - (5) 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
 - (6) 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**.
 - (7) 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 been 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 Risk Insurance Act of 2002 – Certified Losses - **Code 9740**
Premium debit earned under the Terrorism Risk Insurance Act of 2002 – Certified Losses is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable, but prior to employer assessment. 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 the Terrorism Risk Insurance Act of 2002- Certified Losses is not included in Total Standard Premium. Non-payroll exposures are not subject to premium under the Terrorism Risk Insurance Act of 2002 – Certified Losses.
- 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.
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 Bureau.
 - (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 Bureau 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 Bureau 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.
- b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.
- c. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification.

The number of claims within each group shall be entered in the column captioned Accident Date/Number of Claims. In counting the number of claims, claims closed without payment shall be omitted. If one or more claims within the group are open, such a group shall be considered open and revised experience shall be reported in accordance with the rules of this Plan. If the grouping option is elected, claims must be grouped separately according to loss conditions codes as designated in Section IV, Item C.3.

NOTE: If claims otherwise eligible for the claim grouping option contained Catastrophe Code No. 48, these claims must be grouped separately with "48" reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No. 48.

3. Accident Date/Number of Claims

For claims, which are listed individually, entering of the accident date by reporting the month, day and year on which the injury occurred is required. Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is not reported for individually listed claims.

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 Bureau. 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 the Surviving Spouse's Pension Table, Table I, 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 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 shall be used. (Refer to Section V for the Tables.)

- (2) U.S.L. & H.W. Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under U.S.L. & H.W. Coverage, Table U.S.L.-I shall be used. In valuing, the portion of reserves in death cases under U.S.L. & H.W. Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table U.S.L.-II shall be used. In valuing the portion of reserves certain death cases under U.S.L. & H.W. Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL-III 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, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V. (For examples, see Section VI.)

- (2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV 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 306(b) or 306(c) 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 Conditions

Report the 2-digit code for each loss condition.

| Act | |
|-------------|------------------------------------|
| Code | Description |
| 01 | State or Federal Act, excl. USL&HW |
| 02 | USL&HW "F" or non "F" Coverage |

| 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 | Injury |

Type of Coverage

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.

EXCEPTION: Report Catastrophe Code No. 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.

Note: Catastrophe Code No. 48 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. Social Security Number (Optional)

Report the claimant's social security number on individually reported claims.

14. 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.)

15. Occupation Description

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

16. 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 |

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. 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.

23. 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. Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.

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

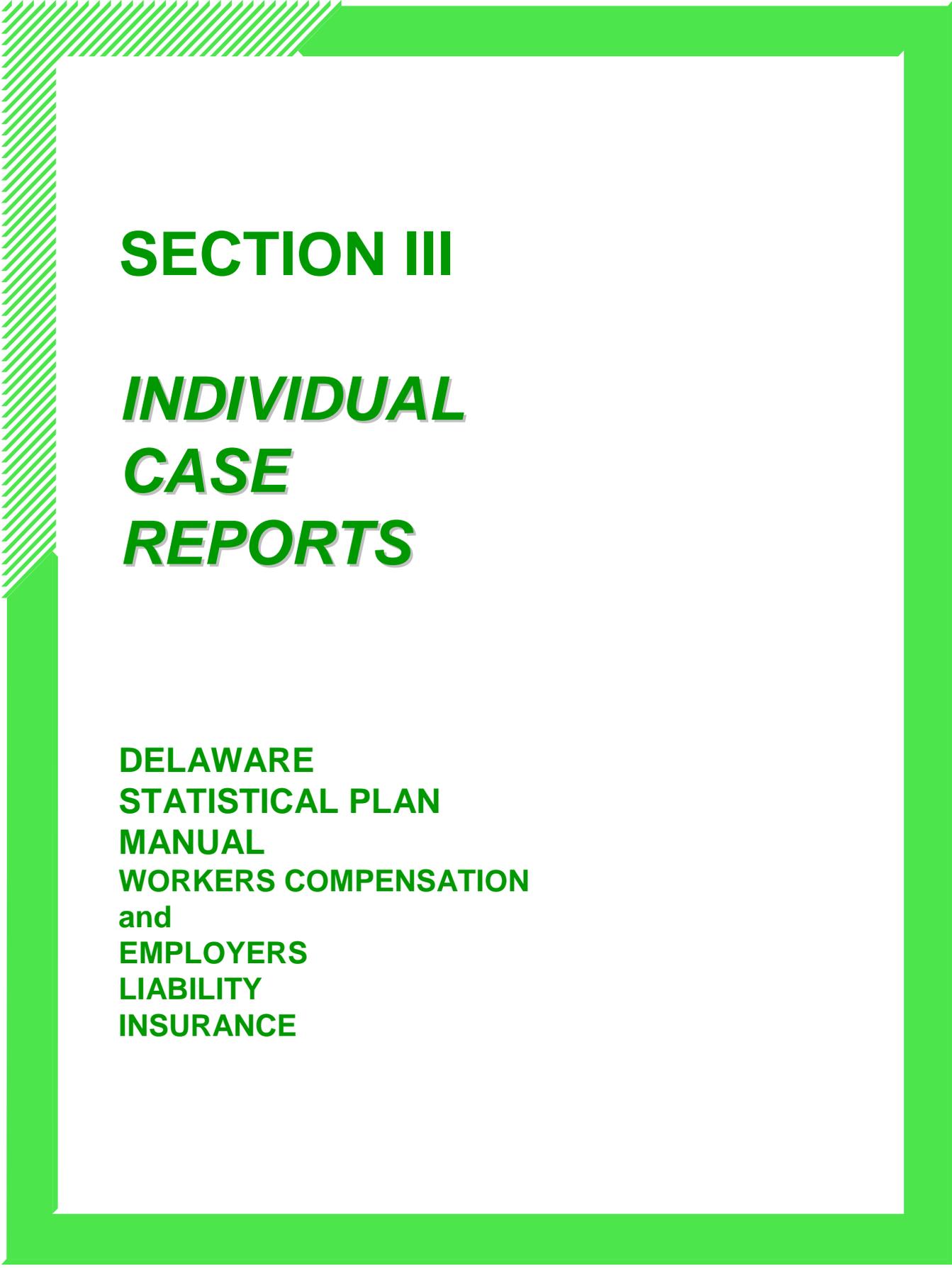
Report the arithmetic total of the incurred employer's attorney fees reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.

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. Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting. (For examples, see Section VI.)

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 Bureau 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.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 2

Section III

INDIVIDUAL CASE REPORTS

- 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 coded as MM/DD/YY.
- l. *Claim Number.* Report the claim number as shown on the corresponding unit report for the particular claim.
- m. *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 Conditions.* This field is not required since the information is on the Unit Statistical Report. However, if reported, this entry should be identical with the entry 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 in this space coded as MM/DD/YY.
- t. *Date of Death.* (Death Claims Only) Enter the date of death coded as MM/DD/YY.
- u. *Date Reported.* Enter the date at which the application for benefits was filed coded as MM/DD/YY.
- v. *Date of Birth.* Enter the injured worker's date of birth coded as MM/DD/YY.
- 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. *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.
- aa. *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the 6-digit code from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

- bb. *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.
- cc. *Date Closed.* Enter the date the claim was closed, if applicable, coded MM/YY.
- dd. *Reserve Type Code.* Report the type of reserve on which this claim is based. Refer to Section IV, Item D.8.
- ee. *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.
- ff. *Fraud.* Report the code that indicates whether the claim was declared fraudulent. Refer to Section IV, Item D.10.
- gg. *Social Security Number.* This field is not required by Delaware. However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.
- hh. *Date Single Sum Paid.* Enter the date single sum settlement was paid coded MM/DD/YY.
- ii. *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.
- jj. *Year Last Exposed.* Report the year in which the claimant was last exposed to disease to determine benefit.
- kk. *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. In Delaware, the percentage MUST be 100.
 - (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 loss condition 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 of when the beneficiary was born coded as MM DD YY.
- 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.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

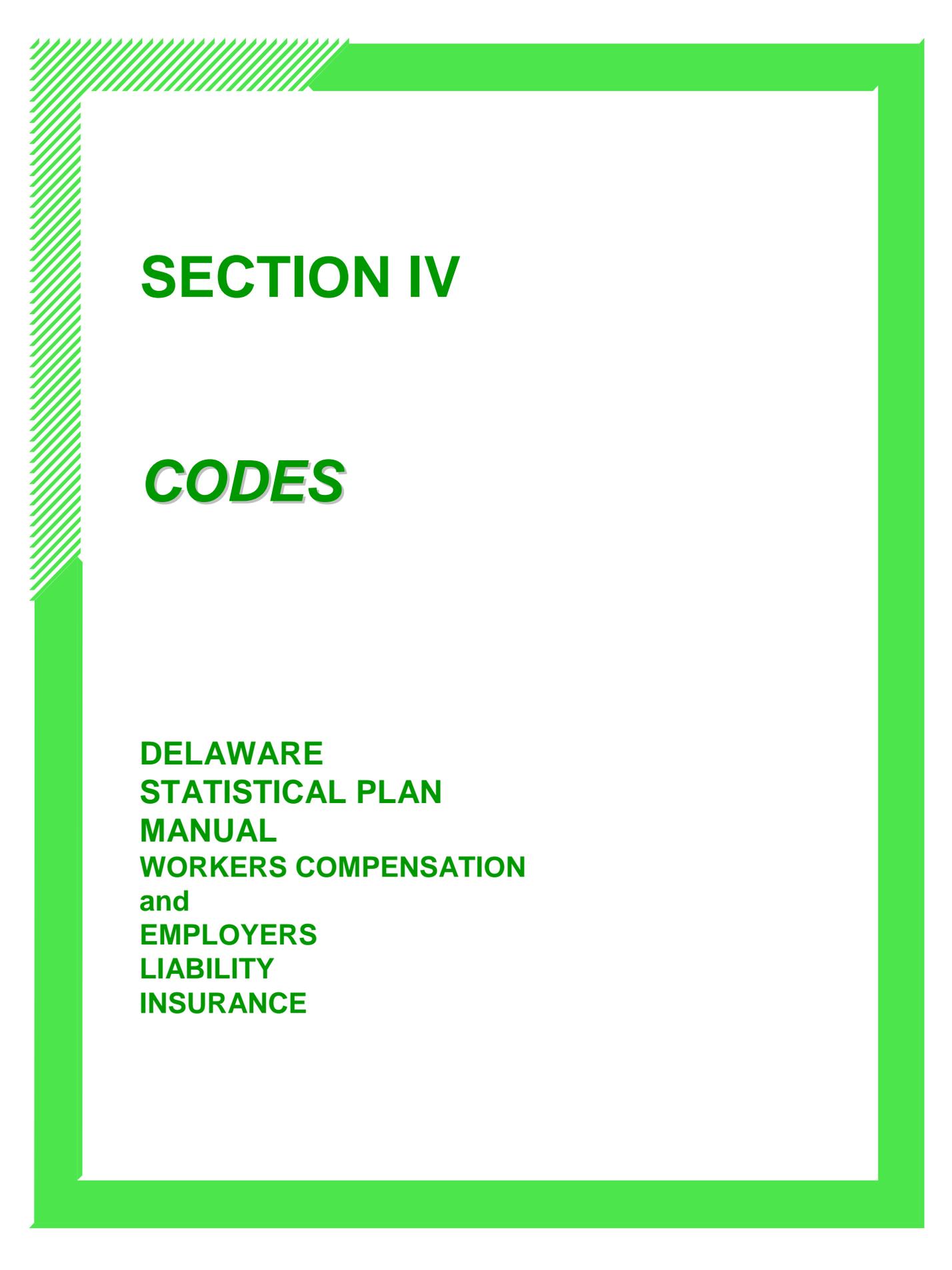
Page 5

Section III

INDIVIDUAL CASE REPORTS

- 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).
- t. *Vocational Rehabilitation Indemnity Incurred.* This field is not required in Delaware. Enter the temporary disability indemnity incurred as a maintenance benefit subsequent to the date the claimant's medical condition is permanent and stationary. This does not include the amount of the advance from permanent disability that may be elected to supplement the maintenance allowance benefit up to the regular temporary disability weekly benefit.
- u. *Vocational Rehabilitation Training Incurred.* This field is not required in Delaware. Enter direct training costs, including, but not limited to, tuition, books, tools, transportation and additional living expense.
- v. *Vocational Rehabilitation Evaluation Incurred.* This field is not required in Delaware. Enter the expense of evaluation, testing and counseling (provided by either the carrier's own personnel or outside vendors), including those expenses associated with a claimant for which no training or educational program was conducted.



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 |
| 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

Identifies the type of deductible being reported.

First Two Positions

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

Second Two Positions

| Code | Description |
|-------------|--|
| 00 | No Deductible |
| 01 | Per Claim |
| 02 | Per Accident |
| 03 | Per Policy |
| 04 | Percent of Claim Cost |
| 05 | Percent of Premium |
| 06 | Coinsurance Only |
| 07 | Benefits Coinsurance |
| 08 | Per Accident Coinsurance |
| 09 | Per Policy & Accident |
| 10 | Per Claim and Policy Aggregate |
| 11 | Coinsurance Percent With Claim and Policy Aggregate Limits |
| 12 | Variable |

6. Policy Conditions

Report the 1-position code "Y" or "N" for each policy conditions.

- 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 Exposure Indicator
"Y" = Exposures expressed on unit report are estimated.
"N" = Exposures expressed on unit report are result of the 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 Code

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 or Federal Act, excl. USL&HW |
| 02 | USL&HW "F" or non "F" Coverage |
| 10 | Voluntary Coverage Not Mandatory by State Act |

3. Premium Codes

- a. Premium Subject to Experience Modification (Reported Above Line "A")
 - (1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/88

| Limits of Liability (000's omitted) | Percentage | Codes |
|--|------------|-------|
| 100/100/1,000 | .70% | 9803 |
| 100/100/2,500 | 1.20% | 9804 |
| 100/100/5,000 | 1.70% | 9805 |
| 100/100/10,000 | 2.40% | 9806 |
| 500/500/500 | 1.90% | 9807 |
| 500/500/1,000 | 2.20% | 9808 |
| 500/500/2,500 | 2.70% | 9809 |
| 500/500/5,000 | 3.20% | 9810 |
| 500/500/10,000 | 3.90% | 9811 |
| 1,000/1,000/1,000 | 3.30% | 9812 |
| 1,000/1,000/2,500 | 3.80% | 9813 |
| 1,000/1,000/5,000 | 4.40% | 9814 |
| 1,000/1,000/10,000 | 5.00% | 9815 |
| Over 1,000/1,000/10,000 | a | 9816 |

Note: The Increased Limits factors applied to **non-ratable classification** exposures should be reported as not subject to the experience modification on line "D", "E" or "F".

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective: July 1, 2004

Page 4

Section IV

CODES

- (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 (Reported on lines "D", "E" or "F")
 - (1) Loss Constant **Code 0032**
 - (2) Seat Surcharge **Code 9108**
 - (3) Short Rate Penalty Premium **Code 0931**
 - (4) Risk Minimum Premium **Code 0990**
 - (5) Optional Supplemental Loadings
 - For Class 447 **Code 0066**
 - For Class 445 **Code 0067**
 - For Class 513 **Code 0176**
 - For Carcinogen Experience **Code 0133**
 - For Radiation Experience **Code 9985**
 - (6) Mandatory Supplemental Loadings
 - For Class 615 **Code 0152**
 - For Class 615 **Code 0164**
 - For Class 810 **Code 0162**
 - For Class 4773 **Code 0773**
 - For Class 4774 **Code 0774**
 - For Class 4775 **Code 0775**
 - For Class 4776 **Code 0776**
 - For Class 4779 **Code 0779**
 - For Class 7323 **Code 0763**
 - For Class 7405 **Code 7445**
 - For Class 7413 **Code 7453**
 - (7) Delaware Construction Credit Premium Adjustment Program (DCCPAP) **Code 9046**
 - (8) Certified Safety Committee Credit Program (DWSP) **Code 9880**
 - (9) Assigned Risk Surcharge **Code 0277**
 - (10) Deductible Applied to Manual Premium After Experience Modification **Code 9663**
 - Deductible
 - (11) Merit Rating Plan Adjustment Neutral **Code 9884**
 - (12) Merit Rating Plan Adjustment - 5% Credit Adjustment **Code 9885**
 - (13) Merit Rating Plan Adjustment - 5% Debit Adjustment **Code 9886**
 - (14) Schedule Rating Plan Credit **Code 9887**
 - (15) 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 Risk Insurance Act of 2002 – Certified Losses **Code 9740**

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.

Act

| Code | Description |
|-------------|------------------------------------|
| 01 | State or Federal Act, excl. USL&HW |
| 02 | USL&HW "F" or non "F" Coverage |

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 Coverage

| 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. **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. **Report Type**

| Code | Description |
|-------------|---|
| 1 | Claim involving Life Pension Benefits |
| 2 | Claim not involving Life Pension Benefits |

4. **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.

5. Status

| Code | Description |
|-------------|--------------------|
| 0 | Open Claim |
| 1 | Closed Claim |

6. Surgery Code

| Code | Description |
|-------------|--------------------|
| 1 | Surgery |
| 2 | No Surgery |

7. Attorney Code

| Code | Description |
|-------------|----------------------|
| 2 | Attorney involved |
| 3 | No Attorney involved |

8. Reserved 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 |

9. Lump Sum Indicator

| Indicator | Description |
|------------------|---------------------|
| Y | Lump Sum |
| N | Other than Lump Sum |

10. Fraudulent Claim Code

| Code | Description |
|-------------|----------------------|
| 00 | Not Fraudulent |
| 01 | Partially Fraudulent |
| 02 | Fully Fraudulent |

11. 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 |

12. Beneficiary

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

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. |

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 Subluxtion, MD Dislocation |
| 19. Electric Shock | Electrocution |
| 22. Enuclation | 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 |

Injury Description Coding
Nature of Injury

| Code | Narrative Description |
|---|---|
| 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 |
| 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 |

Injury Description Coding

Nature of Injury

| Code | Narrative Description |
|--|---|
| 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 |
| 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. |

Injury Description Coding

Nature of Injury

| Code | Narrative Description |
|---|---|
| 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 |
| 79. Hepatitis C | |
| 80. All Other Cumulative Injury, NOC | |
| | |
| 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 | |
| 02. Hot Objects or Substances | |
| 03. Temperature Extremes | |
| 04. Fire or Flame | |
| 05. Steam or Hot Fluids | |
| 06. Dust, Gases, Fumes or Vapors | |
| 07. Welding Operation | |
| 08. Radiation | |
| 09. Contact With, NOC. | |
| 11. Cold Objects or Substances | |
| 14. Abnormal Air Pressure | |
| 84. Electrical Current | |
| | |
| II. Caught In, Under or Between | |
| 10. Machine or Machinery | |
| 12. Object Handled | |
| 13. Caught In, Under or Between, NOC. | |
| 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 | |
| 17. Object Being Lifted or Handled | |
| 18. Powered Hand Tool, Appliance | |
| 19. Caught, Puncture, Scrape, NOC. | |

**Injury Description Coding
Cause of Injury**

| Code | Narrative Description |
|---|---|
| IV. Fall, Slip or Trip Injury | |
| 25. From Different Level (Elevation) | Off Wall, Catwalk, Bridge, Etc. |
| 26. From Ladder or Scaffolding | |
| 27. From Liquid or Grease Spills | |
| 28. Into Openings | Shafts, Excavations, Floor Openings, Etc. |
| 29. On Same Level | |
| 30. Slipped, Do Not Fall | |
| 31. Fall, Slip or Trip, NOC. | |
| 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 | Both Vehicles in Motion |
| 46. Collision with a Fixed Object | Standing Vehicle or Stationary Object |
| 47. Crash of Airplane | |
| 48. Vehicle Upset | Overtuned or Jackknifed |
| 50. Motor Vehicle, NOC. | |
| | |
| VI. Strain or Injury By | |
| 52. Continual Noise | |
| 53. Twisting | |
| 54. Jumping | |
| 55. Holding or Carrying | |

Injury Description Coding

Cause of Injury

| Code | Narrative Description |
|---|--|
| 56. Lifting | |
| 57. Pushing or Pulling | |
| 58. Reaching | |
| 59. Using Tool or Machinery | |
| 60. Strain or Injury By, NOC. | |
| 61. Welding or Throwing | |
| 97. Repetitive Motion | Carpel Tunnel Syndrome |
| | |
| VII. Striking Against or Stepping On | |
| 65. Moving Part of Machine | |
| 66. Object Being Lifted or Handled | |
| 67. Sanding, Scraping, Cleaning Operation | |
| 68. Stationary Object | |
| 69. Stepping on Sharp Object | |
| 70. Striking Against or Stepping On, NOC. | |
| | |
| VIII. Struck or Injured By | Includes Kicked, Stabbed, Bit, Etc. |
| 74. Fellow Worker; Patient | Not in Act of a Crime |
| 75. Falling or Flying Object | |
| 76. Hand Tool or Machine in Use | |
| 77. Motor Vehicle | |
| 78. Moving Parts of Machine | |
| 79. Object Being Lifted or Handled | |
| 80. Object Handled By Others | |
| 81. Struck or Injured, NOC. | Includes Kicked, Stabbed, Bit, Etc. |
| 85. Animal or Insect | |
| 86. Explosion or Flare Back | |
| 88. Natural Disaster | |
| 91. Mold | |
| 96. Terrorism | |

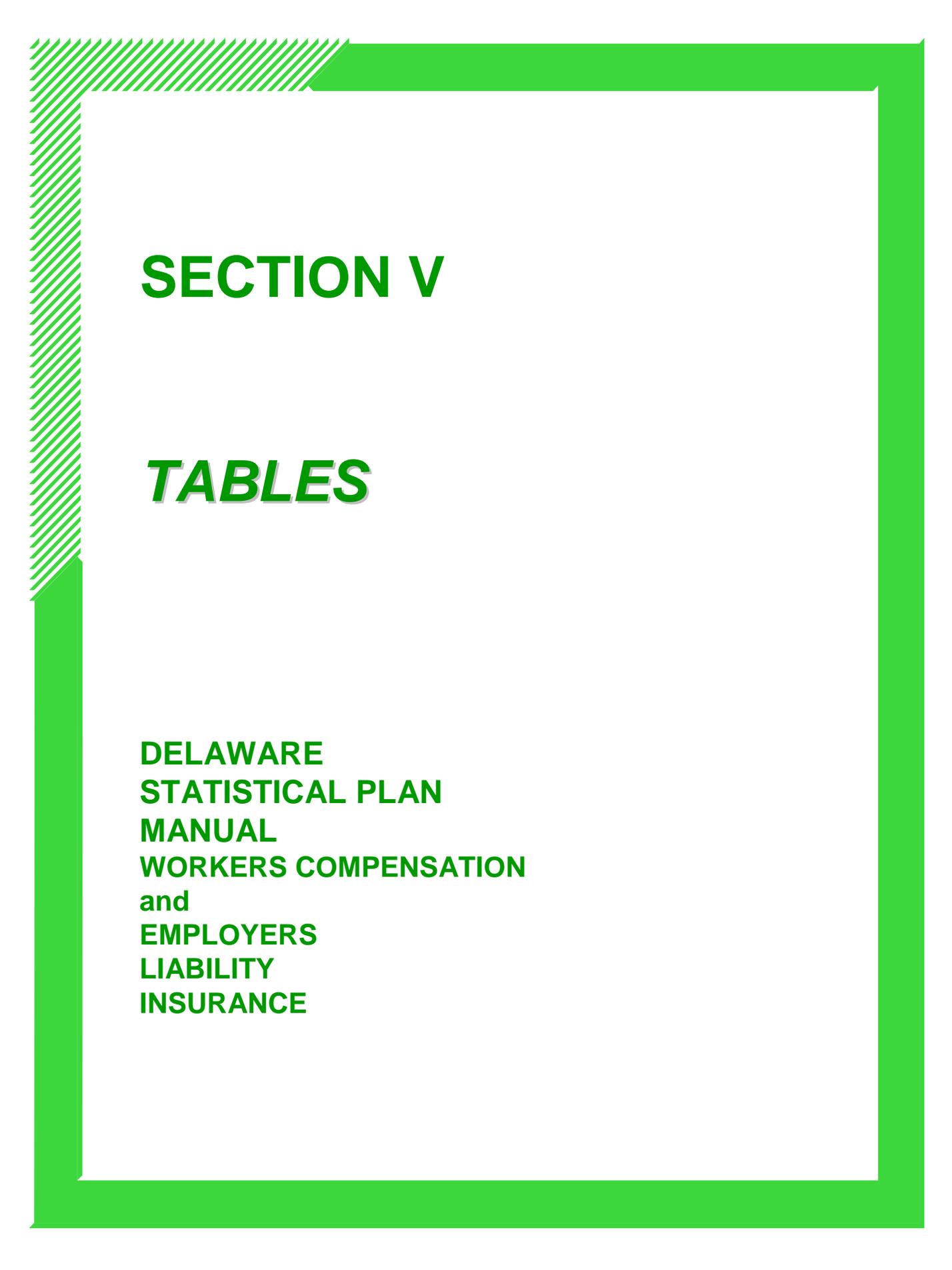
Injury Description Coding

Cause of Injury

| Code | Narrative Description |
|--|-----------------------------|
| IX. Rubbed or Abraded By | |
| 94. Repetitive Motion | Callous, Blister, Etc. |
| 95. Rubbed or Abraded, NOC. | |
| | |
| X. Miscellaneous Causes | |
| 82. Absorption, Ingestion or Inhalation, NOC | |
| 87. Foreign Matter (Body) in Eye(s) | |
| 89. Person in Act of a Crime | Robbery or Criminal Assault |
| 90. Other Than Physical Cause of Injury | |
| 98. Cumulative, NOC | All Other |
| 99. Other - Miscellaneous, NOC | |

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**

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Section V

Page 1

Tables

**TABLE I-A
Surviving Spouse Pension Table***

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 16 | 11.510 | 11.837 | 13.022 | 13.691 | 14.240 | 14.742 | 21 |
| 17 | 11.579 | 11.915 | 13.115 | 13.796 | 14.358 | 14.873 | 22 |
| 18 | 11.654 | 12.000 | 13.216 | 13.911 | 14.486 | 15.015 | 23 |
| 19 | 11.735 | 12.091 | 13.324 | 14.034 | 14.624 | 15.168 | 24 |
| 20 | 11.823 | 12.189 | 13.442 | 14.167 | 14.772 | 15.334 | 25 |
| 21 | 12.012 | 12.365 | 13.611 | 14.330 | 14.941 | 15.512 | 26 |
| 22 | 12.224 | 12.551 | 13.781 | 14.489 | 15.108 | 15.691 | 27 |
| 23 | 12.453 | 12.746 | 13.952 | 14.643 | 15.269 | 15.866 | 28 |
| 24 | 12.688 | 12.955 | 14.140 | 14.825 | 15.446 | 16.036 | 29 |
| 25 | 12.924 | 13.166 | 14.328 | 15.015 | 15.626 | 16.204 | 30 |
| 26 | 13.157 | 13.371 | 14.507 | 15.199 | 15.804 | 16.374 | 31 |
| 27 | 13.387 | 13.568 | 14.675 | 15.370 | 15.977 | 16.548 | 32 |
| 28 | 13.616 | 13.758 | 14.835 | 15.532 | 16.149 | 16.729 | 33 |
| 29 | 13.851 | 13.952 | 14.997 | 15.694 | 16.324 | 16.920 | 34 |
| 30 | 14.101 | 14.162 | 15.177 | 15.872 | 16.512 | 17.120 | 35 |
| 31 | 14.376 | 14.404 | 15.393 | 16.086 | 16.722 | 17.326 | 36 |
| 32 | 14.685 | 14.692 | 15.660 | 16.353 | 16.961 | 17.534 | 37 |
| 33 | 15.049 | 15.052 | 15.982 | 16.677 | 17.226 | 17.735 | 38 |
| 34 | 15.450 | 15.461 | 16.347 | 17.041 | 17.505 | 17.920 | 39 |
| 35 | 15.863 | 15.888 | 16.721 | 17.408 | 17.771 | 18.079 | 40 |
| 36 | 16.255 | 16.286 | 17.059 | 17.725 | 17.993 | 18.204 | 41 |
| 37 | 16.602 | 16.623 | 17.327 | 17.952 | 18.150 | 18.291 | 42 |
| 38 | 16.879 | 16.867 | 17.495 | 18.060 | 18.215 | 18.338 | 43 |
| 39 | 17.107 | 17.046 | 17.593 | 18.083 | 18.221 | 18.344 | 44 |
| 40 | 17.291 | 17.174 | 17.640 | 18.047 | 18.186 | 18.309 | 45 |
| 41 | 17.442 | 17.272 | 17.655 | 17.979 | 18.115 | 18.234 | 46 |
| 42 | 17.556 | 17.356 | 17.655 | 17.904 | 18.021 | 18.121 | 47 |
| 43 | 17.646 | 17.440 | 17.657 | 17.841 | 17.920 | 17.972 | 48 |
| 44 | 17.721 | 17.516 | 17.652 | 17.781 | 17.809 | 17.791 | 49 |
| 45 | 17.776 | 17.570 | 17.629 | 17.708 | 17.679 | 17.583 | 50 |
| 46 | 17.790 | 17.580 | 17.570 | 17.602 | 17.518 | 17.350 | 51 |
| 47 | 17.751 | 17.534 | 17.464 | 17.449 | 17.319 | 17.097 | 52 |
| 48 | 17.643 | 17.414 | 17.295 | 17.233 | 17.066 | 16.827 | 53 |
| 49 | 17.503 | 17.257 | 17.099 | 16.992 | 16.797 | 16.544 | 54 |
| 50 | 17.333 | 17.067 | 16.880 | 16.733 | 16.517 | 16.252 | 55 |
| 51 | 17.134 | 16.852 | 16.642 | 16.460 | 16.228 | 15.954 | 56 |
| 52 | 16.907 | 16.615 | 16.388 | 16.177 | 15.932 | 15.650 | 57 |
| 53 | 16.656 | 16.356 | 16.119 | 15.887 | 15.631 | 15.342 | 58 |
| 54 | 16.389 | 16.082 | 15.836 | 15.590 | 15.325 | 15.029 | 59 |
| 55 | 16.109 | 15.796 | 15.543 | 15.286 | 15.014 | 14.711 | 60 |
| 56 | 15.821 | 15.502 | 15.242 | 14.976 | 14.696 | 14.388 | 61 |
| 57 | 15.525 | 15.201 | 14.934 | 14.660 | 14.374 | 14.060 | 62 |
| 58 | 15.223 | 14.893 | 14.620 | 14.338 | 14.047 | 13.729 | 63 |
| 59 | 14.914 | 14.579 | 14.299 | 14.011 | 13.715 | 13.392 | 64 |
| 60 | 14.599 | 14.258 | 13.974 | 13.679 | 13.377 | 13.051 | 65 |

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Section V

Page 2

Tables

**TABLE I-A (Continued)
Surviving Spouse Pension Table***

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 61 | 14.279 | 13.934 | 13.645 | 13.344 | 13.035 | 12.704 | 66 |
| 62 | 13.956 | 13.607 | 13.312 | 13.004 | 12.688 | 12.351 | 67 |
| 63 | 13.634 | 13.279 | 12.977 | 12.661 | 12.336 | 11.992 | 68 |
| 64 | 13.310 | 12.948 | 12.637 | 12.312 | 11.978 | 11.628 | 69 |
| 65 | 12.980 | 12.611 | 12.290 | 11.958 | 11.616 | 11.259 | 70 |
| 66 | 12.638 | 12.264 | 11.937 | 11.598 | 11.248 | 10.884 | 71 |
| 67 | 12.294 | 11.916 | 11.578 | 11.231 | 10.873 | 10.502 | 72 |
| 68 | 11.939 | 11.559 | 11.213 | 10.859 | 10.492 | 10.116 | 73 |
| 69 | 11.579 | 11.197 | 10.842 | 10.480 | 10.107 | 9.727 | 74 |
| 70 | 11.214 | 10.829 | 10.466 | 10.097 | 9.720 | 9.338 | 75 |
| 71 | 10.844 | 10.456 | 10.086 | 9.712 | 9.332 | 8.949 | 76 |
| 72 | 10.467 | 10.077 | 9.703 | 9.326 | 8.944 | 8.559 | 77 |
| 73 | 10.086 | 9.696 | 9.319 | 8.939 | 8.555 | 8.170 | 78 |
| 74 | 9.702 | 9.312 | 8.933 | 8.551 | 8.167 | 7.783 | 79 |
| 75 | 9.316 | 8.927 | 8.546 | 8.163 | 7.780 | 7.401 | 80 |
| 76 | 8.930 | 8.540 | 8.159 | 7.778 | 7.399 | 7.026 | 81 |
| 77 | 8.543 | 8.153 | 7.773 | 7.397 | 7.025 | 6.659 | 82 |
| 78 | 8.156 | 7.769 | 7.393 | 7.022 | 6.658 | 6.303 | 83 |
| 79 | 7.771 | 7.389 | 7.019 | 6.656 | 6.303 | 5.963 | 84 |
| 80 | 7.391 | 7.016 | 6.654 | 6.301 | 5.962 | 5.639 | 85 |
| 81 | 7.019 | 6.652 | 6.299 | 5.961 | 5.639 | 5.330 | 86 |
| 82 | 6.654 | 6.299 | 5.960 | 5.638 | 5.330 | 5.036 | 87 |
| 83 | 6.301 | 5.960 | 5.638 | 5.330 | 5.035 | 4.756 | 88 |
| 84 | 5.961 | 5.638 | 5.330 | 5.035 | 4.755 | 4.489 | 89 |
| 85 | 5.638 | 5.329 | 5.035 | 4.755 | 4.489 | 4.238 | 90 |
| 86 | 5.329 | 5.035 | 4.755 | 4.489 | 4.238 | 4.000 | 91 |
| 87 | 5.035 | 4.755 | 4.489 | 4.238 | 4.000 | 3.775 | 92 |
| 88 | 4.755 | 4.489 | 4.237 | 4.000 | 3.775 | 3.564 | 93 |
| 89 | 4.489 | 4.237 | 3.999 | 3.775 | 3.563 | 3.364 | 94 |
| 90 | 4.237 | 3.999 | 3.775 | 3.563 | 3.364 | 3.176 | 95 |
| 91 | 3.999 | 3.775 | 3.563 | 3.364 | 3.176 | 2.998 | 96 |
| 92 | 3.775 | 3.563 | 3.364 | 3.176 | 2.998 | 2.828 | 97 |
| 93 | 3.563 | 3.364 | 3.175 | 2.997 | 2.828 | 2.665 | 98 |
| 94 | 3.364 | 3.175 | 2.997 | 2.828 | 2.665 | 2.506 | 99 |
| 95 | 3.175 | 2.997 | 2.828 | 2.665 | 2.506 | 2.345 | 100 |
| 96 | 2.997 | 2.828 | 2.665 | 2.506 | 2.345 | 2.215 | 101 |
| 97 | 2.828 | 2.665 | 2.505 | 2.345 | 2.214 | 2.088 | 102 |
| 98 | 2.665 | 2.505 | 2.345 | 2.214 | 2.088 | 1.962 | 103 |
| 99 | 2.505 | 2.345 | 2.214 | 2.088 | 1.962 | 1.840 | 104 |
| 100 | 2.345 | 2.214 | 2.088 | 1.962 | 1.840 | 1.719 | 105 |
| 101 | 2.213 | 2.086 | 1.960 | 1.837 | 1.715 | 1.584 | 106 |
| 102 | 2.086 | 1.960 | 1.837 | 1.715 | 1.584 | 1.433 | 107 |
| 103 | 1.960 | 1.837 | 1.715 | 1.584 | 1.433 | 1.250 | 108 |
| 104 | 1.837 | 1.715 | 1.584 | 1.433 | 1.250 | 0.955 | 109 |
| 105 | 1.715 | 1.584 | 1.433 | 1.250 | 0.955 | 0.500 | 110 |

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Section V

Page 3

Tables

**TABLE I-A (Continued)
Surviving Spouse Pension Table***

| 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 | 1.584 | 1.433 | 1.250 | 0.955 | 0.500 | | 111 |
| 107 | 1.433 | 1.250 | 0.955 | 0.500 | | | 112 |
| 108 | 1.250 | 0.955 | 0.500 | | | | 113 |
| 109 | 0.955 | 0.500 | | | | | 114 |
| 110 | 0.500 | | | | | | 115 |

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Section V

Page 4

Tables

**TABLE II-A
Present Value of Remarriage Dowry***

| 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 | 0.5698 | 0.5548 | 0.5072 | 0.4787 | 0.4544 | 0.4315 | 21 |
| 17 | 0.5650 | 0.5495 | 0.5009 | 0.4715 | 0.4464 | 0.4226 | 22 |
| 18 | 0.5599 | 0.5437 | 0.4940 | 0.4638 | 0.4377 | 0.4130 | 23 |
| 19 | 0.5543 | 0.5375 | 0.4866 | 0.4554 | 0.4284 | 0.4027 | 24 |
| 20 | 0.5484 | 0.5309 | 0.4787 | 0.4464 | 0.4183 | 0.3915 | 25 |
| 21 | 0.5383 | 0.5209 | 0.4684 | 0.4359 | 0.4071 | 0.3794 | 26 |
| 22 | 0.5270 | 0.5103 | 0.4578 | 0.4253 | 0.3957 | 0.3671 | 27 |
| 23 | 0.5148 | 0.4991 | 0.4469 | 0.4145 | 0.3841 | 0.3544 | 28 |
| 24 | 0.5020 | 0.4870 | 0.4350 | 0.4022 | 0.3716 | 0.3416 | 29 |
| 25 | 0.4888 | 0.4744 | 0.4227 | 0.3893 | 0.3585 | 0.3284 | 30 |
| 26 | 0.4755 | 0.4618 | 0.4103 | 0.3762 | 0.3451 | 0.3147 | 31 |
| 27 | 0.4619 | 0.4491 | 0.3981 | 0.3633 | 0.3314 | 0.3004 | 32 |
| 28 | 0.4479 | 0.4364 | 0.3858 | 0.3503 | 0.3174 | 0.2854 | 33 |
| 29 | 0.4333 | 0.4231 | 0.3731 | 0.3369 | 0.3028 | 0.2695 | 34 |
| 30 | 0.4177 | 0.4087 | 0.3592 | 0.3224 | 0.2872 | 0.2527 | 35 |
| 31 | 0.4005 | 0.3925 | 0.3433 | 0.3058 | 0.2701 | 0.2351 | 36 |
| 32 | 0.3813 | 0.3738 | 0.3246 | 0.2865 | 0.2513 | 0.2169 | 37 |
| 33 | 0.3591 | 0.3514 | 0.3030 | 0.2641 | 0.2308 | 0.1986 | 38 |
| 34 | 0.3347 | 0.3262 | 0.2789 | 0.2392 | 0.2090 | 0.1803 | 39 |
| 35 | 0.3091 | 0.2995 | 0.2537 | 0.2135 | 0.1872 | 0.1627 | 40 |
| 36 | 0.2837 | 0.2734 | 0.2294 | 0.1894 | 0.1667 | 0.1462 | 41 |
| 37 | 0.2597 | 0.2495 | 0.2077 | 0.1687 | 0.1487 | 0.1308 | 42 |
| 38 | 0.2384 | 0.2292 | 0.1901 | 0.1530 | 0.1344 | 0.1168 | 43 |
| 39 | 0.2188 | 0.2114 | 0.1752 | 0.1408 | 0.1225 | 0.1043 | 44 |
| 40 | 0.2006 | 0.1954 | 0.1622 | 0.1310 | 0.1120 | 0.0932 | 45 |
| 41 | 0.1834 | 0.1803 | 0.1503 | 0.1223 | 0.1029 | 0.0836 | 46 |
| 42 | 0.1674 | 0.1652 | 0.1385 | 0.1135 | 0.0944 | 0.0754 | 47 |
| 43 | 0.1517 | 0.1495 | 0.1261 | 0.1036 | 0.0857 | 0.0685 | 48 |
| 44 | 0.1361 | 0.1335 | 0.1134 | 0.0930 | 0.0770 | 0.0628 | 49 |
| 45 | 0.1208 | 0.1178 | 0.1009 | 0.0824 | 0.0688 | 0.0582 | 50 |
| 46 | 0.1069 | 0.1037 | 0.0897 | 0.0729 | 0.0616 | 0.0543 | 51 |
| 47 | 0.0951 | 0.0918 | 0.0804 | 0.0654 | 0.0560 | 0.0512 | 52 |
| 48 | 0.0864 | 0.0832 | 0.0739 | 0.0608 | 0.0529 | 0.0485 | 53 |
| 49 | 0.0788 | 0.0761 | 0.0683 | 0.0571 | 0.0502 | 0.0461 | 54 |
| 50 | 0.0722 | 0.0702 | 0.0634 | 0.0539 | 0.0477 | 0.0439 | 55 |
| 51 | 0.0667 | 0.0652 | 0.0592 | 0.0511 | 0.0453 | 0.0417 | 56 |
| 52 | 0.0623 | 0.0609 | 0.0554 | 0.0484 | 0.0430 | 0.0395 | 57 |
| 53 | 0.0587 | 0.0574 | 0.0520 | 0.0458 | 0.0406 | 0.0371 | 58 |
| 54 | 0.0556 | 0.0543 | 0.0489 | 0.0432 | 0.0382 | 0.0347 | 59 |
| 55 | 0.0528 | 0.0515 | 0.0462 | 0.0407 | 0.0357 | 0.0323 | 60 |
| 56 | 0.0502 | 0.0489 | 0.0436 | 0.0382 | 0.0332 | 0.0297 | 61 |
| 57 | 0.0476 | 0.0463 | 0.0410 | 0.0357 | 0.0307 | 0.0272 | 62 |
| 58 | 0.0451 | 0.0438 | 0.0384 | 0.0332 | 0.0281 | 0.0246 | 63 |
| 59 | 0.0426 | 0.0413 | 0.0359 | 0.0307 | 0.0256 | 0.0220 | 64 |
| 60 | 0.0402 | 0.0388 | 0.0333 | 0.0282 | 0.0231 | 0.0194 | 65 |

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Page 5

Section V

Tables

**TABLE II-A (Continued)
Present Value of Remarriage Dowry***

| 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 | 0.0377 | 0.0363 | 0.0307 | 0.0256 | 0.0206 | 0.0169 | 66 |
| 62 | 0.0350 | 0.0336 | 0.0280 | 0.0230 | 0.0181 | 0.0145 | 67 |
| 63 | 0.0319 | 0.0306 | 0.0252 | 0.0203 | 0.0157 | 0.0122 | 68 |
| 64 | 0.0285 | 0.0275 | 0.0223 | 0.0176 | 0.0134 | 0.0101 | 69 |
| 65 | 0.0253 | 0.0244 | 0.0195 | 0.0151 | 0.0112 | 0.0084 | 70 |
| 66 | 0.0225 | 0.0218 | 0.0169 | 0.0128 | 0.0094 | 0.0069 | 71 |
| 67 | 0.0195 | 0.0188 | 0.0146 | 0.0109 | 0.0079 | 0.0057 | 72 |
| 68 | 0.0171 | 0.0164 | 0.0127 | 0.0093 | 0.0066 | 0.0048 | 73 |
| 69 | 0.0148 | 0.0142 | 0.0109 | 0.0079 | 0.0056 | 0.0040 | 74 |
| 70 | 0.0128 | 0.0122 | 0.0093 | 0.0067 | 0.0048 | 0.0034 | 75 |
| 71 | 0.0110 | 0.0104 | 0.0078 | 0.0056 | 0.0040 | 0.0028 | 76 |
| 72 | 0.0094 | 0.0088 | 0.0066 | 0.0047 | 0.0033 | 0.0023 | 77 |
| 73 | 0.0080 | 0.0075 | 0.0056 | 0.0039 | 0.0028 | 0.0019 | 78 |
| 74 | 0.0069 | 0.0064 | 0.0047 | 0.0033 | 0.0023 | 0.0015 | 79 |
| 75 | 0.0060 | 0.0055 | 0.0040 | 0.0027 | 0.0018 | 0.0012 | 80 |
| 76 | 0.0051 | 0.0047 | 0.0033 | 0.0022 | 0.0015 | 0.0010 | 81 |
| 77 | 0.0044 | 0.0041 | 0.0028 | 0.0018 | 0.0012 | 0.0008 | 82 |
| 78 | 0.0038 | 0.0035 | 0.0024 | 0.0015 | 0.0010 | 0.0007 | 83 |
| 79 | 0.0033 | 0.0030 | 0.0020 | 0.0013 | 0.0008 | 0.0005 | 84 |
| 80 | 0.0027 | 0.0025 | 0.0017 | 0.0011 | 0.0007 | 0.0005 | 85 |
| 81 | 0.0022 | 0.0020 | 0.0014 | 0.0009 | 0.0006 | 0.0004 | 86 |
| 82 | 0.0016 | 0.0015 | 0.0010 | 0.0007 | 0.0005 | 0.0003 | 87 |
| 83 | 0.0011 | 0.0010 | 0.0008 | 0.0006 | 0.0004 | 0.0003 | 88 |
| 84 | 0.0008 | 0.0007 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 89 |
| 85 | 0.0007 | 0.0007 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 90 |
| 86 | 0.0006 | 0.0006 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 91 |
| 87 | 0.0006 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 92 |
| 88 | 0.0005 | 0.0005 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 93 |
| 89 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 94 |
| 90 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 0.0001 | 95 |
| 91 | 0.0004 | 0.0003 | 0.0003 | 0.0002 | 0.0001 | 0.0001 | 96 |
| 92 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 97 |
| 93 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 98 |
| 94 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 99 |
| 95 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 100 |
| 96 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 101 |
| 97 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 102 |
| 98 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 103 |
| 99 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 104 |
| 100 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 105 |
| 101 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 106 |
| 102 | 0.0001 | 0.0002 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 107 |
| 103 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 108 |
| 104 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 109 |
| 105 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 110 |

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Page 6

Section V

Tables

**TABLE III-M-A
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Male**

| Age | Present Value | Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|-----|---------------|
| 11 | 25.203 | 41 | 19.632 | 71 | 9.426 |
| 12 | 25.071 | 42 | 19.357 | 72 | 9.069 |
| 13 | 24.935 | 43 | 19.076 | 73 | 8.713 |
| 14 | 24.799 | 44 | 18.789 | 74 | 8.359 |
| 15 | 24.662 | 45 | 18.496 | 75 | 8.008 |
| 16 | 24.524 | 46 | 18.198 | 76 | 7.660 |
| 17 | 24.386 | 47 | 17.896 | 77 | 7.312 |
| 18 | 24.247 | 48 | 17.587 | 78 | 6.966 |
| 19 | 24.106 | 49 | 17.273 | 79 | 6.623 |
| 20 | 23.961 | 50 | 16.952 | 80 | 6.286 |
| 21 | 23.813 | 51 | 16.624 | 81 | 5.960 |
| 22 | 23.662 | 52 | 16.289 | 82 | 5.647 |
| 23 | 23.506 | 53 | 15.948 | 83 | 5.351 |
| 24 | 23.345 | 54 | 15.602 | 84 | 5.067 |
| 25 | 23.178 | 55 | 15.252 | 85 | 4.796 |
| 26 | 23.005 | 56 | 14.899 | 86 | 4.538 |
| 27 | 22.824 | 57 | 14.544 | 87 | 4.293 |
| 28 | 22.637 | 58 | 14.186 | 88 | 4.061 |
| 29 | 22.444 | 59 | 13.826 | 89 | 3.843 |
| 30 | 22.244 | 60 | 13.463 | 90 | 3.636 |
| 31 | 22.038 | 61 | 13.097 | 91 | 3.442 |
| 32 | 21.826 | 62 | 12.729 | 92 | 3.260 |
| 33 | 21.608 | 63 | 12.360 | 93 | 3.088 |
| 34 | 21.383 | 64 | 11.991 | 94 | 2.927 |
| 35 | 21.152 | 65 | 11.622 | 95 | 2.776 |
| 36 | 20.915 | 66 | 11.252 | 96 | 2.633 |
| 37 | 20.671 | 67 | 10.883 | 97 | 2.497 |
| 38 | 20.421 | 68 | 10.514 | 98 | 2.365 |
| 39 | 20.164 | 69 | 10.148 | 99 | 2.238 |
| 40 | 19.901 | 70 | 9.785 | 100 | 2.108 |

* 1999 United States Life Table for Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

**TABLE III-F-A
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Female**

| Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|
| 11 | 25.950 | 56 | 16.536 |
| 12 | 25.844 | 57 | 16.191 |
| 13 | 25.734 | 58 | 15.841 |
| 14 | 25.623 | 59 | 15.487 |
| 15 | 25.509 | 60 | 15.128 |
| 16 | 25.392 | 61 | 14.764 |
| 17 | 25.274 | 62 | 14.396 |
| 18 | 25.152 | 63 | 14.025 |
| 19 | 25.027 | 64 | 13.651 |
| 20 | 24.897 | 65 | 13.273 |
| 21 | 24.763 | 66 | 12.892 |
| 22 | 24.623 | 67 | 12.507 |
| 23 | 24.480 | 68 | 12.119 |
| 24 | 24.331 | 69 | 11.730 |
| 25 | 24.178 | 70 | 11.340 |
| 26 | 24.019 | 71 | 10.947 |
| 27 | 23.855 | 72 | 10.552 |
| 28 | 23.686 | 73 | 10.156 |
| 29 | 23.512 | 74 | 9.759 |
| 30 | 23.332 | 75 | 9.364 |
| 31 | 23.147 | 76 | 8.970 |
| 32 | 22.955 | 77 | 8.575 |
| 33 | 22.759 | 78 | 8.182 |
| 34 | 22.557 | 79 | 7.792 |
| 35 | 22.349 | 80 | 7.408 |
| 36 | 22.136 | 81 | 7.031 |
| 37 | 21.917 | 82 | 6.663 |
| 38 | 21.693 | 83 | 6.307 |
| 39 | 21.461 | 84 | 5.965 |
| 40 | 21.224 | 85 | 5.641 |
| 41 | 20.981 | 86 | 5.332 |
| 42 | 20.731 | 87 | 5.037 |
| 43 | 20.474 | 88 | 4.756 |
| 44 | 20.211 | 89 | 4.490 |
| 45 | 19.941 | 90 | 4.238 |
| 46 | 19.664 | 91 | 4.000 |
| 47 | 19.381 | 92 | 3.775 |
| 48 | 19.091 | 93 | 3.563 |
| 49 | 18.794 | 94 | 3.364 |
| 50 | 18.491 | 95 | 3.175 |
| 51 | 18.181 | 96 | 2.996 |
| 52 | 17.864 | 97 | 2.827 |
| 53 | 17.541 | 98 | 2.663 |
| 54 | 17.211 | 99 | 2.502 |
| 55 | 16.876 | 100 | 2.341 |

* 1999 United States Life Table for Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 8

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-I-B

Surviving Spouse Pension Table*

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 16 | 26.047 | 27.027 | 29.921 | 31.560 | 32.873 | 34.031 | 21 |
| 17 | 26.221 | 27.215 | 30.137 | 31.796 | 33.127 | 34.302 | 22 |
| 18 | 26.402 | 27.411 | 30.362 | 32.041 | 33.390 | 34.584 | 23 |
| 19 | 26.591 | 27.615 | 30.596 | 32.296 | 33.664 | 34.876 | 24 |
| 20 | 26.787 | 27.826 | 30.838 | 32.561 | 33.949 | 35.180 | 25 |
| 21 | 27.222 | 28.214 | 31.192 | 32.880 | 34.263 | 35.496 | 26 |
| 22 | 27.697 | 28.611 | 31.531 | 33.175 | 34.553 | 35.791 | 27 |
| 23 | 28.196 | 29.012 | 31.855 | 33.437 | 34.813 | 36.059 | 28 |
| 24 | 28.701 | 29.435 | 32.202 | 33.749 | 35.087 | 36.296 | 29 |
| 25 | 29.193 | 29.847 | 32.534 | 34.060 | 35.350 | 36.507 | 30 |
| 26 | 29.659 | 30.227 | 32.827 | 34.337 | 35.588 | 36.700 | 31 |
| 27 | 30.098 | 30.567 | 33.074 | 34.567 | 35.796 | 36.883 | 32 |
| 28 | 30.516 | 30.875 | 33.282 | 34.753 | 35.978 | 37.059 | 33 |
| 29 | 30.929 | 31.171 | 33.477 | 34.919 | 36.146 | 37.232 | 34 |
| 30 | 31.360 | 31.487 | 33.692 | 35.100 | 36.319 | 37.400 | 35 |
| 31 | 31.834 | 31.861 | 33.968 | 35.340 | 36.517 | 37.556 | 36 |
| 32 | 32.372 | 32.323 | 34.341 | 35.674 | 36.751 | 37.688 | 37 |
| 33 | 33.021 | 32.926 | 34.814 | 36.106 | 37.016 | 37.779 | 38 |
| 34 | 33.732 | 33.615 | 35.355 | 36.598 | 37.281 | 37.809 | 39 |
| 35 | 34.440 | 34.312 | 35.886 | 37.063 | 37.491 | 37.761 | 40 |
| 36 | 35.063 | 34.909 | 36.301 | 37.386 | 37.580 | 37.621 | 41 |
| 37 | 35.541 | 35.329 | 36.528 | 37.490 | 37.508 | 37.385 | 42 |
| 38 | 35.819 | 35.510 | 36.511 | 37.316 | 37.228 | 37.053 | 43 |
| 39 | 35.957 | 35.520 | 36.323 | 36.949 | 36.815 | 36.630 | 44 |
| 40 | 35.974 | 35.404 | 36.012 | 36.450 | 36.311 | 36.120 | 45 |
| 41 | 35.902 | 35.208 | 35.624 | 35.881 | 35.730 | 35.529 | 46 |
| 42 | 35.740 | 34.974 | 35.204 | 35.299 | 35.107 | 34.865 | 47 |
| 43 | 35.525 | 34.737 | 34.785 | 34.743 | 34.474 | 34.140 | 48 |
| 44 | 35.274 | 34.480 | 34.354 | 34.193 | 33.826 | 33.363 | 49 |
| 45 | 34.976 | 34.173 | 33.887 | 33.626 | 33.149 | 32.545 | 50 |
| 46 | 34.593 | 33.779 | 33.354 | 33.000 | 32.424 | 31.696 | 51 |
| 47 | 34.098 | 33.272 | 32.732 | 32.293 | 31.639 | 30.826 | 52 |
| 48 | 33.467 | 32.625 | 31.997 | 31.478 | 30.769 | 29.943 | 53 |
| 49 | 32.781 | 31.915 | 31.225 | 30.633 | 29.889 | 29.054 | 54 |
| 50 | 32.048 | 31.157 | 30.424 | 29.771 | 29.005 | 28.167 | 55 |
| 51 | 31.272 | 30.365 | 29.604 | 28.902 | 28.125 | 27.287 | 56 |
| 52 | 30.458 | 29.549 | 28.771 | 28.034 | 27.250 | 26.418 | 57 |
| 53 | 29.615 | 28.708 | 27.928 | 27.171 | 26.385 | 25.559 | 58 |
| 54 | 28.761 | 27.859 | 27.080 | 26.314 | 25.531 | 24.711 | 59 |
| 55 | 27.901 | 27.007 | 26.232 | 25.464 | 24.685 | 23.872 | 60 |
| 56 | 27.043 | 26.157 | 25.387 | 24.621 | 23.848 | 23.044 | 61 |
| 57 | 26.191 | 25.314 | 24.550 | 23.787 | 23.022 | 22.227 | 62 |
| 58 | 25.346 | 24.478 | 23.719 | 22.962 | 22.205 | 21.420 | 63 |
| 59 | 24.507 | 23.648 | 22.897 | 22.147 | 21.398 | 20.625 | 64 |
| 60 | 23.676 | 22.827 | 22.086 | 21.342 | 20.602 | 19.839 | 65 |

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** 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: July 1, 2004

Page 9

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-I-B (Continued)

Surviving Spouse Pension Table*

| 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 | 22.856 | 22.019 | 21.286 | 20.548 | 19.815 | 19.063 | 66 |
| 62 | 22.049 | 21.223 | 20.498 | 19.767 | 19.038 | 18.295 | 67 |
| 63 | 21.261 | 20.443 | 19.723 | 18.997 | 18.272 | 17.537 | 68 |
| 64 | 20.488 | 19.676 | 18.959 | 18.237 | 17.516 | 16.788 | 69 |
| 65 | 19.722 | 18.918 | 18.203 | 17.486 | 16.770 | 16.049 | 70 |
| 66 | 18.956 | 18.161 | 17.454 | 16.743 | 16.033 | 15.319 | 71 |
| 67 | 18.204 | 17.421 | 16.713 | 16.009 | 15.304 | 14.598 | 72 |
| 68 | 17.453 | 16.683 | 15.981 | 15.283 | 14.584 | 13.887 | 73 |
| 69 | 16.711 | 15.957 | 15.259 | 14.567 | 13.876 | 13.191 | 74 |
| 70 | 15.980 | 15.240 | 14.547 | 13.861 | 13.181 | 12.511 | 75 |
| 71 | 15.259 | 14.532 | 13.846 | 13.170 | 12.503 | 11.847 | 76 |
| 72 | 14.547 | 13.833 | 13.157 | 12.494 | 11.841 | 11.199 | 77 |
| 73 | 13.844 | 13.147 | 12.484 | 11.834 | 11.194 | 10.567 | 78 |
| 74 | 13.155 | 12.475 | 11.826 | 11.189 | 10.563 | 9.954 | 79 |
| 75 | 12.480 | 11.817 | 11.181 | 10.559 | 9.950 | 9.362 | 80 |
| 76 | 11.821 | 11.173 | 10.552 | 9.947 | 9.359 | 8.792 | 81 |
| 77 | 11.177 | 10.545 | 9.941 | 9.356 | 8.791 | 8.247 | 82 |
| 78 | 10.548 | 9.935 | 9.351 | 8.788 | 8.246 | 7.728 | 83 |
| 79 | 9.937 | 9.346 | 8.784 | 8.243 | 7.727 | 7.240 | 84 |
| 80 | 9.349 | 8.780 | 8.240 | 7.725 | 7.239 | 6.784 | 85 |
| 81 | 8.783 | 8.238 | 7.723 | 7.237 | 6.783 | 6.354 | 86 |
| 82 | 8.241 | 7.723 | 7.236 | 6.782 | 6.354 | 5.951 | 87 |
| 83 | 7.725 | 7.236 | 6.782 | 6.353 | 5.951 | 5.573 | 88 |
| 84 | 7.238 | 6.782 | 6.353 | 5.950 | 5.573 | 5.219 | 89 |
| 85 | 6.782 | 6.353 | 5.950 | 5.573 | 5.219 | 4.889 | 90 |
| 86 | 6.353 | 5.950 | 5.572 | 5.219 | 4.889 | 4.580 | 91 |
| 87 | 5.950 | 5.572 | 5.219 | 4.889 | 4.580 | 4.293 | 92 |
| 88 | 5.572 | 5.218 | 4.888 | 4.580 | 4.293 | 4.025 | 93 |
| 89 | 5.218 | 4.888 | 4.580 | 4.292 | 4.025 | 3.775 | 94 |
| 90 | 4.888 | 4.580 | 4.292 | 4.024 | 3.774 | 3.541 | 95 |
| 91 | 4.580 | 4.292 | 4.024 | 3.774 | 3.541 | 3.322 | 96 |
| 92 | 4.292 | 4.024 | 3.774 | 3.541 | 3.322 | 3.116 | 97 |
| 93 | 4.024 | 3.774 | 3.540 | 3.322 | 3.116 | 2.920 | 98 |
| 94 | 3.774 | 3.540 | 3.322 | 3.116 | 2.919 | 2.730 | 99 |
| 95 | 3.540 | 3.322 | 3.116 | 2.919 | 2.730 | 2.542 | 100 |
| 96 | 3.322 | 3.116 | 2.919 | 2.729 | 2.542 | 2.387 | 101 |
| 97 | 3.116 | 2.919 | 2.729 | 2.541 | 2.387 | 2.240 | 102 |
| 98 | 2.919 | 2.729 | 2.541 | 2.387 | 2.240 | 2.093 | 103 |
| 99 | 2.729 | 2.541 | 2.387 | 2.240 | 2.093 | 1.951 | 104 |
| 100 | 2.541 | 2.387 | 2.239 | 2.093 | 1.951 | 1.812 | 105 |
| 101 | 2.387 | 2.240 | 2.093 | 1.951 | 1.812 | 1.662 | 106 |
| 102 | 2.240 | 2.093 | 1.951 | 1.812 | 1.662 | 1.487 | 107 |
| 103 | 2.093 | 1.951 | 1.812 | 1.662 | 1.487 | 1.275 | 108 |
| 104 | 1.951 | 1.812 | 1.662 | 1.487 | 1.275 | 0.964 | 109 |
| 105 | 1.812 | 1.662 | 1.487 | 1.275 | 0.964 | 0.500 | 110 |

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** 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.

**UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-I-B (Continued)
Surviving Spouse Pension Table***

| 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 | 1.662 | 1.487 | 1.275 | 0.964 | 0.500 | | 111 |
| 107 | 1.487 | 1.275 | 0.964 | 0.500 | | | 112 |
| 108 | 1.275 | 0.964 | 0.500 | | | | 113 |
| 109 | 0.964 | 0.500 | | | | | 114 |
| 110 | 0.500 | | | | | | 115 |

* 1999 United States Life Tables for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

** 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: July 1, 2004

Page 11

Section V

Tables

**UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-II-B**

Present Value of Remarriage Dowry*

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 16 | 0.7847 | 0.7634 | 0.7240 | 0.6947 | 0.6675 | 0.6408 | 21 |
| 17 | 0.7729 | 0.7508 | 0.7096 | 0.6790 | 0.6506 | 0.6228 | 22 |
| 18 | 0.7608 | 0.7377 | 0.6946 | 0.6626 | 0.6330 | 0.6041 | 23 |
| 19 | 0.7482 | 0.7241 | 0.6790 | 0.6457 | 0.6148 | 0.5847 | 24 |
| 20 | 0.7351 | 0.7101 | 0.6629 | 0.6281 | 0.5959 | 0.5645 | 25 |
| 21 | 0.7189 | 0.6935 | 0.6449 | 0.6093 | 0.5761 | 0.5436 | 26 |
| 22 | 0.7017 | 0.6763 | 0.6265 | 0.5902 | 0.5560 | 0.5224 | 27 |
| 23 | 0.6836 | 0.6584 | 0.6078 | 0.5710 | 0.5357 | 0.5009 | 28 |
| 24 | 0.6646 | 0.6396 | 0.5881 | 0.5506 | 0.5146 | 0.4792 | 29 |
| 25 | 0.6451 | 0.6202 | 0.5680 | 0.5295 | 0.4930 | 0.4574 | 30 |
| 26 | 0.6252 | 0.6006 | 0.5478 | 0.5083 | 0.4713 | 0.4351 | 31 |
| 27 | 0.6049 | 0.5809 | 0.5276 | 0.4871 | 0.4493 | 0.4125 | 32 |
| 28 | 0.5843 | 0.5611 | 0.5075 | 0.4661 | 0.4272 | 0.3894 | 33 |
| 29 | 0.5630 | 0.5409 | 0.4870 | 0.4448 | 0.4047 | 0.3658 | 34 |
| 30 | 0.5406 | 0.5196 | 0.4656 | 0.4227 | 0.3816 | 0.3416 | 35 |
| 31 | 0.5167 | 0.4967 | 0.4426 | 0.3990 | 0.3574 | 0.3171 | 36 |
| 32 | 0.4907 | 0.4714 | 0.4171 | 0.3729 | 0.3320 | 0.2924 | 37 |
| 33 | 0.4617 | 0.4427 | 0.3890 | 0.3443 | 0.3053 | 0.2680 | 38 |
| 34 | 0.4304 | 0.4113 | 0.3586 | 0.3135 | 0.2778 | 0.2442 | 39 |
| 35 | 0.3979 | 0.3786 | 0.3274 | 0.2823 | 0.2506 | 0.2214 | 40 |
| 36 | 0.3659 | 0.3466 | 0.2974 | 0.2529 | 0.2252 | 0.2000 | 41 |
| 37 | 0.3358 | 0.3171 | 0.2704 | 0.2271 | 0.2025 | 0.1803 | 42 |
| 38 | 0.3089 | 0.2918 | 0.2478 | 0.2067 | 0.1838 | 0.1623 | 43 |
| 39 | 0.2843 | 0.2695 | 0.2284 | 0.1901 | 0.1678 | 0.1460 | 44 |
| 40 | 0.2616 | 0.2493 | 0.2114 | 0.1763 | 0.1536 | 0.1316 | 45 |
| 41 | 0.2402 | 0.2304 | 0.1958 | 0.1640 | 0.1411 | 0.1190 | 46 |
| 42 | 0.2201 | 0.2118 | 0.1807 | 0.1519 | 0.1296 | 0.1080 | 47 |
| 43 | 0.2005 | 0.1926 | 0.1650 | 0.1390 | 0.1181 | 0.0985 | 48 |
| 44 | 0.1810 | 0.1732 | 0.1493 | 0.1257 | 0.1070 | 0.0905 | 49 |
| 45 | 0.1619 | 0.1544 | 0.1340 | 0.1125 | 0.0964 | 0.0836 | 50 |
| 46 | 0.1444 | 0.1372 | 0.1200 | 0.1006 | 0.0870 | 0.0777 | 51 |
| 47 | 0.1294 | 0.1226 | 0.1082 | 0.0908 | 0.0794 | 0.0725 | 52 |
| 48 | 0.1180 | 0.1117 | 0.0995 | 0.0842 | 0.0743 | 0.0680 | 53 |
| 49 | 0.1078 | 0.1023 | 0.0918 | 0.0785 | 0.0697 | 0.0638 | 54 |
| 50 | 0.0989 | 0.0942 | 0.0850 | 0.0734 | 0.0654 | 0.0599 | 55 |
| 51 | 0.0912 | 0.0872 | 0.0789 | 0.0688 | 0.0613 | 0.0561 | 56 |
| 52 | 0.0847 | 0.0809 | 0.0733 | 0.0644 | 0.0574 | 0.0523 | 57 |
| 53 | 0.0792 | 0.0756 | 0.0682 | 0.0602 | 0.0535 | 0.0485 | 58 |
| 54 | 0.0742 | 0.0708 | 0.0635 | 0.0561 | 0.0496 | 0.0448 | 59 |
| 55 | 0.0697 | 0.0664 | 0.0593 | 0.0522 | 0.0458 | 0.0411 | 60 |
| 56 | 0.0654 | 0.0622 | 0.0552 | 0.0483 | 0.0420 | 0.0374 | 61 |
| 57 | 0.0613 | 0.0582 | 0.0513 | 0.0446 | 0.0383 | 0.0338 | 62 |
| 58 | 0.0574 | 0.0544 | 0.0475 | 0.0409 | 0.0347 | 0.0302 | 63 |
| 59 | 0.0536 | 0.0506 | 0.0438 | 0.0373 | 0.0312 | 0.0267 | 64 |
| 60 | 0.0499 | 0.0470 | 0.0402 | 0.0339 | 0.0279 | 0.0234 | 65 |

* 1999 United States Life Tables for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

** 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: July 1, 2004

Page 12

Section V

Tables

**UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-II-B (Continued)**

Surviving Spouse Pension Table*

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 61 | 0.0462 | 0.0434 | 0.0366 | 0.0305 | 0.0246 | 0.0202 | 66 |
| 62 | 0.0424 | 0.0398 | 0.0331 | 0.0271 | 0.0215 | 0.0172 | 67 |
| 63 | 0.0384 | 0.0359 | 0.0294 | 0.0237 | 0.0185 | 0.0145 | 68 |
| 64 | 0.0341 | 0.0320 | 0.0259 | 0.0205 | 0.0156 | 0.0120 | 69 |
| 65 | 0.0300 | 0.0282 | 0.0225 | 0.0174 | 0.0131 | 0.0099 | 70 |
| 66 | 0.0265 | 0.0250 | 0.0194 | 0.0147 | 0.0109 | 0.0081 | 71 |
| 67 | 0.0229 | 0.0215 | 0.0167 | 0.0125 | 0.0091 | 0.0067 | 72 |
| 68 | 0.0200 | 0.0187 | 0.0144 | 0.0106 | 0.0077 | 0.0056 | 73 |
| 69 | 0.0173 | 0.0161 | 0.0123 | 0.0090 | 0.0065 | 0.0047 | 74 |
| 70 | 0.0149 | 0.0138 | 0.0105 | 0.0076 | 0.0055 | 0.0039 | 75 |
| 71 | 0.0127 | 0.0117 | 0.0088 | 0.0064 | 0.0045 | 0.0032 | 76 |
| 72 | 0.0108 | 0.0099 | 0.0074 | 0.0053 | 0.0038 | 0.0027 | 77 |
| 73 | 0.0092 | 0.0083 | 0.0062 | 0.0044 | 0.0031 | 0.0022 | 78 |
| 74 | 0.0078 | 0.0071 | 0.0052 | 0.0037 | 0.0026 | 0.0018 | 79 |
| 75 | 0.0068 | 0.0061 | 0.0044 | 0.0030 | 0.0021 | 0.0014 | 80 |
| 76 | 0.0058 | 0.0052 | 0.0037 | 0.0025 | 0.0017 | 0.0011 | 81 |
| 77 | 0.0050 | 0.0045 | 0.0031 | 0.0020 | 0.0013 | 0.0009 | 82 |
| 78 | 0.0043 | 0.0039 | 0.0026 | 0.0017 | 0.0011 | 0.0008 | 83 |
| 79 | 0.0037 | 0.0033 | 0.0022 | 0.0014 | 0.0009 | 0.0006 | 84 |
| 80 | 0.0030 | 0.0027 | 0.0018 | 0.0012 | 0.0008 | 0.0005 | 85 |
| 81 | 0.0024 | 0.0022 | 0.0015 | 0.0010 | 0.0007 | 0.0004 | 86 |
| 82 | 0.0018 | 0.0016 | 0.0011 | 0.0008 | 0.0005 | 0.0004 | 87 |
| 83 | 0.0013 | 0.0012 | 0.0008 | 0.0006 | 0.0004 | 0.0003 | 88 |
| 84 | 0.0009 | 0.0008 | 0.0006 | 0.0004 | 0.0003 | 0.0003 | 89 |
| 85 | 0.0008 | 0.0007 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 90 |
| 86 | 0.0007 | 0.0006 | 0.0005 | 0.0003 | 0.0002 | 0.0002 | 91 |
| 87 | 0.0006 | 0.0006 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 92 |
| 88 | 0.0005 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 93 |
| 89 | 0.0005 | 0.0005 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 94 |
| 90 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 95 |
| 91 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 0.0001 | 96 |
| 92 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 97 |
| 93 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 98 |
| 94 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 99 |
| 95 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 100 |
| 96 | 0.0002 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 101 |
| 97 | 0.0002 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 102 |
| 98 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 103 |
| 99 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 104 |
| 100 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 105 |
| 101 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 106 |
| 102 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 107 |
| 103 | 0.0001 | 0.0001 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 108 |
| 104 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 109 |
| 105 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 110 |

* 1999 United States Life Tables for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

** 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.

UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-III-M-C
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Male

| Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|
| 11 | 75.314 | 56 | 24.303 |
| 12 | 73.964 | 57 | 23.412 |
| 13 | 72.624 | 58 | 22.538 |
| 14 | 71.301 | 59 | 21.681 |
| 15 | 69.995 | 60 | 20.840 |
| 16 | 68.708 | 61 | 20.014 |
| 17 | 67.438 | 62 | 19.205 |
| 18 | 66.183 | 63 | 18.414 |
| 19 | 64.940 | 64 | 17.641 |
| 20 | 63.706 | 65 | 16.887 |
| 21 | 62.482 | 66 | 16.150 |
| 22 | 61.268 | 67 | 15.430 |
| 23 | 60.061 | 68 | 14.728 |
| 24 | 58.860 | 69 | 14.047 |
| 25 | 57.661 | 70 | 13.387 |
| 26 | 56.465 | 71 | 12.747 |
| 27 | 55.273 | 72 | 12.123 |
| 28 | 54.083 | 73 | 11.516 |
| 29 | 52.900 | 74 | 10.926 |
| 30 | 51.722 | 75 | 10.353 |
| 31 | 50.551 | 76 | 9.796 |
| 32 | 49.387 | 77 | 9.253 |
| 33 | 48.229 | 78 | 8.724 |
| 34 | 47.080 | 79 | 8.211 |
| 35 | 45.937 | 80 | 7.718 |
| 36 | 44.803 | 81 | 7.249 |
| 37 | 43.677 | 82 | 6.806 |
| 38 | 42.559 | 83 | 6.392 |
| 39 | 41.450 | 84 | 6.003 |
| 40 | 40.351 | 85 | 5.635 |
| 41 | 39.262 | 86 | 5.290 |
| 42 | 38.184 | 87 | 4.968 |
| 43 | 37.115 | 88 | 4.666 |
| 44 | 36.059 | 89 | 4.385 |
| 45 | 35.013 | 90 | 4.122 |
| 46 | 33.981 | 91 | 3.878 |
| 47 | 32.961 | 92 | 3.651 |
| 48 | 31.954 | 93 | 3.439 |
| 49 | 30.957 | 94 | 3.242 |
| 50 | 29.971 | 95 | 3.058 |
| 51 | 28.995 | 96 | 2.885 |
| 52 | 28.030 | 97 | 2.723 |
| 53 | 27.076 | 98 | 2.568 |
| 54 | 26.136 | 99 | 2.419 |
| 55 | 25.211 | 100 | 2.268 |

* 1999 United States Life Table for Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 14

Section V

Tables

**UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-III-F-C**

**Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Female**

| Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|
| 11 | 82.580 | 56 | 28.472 |
| 12 | 81.196 | 57 | 27.495 |
| 13 | 79.819 | 58 | 26.533 |
| 14 | 78.453 | 59 | 25.585 |
| 15 | 77.098 | 60 | 24.651 |
| 16 | 75.755 | 61 | 23.732 |
| 17 | 74.422 | 62 | 22.829 |
| 18 | 73.099 | 63 | 21.942 |
| 19 | 71.783 | 64 | 21.071 |
| 20 | 70.474 | 65 | 20.216 |
| 21 | 69.170 | 66 | 19.376 |
| 22 | 67.871 | 67 | 18.551 |
| 23 | 66.580 | 68 | 17.742 |
| 24 | 65.294 | 69 | 16.950 |
| 25 | 64.015 | 70 | 16.176 |
| 26 | 62.742 | 71 | 15.418 |
| 27 | 61.476 | 72 | 14.675 |
| 28 | 60.217 | 73 | 13.948 |
| 29 | 58.965 | 74 | 13.239 |
| 30 | 57.720 | 75 | 12.549 |
| 31 | 56.482 | 76 | 11.877 |
| 32 | 55.251 | 77 | 11.222 |
| 33 | 54.029 | 78 | 10.585 |
| 34 | 52.815 | 79 | 9.967 |
| 35 | 51.611 | 80 | 9.372 |
| 36 | 50.415 | 81 | 8.800 |
| 37 | 49.228 | 82 | 8.252 |
| 38 | 48.049 | 83 | 7.733 |
| 39 | 46.880 | 84 | 7.243 |
| 40 | 45.719 | 85 | 6.786 |
| 41 | 44.566 | 86 | 6.356 |
| 42 | 43.423 | 87 | 5.952 |
| 43 | 42.289 | 88 | 5.574 |
| 44 | 41.164 | 89 | 5.220 |
| 45 | 40.048 | 90 | 4.889 |
| 46 | 38.942 | 91 | 4.580 |
| 47 | 37.845 | 92 | 4.292 |
| 48 | 36.760 | 93 | 4.024 |
| 49 | 35.684 | 94 | 3.774 |
| 50 | 34.619 | 95 | 3.539 |
| 51 | 33.564 | 96 | 3.320 |
| 52 | 32.521 | 97 | 3.113 |
| 53 | 31.490 | 98 | 2.916 |
| 54 | 30.470 | 99 | 2.725 |
| 55 | 29.464 | 100 | 2.535 |

* 1999 United States Life Table for Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 15

Section V

Tables

**UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-IV-B**

**Present Value of Survivorship Benefits*
Age Difference (Spouse's Age Minus Claimant's Age)****

| Claimant's Age | -5 | -4 | -3 | -2 | -1 | -0 |
|----------------|--------|--------|--------|--------|--------|--------|
| 16 | | | | | | 10.877 |
| 17 | | | | | 11.497 | 10.819 |
| 18 | | | | 12.138 | 11.436 | 10.761 |
| 19 | | | 12.798 | 12.073 | 11.374 | 10.701 |
| 20 | | 13.477 | 12.730 | 12.008 | 11.312 | 10.641 |
| 21 | 14.172 | 13.406 | 12.663 | 11.943 | 11.249 | 10.581 |
| 22 | 14.098 | 13.336 | 12.595 | 11.878 | 11.186 | 10.519 |
| 23 | 14.025 | 13.265 | 12.527 | 11.812 | 11.122 | 10.457 |
| 24 | 13.952 | 13.195 | 12.458 | 11.745 | 11.057 | 10.395 |
| 25 | 13.879 | 13.124 | 12.390 | 11.679 | 10.993 | 10.332 |
| 26 | 13.806 | 13.053 | 12.321 | 11.612 | 10.928 | 10.269 |
| 27 | 13.733 | 12.983 | 12.253 | 11.546 | 10.864 | 10.207 |
| 28 | 13.660 | 12.912 | 12.184 | 11.479 | 10.799 | 10.144 |
| 29 | 13.587 | 12.840 | 12.115 | 11.412 | 10.734 | 10.081 |
| 30 | 13.512 | 12.768 | 12.045 | 11.344 | 10.669 | 10.018 |
| 31 | 13.438 | 12.696 | 11.974 | 11.276 | 10.602 | 9.953 |
| 32 | 13.362 | 12.622 | 11.903 | 11.207 | 10.535 | 9.888 |
| 33 | 13.285 | 12.548 | 11.831 | 11.136 | 10.466 | 9.821 |
| 34 | 13.208 | 12.472 | 11.757 | 11.064 | 10.396 | 9.752 |
| 35 | 13.128 | 12.395 | 11.682 | 10.991 | 10.324 | 9.682 |
| 36 | 13.048 | 12.316 | 11.604 | 10.915 | 10.250 | 9.609 |
| 37 | 12.965 | 12.235 | 11.525 | 10.837 | 10.174 | 9.534 |
| 38 | 12.881 | 12.152 | 11.444 | 10.757 | 10.095 | 9.457 |
| 39 | 12.794 | 12.066 | 11.359 | 10.674 | 10.014 | 9.378 |
| 40 | 12.704 | 11.978 | 11.272 | 10.589 | 9.930 | 9.296 |
| 41 | 12.611 | 11.886 | 11.181 | 10.500 | 9.843 | 9.211 |
| 42 | 12.514 | 11.791 | 11.088 | 10.408 | 9.753 | 9.123 |
| 43 | 12.414 | 11.692 | 10.991 | 10.313 | 9.660 | 9.032 |
| 44 | 12.310 | 11.590 | 10.891 | 10.215 | 9.564 | 8.938 |
| 45 | 12.202 | 11.484 | 10.787 | 10.113 | 9.465 | 8.841 |
| 46 | 12.090 | 11.374 | 10.679 | 10.007 | 9.361 | 8.740 |
| 47 | 11.974 | 11.259 | 10.566 | 9.897 | 9.253 | 8.634 |
| 48 | 11.852 | 11.140 | 10.449 | 9.782 | 9.141 | 8.525 |
| 49 | 11.727 | 11.017 | 10.329 | 9.664 | 9.026 | 8.414 |
| 50 | 11.598 | 10.890 | 10.204 | 9.543 | 8.908 | 8.300 |
| 51 | 11.465 | 10.759 | 10.077 | 9.419 | 8.788 | 8.184 |
| 52 | 11.327 | 10.625 | 9.946 | 9.292 | 8.665 | 8.065 |
| 53 | 11.186 | 10.487 | 9.812 | 9.163 | 8.540 | 7.944 |
| 54 | 11.039 | 10.345 | 9.674 | 9.029 | 8.411 | 7.820 |
| 55 | 10.888 | 10.198 | 9.532 | 8.891 | 8.278 | 7.693 |
| 56 | 10.730 | 10.045 | 9.383 | 8.748 | 8.141 | 7.561 |
| 57 | 10.565 | 9.886 | 9.230 | 8.600 | 7.999 | 7.425 |
| 58 | 10.395 | 9.720 | 9.070 | 8.447 | 7.852 | 7.284 |
| 59 | 10.219 | 9.551 | 8.907 | 8.291 | 7.702 | 7.140 |
| 60 | 10.039 | 9.378 | 8.741 | 8.131 | 7.548 | 6.992 |

* 1999 United States Life Tables for Total Population and Female Population
Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest applied prior to claimant's death = 3.5%
Annual Rate of Interest applied after claimant's death = 3.5%
Annual Rate of Escalation applied prior to claimant's death = 4.0%
Annual Rate of Escalation applied after claimant's death = 4.0%

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004
Page 16

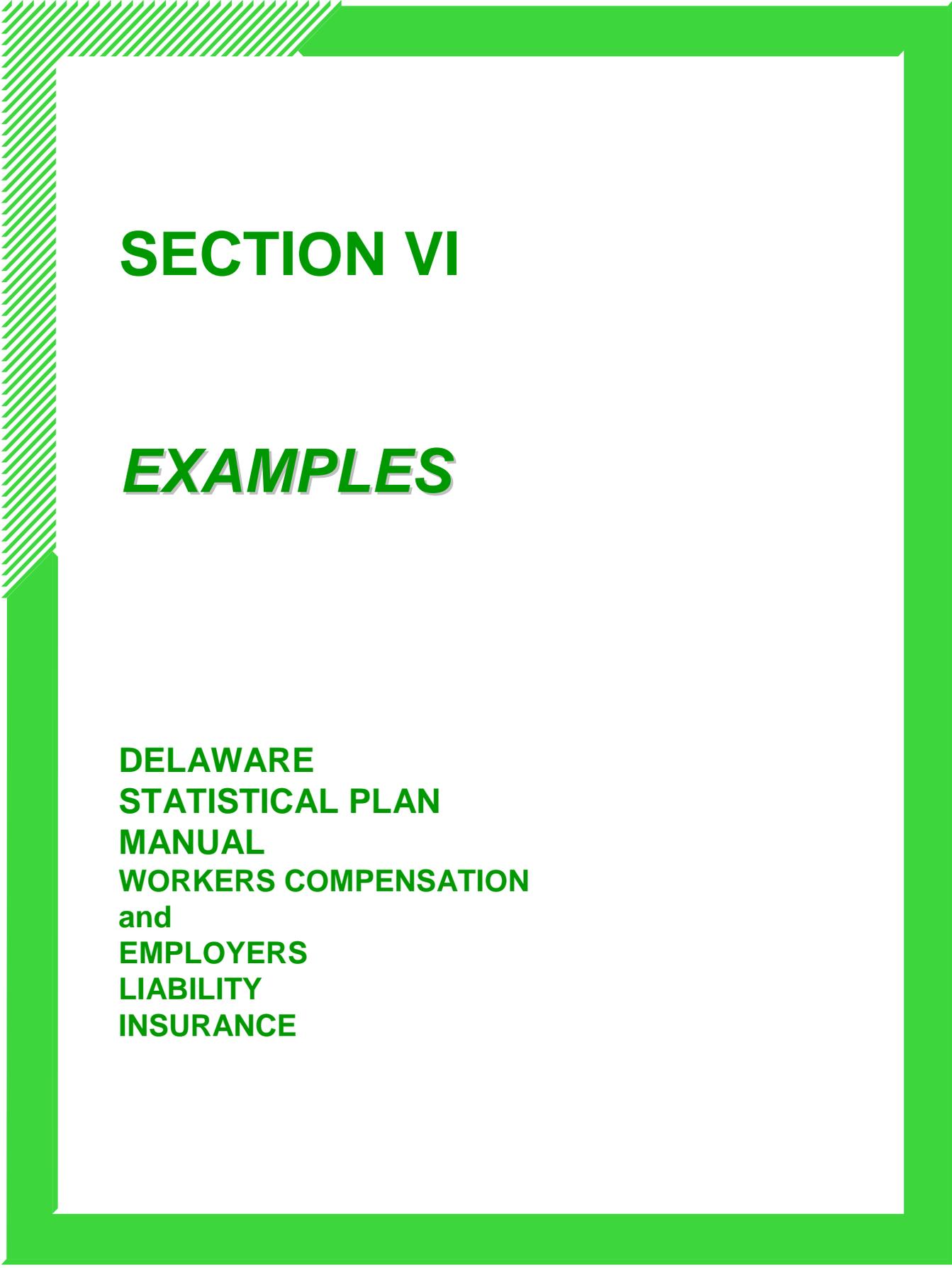
Section V
Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-IV-B (Continued)
Present Value of Survivorship Benefits*
Age Difference (Spouse's Age Minus Claimant's Age)**

| Claimant's Age | -5 | -4 | -3 | -2 | -1 | -0 |
|----------------|-------|-------|-------|-------|-------|-------|
| 61 | 9.856 | 9.201 | 8.571 | 7.967 | 7.391 | 6.841 |
| 62 | 9.668 | 9.020 | 8.397 | 7.800 | 7.230 | 6.687 |
| 63 | 9.475 | 8.834 | 8.218 | 7.628 | 7.065 | 6.529 |
| 64 | 9.277 | 8.643 | 8.034 | 7.451 | 6.896 | 6.367 |
| 65 | 9.074 | 8.448 | 7.847 | 7.271 | 6.723 | 6.200 |
| 66 | 8.868 | 8.250 | 7.656 | 7.088 | 6.546 | 6.031 |
| 67 | 8.659 | 8.048 | 7.462 | 6.901 | 6.367 | 5.859 |
| 68 | 8.445 | 7.842 | 7.263 | 6.710 | 6.183 | 5.683 |
| 69 | 8.226 | 7.631 | 7.060 | 6.514 | 5.996 | 5.504 |
| 70 | 8.001 | 7.414 | 6.851 | 6.314 | 5.804 | 5.321 |
| 71 | 7.771 | 7.193 | 6.638 | 6.110 | 5.609 | 5.135 |
| 72 | 7.538 | 6.969 | 6.424 | 5.905 | 5.413 | 5.013 |
| 73 | 7.303 | 6.743 | 6.207 | 5.698 | 5.291 | 4.906 |
| 74 | 7.064 | 6.514 | 5.988 | 5.577 | 5.186 | 4.724 |
| 75 | 6.822 | 6.282 | 5.868 | 5.473 | 4.994 | 4.542 |
| 76 | 6.577 | 6.164 | 5.768 | 5.271 | 4.802 | 4.361 |
| 77 | 6.464 | 6.071 | 5.558 | 5.072 | 4.614 | 4.183 |
| 78 | 6.381 | 5.851 | 5.349 | 4.875 | 4.427 | 4.007 |
| 79 | 6.150 | 5.633 | 5.142 | 4.679 | 4.242 | 3.834 |
| 80 | 5.919 | 5.414 | 4.934 | 4.482 | 4.059 | 3.664 |
| 81 | 5.686 | 5.192 | 4.725 | 4.286 | 3.876 | 3.496 |
| 82 | 5.448 | 4.967 | 4.514 | 4.090 | 3.695 | 3.330 |
| 83 | 5.206 | 4.740 | 4.302 | 3.894 | 3.515 | 3.167 |
| 84 | 4.962 | 4.511 | 4.090 | 3.699 | 3.338 | 3.007 |
| 85 | 4.716 | 4.283 | 3.879 | 3.506 | 3.164 | 2.853 |
| 86 | 4.472 | 4.057 | 3.673 | 3.320 | 2.998 | 2.704 |
| 87 | 4.232 | 3.838 | 3.474 | 3.142 | 2.838 | 2.560 |
| 88 | 3.999 | 3.626 | 3.285 | 2.971 | 2.684 | 2.423 |
| 89 | 3.775 | 3.425 | 3.102 | 2.807 | 2.537 | 2.291 |
| 90 | 3.562 | 3.232 | 2.928 | 2.650 | 2.396 | 2.165 |
| 91 | 3.358 | 3.047 | 2.761 | 2.500 | 2.262 | 2.045 |
| 92 | 3.163 | 2.871 | 2.603 | 2.358 | 2.135 | 1.931 |
| 93 | 2.978 | 2.703 | 2.452 | 2.223 | 2.014 | 1.824 |
| 94 | 2.802 | 2.545 | 2.310 | 2.095 | 1.899 | 1.721 |
| 95 | 2.635 | 2.395 | 2.175 | 1.974 | 1.791 | 1.623 |
| 96 | 2.479 | 2.254 | 2.048 | 1.860 | 1.688 | 1.530 |
| 97 | 2.332 | 2.122 | 1.929 | 1.752 | 1.590 | 1.440 |
| 98 | 2.196 | 1.999 | 1.818 | 1.652 | 1.498 | 1.354 |
| 99 | 2.071 | 1.886 | 1.716 | 1.558 | 1.411 | 1.273 |
| 100 | 1.960 | 1.786 | 1.624 | 1.473 | 1.331 | 1.197 |
| 101 | 1.842 | 1.677 | 1.523 | 1.378 | 1.241 | 1.127 |
| 102 | 1.730 | 1.573 | 1.425 | 1.285 | 1.168 | 1.058 |
| 103 | 1.624 | 1.473 | 1.329 | 1.210 | 1.097 | 0.988 |
| 104 | 1.520 | 1.373 | 1.252 | 1.136 | 1.025 | 0.918 |
| 105 | 1.420 | 1.295 | 1.178 | 1.063 | 0.953 | 0.845 |

* 1999 United States Life Tables for Total Population and Female Population
Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest applied prior to claimant's death = 3.5%
Annual Rate of Interest applied after claimant's death = 3.5%
Annual Rate of Escalation applied prior to claimant's death = 4.0%
Annual Rate of Escalation applied after claimant's death = 4.0%

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.



SECTION VI

EXAMPLES

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

SECTION VI - EXAMPLES

Section VI contains illustrations of certain common types of reports required by the Bureau'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 illustrations 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 Bureau.

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

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

Illustration 1 - First Report Requiring Two Unit Reports

In this illustration it is assumed that more than one experience modification applies during the policy period.

Note that it is necessary to use more than one unit card to report the experience. The Mod Effective Date references the effective date of each modification. The exposure and premium side of the card gives the information by classification and the experience modification for each period separately. The effective and expiration dates shown are for the entire policy period.

Note that the risk's totals for the entire policy period are shown on the second card.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 99998 | Policy Number WC4444 | Policy Effective Date 01/01/96 | Policy Expiration Date 01/01/97 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

Insured's Name: **PDQ Refining Company**

F.E.I.N.

Pending File No.

Insured's Address:

123456789

| | | | | | | | | | | | | | | | | | | |
|--------------------------------|---------------------------------|----------------------|------------------------|-------------------|-------------------------|-------------------|------------------------|--------------------|-----------------|-----------------|----------------|----------------------|-----------------|---|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date 06/01/95 | Rate Effective Date 06/01/95 | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type 0301 | Deduct. Percent | Deductible Amount Per Claim/Accident \$1,000 | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy N | Multistate Policy Y | Interstate Rating | Estimated Exposure N | Retro Policy N | Canceled Mid-Term N | MCO Indicator N | Type Cov. 01 | Plan Ind. 01 | Non-Std. 01 | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | | | | |
| | 01 | 0581 | 110486 | 6.99 | 7723 | | 15000 | 04/22/96 | 125083 | 900 | 0581 | 9 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | | | |
| | 01 | 0951 | 75008 | .96 | 720 | | Social Security Number | | | Part 90 | Nature 04 | Cause 01 | Occupation Description Chemical Processor | | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 31271 | Paid Medical 800 | | | |
| | 01 | 0953 | 12850 | .49 | 63 | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | ALAE Paid 12500 | ALAE Incurred | | |
| | 01 | 0661 | | | 222 | | 15001 | 05/02/96 | 9000 | 3000 | 0581 | 9 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | | | |
| | A. | Total Subject Premium | | | 8174 | | Social Security Number | | | Part 35 | Nature 04 | Cause 02 | Occupation Description | | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 2250 | Paid Medical 2875 | | | |
| | B. | Experience Mod (XX.XXX) | | | 1.080 | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | C. | Total Modified Premium | | | 8828 | | 15002 | 06/25/96 | 1500 | 250 | 0581 | 9 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | | | |
| | D. | | | | | | Social Security Number | | | Part 42 | Nature 52 | Cause 27 | Occupation Description | | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 1500 | Paid Medical 250 | | | |
| | E. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | F. | | | | | | 15003 | 07/09/96 | 350 | 150 | 0581 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | | | |
| | G. | Total Standard Exposure | | | Total Standard Premium | | Social Security Number | | | Part 34 | Nature 49 | Cause 60 | Occupation Description | | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 350 | Paid Medical 150 | | | |
| | H. | 006_ | Premium Discount Amt. | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | I. | 0900 | Expense Constant Amt | | | | 15004 | 09/18/96 | 360 | 160 | 0581 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | | | |
| | J. | | | | | | Social Security Number | | | Part 56 | Nature 28 | Cause 50 | Occupation Description | | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 360 | Paid Medical 160 | | | |
| | K. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | 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 | | | | |
| | | | | | | | Tot. Claimant's Attny. Fees | | Tot. Employer's Attny. Fees | | Reserved for Future Use | | | | | | | | | | Total ALAE Paid | | Total ALAE Incurred | |

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 99998 | Policy Number WC4444 | Policy Effective Date 01/01/96 | Policy Expiration Date 01/01/97 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: PDQ Refining Company | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|--------------------------------|---------------------------------|----------------------|------------------------|-------------------|-------------------------|-------------------|------------------------|--------------------|-----------------|-----------------|----------------------|-----------------|---|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date 06/01/96 | Rate Effective Date 06/01/96 | Policy Conditions | | | | | | Policy Type I D | | | Deduct. Type 0301 | Deduct. Percent | Deductible Amount Per Claim/Accident \$1,000 | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy N | Multistate Policy Y | Interstate Rating | Estimated Exposure N | Retro Policy N | Canceled Mid-Term N | MCO Indicator N | Type Cov. 01 | Plan Ind. 01 | Non-Std. 01 | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | |
|----------|-------------------------|-----------------------|-----------------|------------------------|--------------|-------|
| | 01 | 0581 | 129040 | 6.99 | 9020 | |
| | 01 | 0951 | 80950 | .96 | 777 | |
| | 01 | 0953 | 15010 | .49 | 74 | |
| | 01 | 0664 | | | 385 | |
| A. | Total Subject Premium | | | | 9486 | |
| B. | Experience Mod (XX.XXX) | | | | 1.160 | |
| C. | Total Modified Premium | | | | 11004 | |
| D. | | | | | | |
| E. | | | | | | |
| F. | | | | | | |
| G. | Total Standard Exposure | | 123344 | Total Standard Premium | | 10832 |
| H. | 006_ | Premium Discount Amt. | | | | |
| I. | 0900 | Expense Constant Amt | | | | |
| J. | | | | | | |
| K. | | | | | | |
| L. | | | | | | |

LOSS INFORMATION

| 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 | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | | | | | | | | | | | | | | | |
| | Reserved for Future Use | | Total No. Claims 5 | Total Incurred Indemnity 136293 | Total Incurred Medical 4460 | Reserved for Future Use | | Total Paid Indemnity 35731 | Total Paid Medical 4235 | | | | | | |
| | Tot. Claimant's Attny. Fees | | Tot. Employer's Attny. Fees 15000 | | Reserved for Future Use | | | | | | | Total ALAE Paid 12500 | Total ALAE Incurred | | |

Illustration 2 - Exposure Correction Report

In this instance a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

Note that the first line of exposure information is the previously reported information indicated by a **P** in the Update Type field. The second line of exposure information is the revised information indicated by a **R** in the Update Type field.

Only the second revised unit card carries the risk's totals.

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 No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------|-----------|------------|-------------------|--------------|---------------|-----------------------|------------------------|--------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| 01 | 01 | E | | 99998 | WC4444 | 01/01/96 | 01/01/97 | 07 | | | | | | |

| | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|-----------|--|------------------|--|
| Insured's Name: PDQ Refining Company | | | | | | | | | | | F.E.I.N. | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | 123456789 | | | |

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| 06/01/95 | 06/01/95 | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | 0301 | | \$1,000 | | | | |
| | | N | Y | | N | N | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION **LOSS INFORMATION**

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | | | | | | |
| P | 01 | 0581 | 110486 | 6.99 | 7723 | | | | | | | | | | | | | | | | | | | | | |
| R | 01 | 0581 | 120486 | 6.99 | 8422 | | | | | | | | | | | | | | | | | | | | | |
| P | 01 | 9664 | | | 332 | | | | | | | | | | | | | | | | | | | | | |
| R | 01 | 9664 | | | 350 | | | | | | | | | | | | | | | | | | | | | |
| | A. | Total Subject Premium | | | 8846 | | | | | | | | | | | | | | | | | | | | | |
| | B. | Total Modified Premium | | | 1.080 | | | | | | | | | | | | | | | | | | | | | |
| | C. | Total Modified Premium | | | 9554 | | | | | | | | | | | | | | | | | | | | | |
| | D. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | E. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | F. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | G. | Total Standard Exposure | | | Total Standard Premium | | | | | | | | | | | | | | | | | | | | | |
| | H. | 006_ | Premium Discount Amt. | | | | | | | | | | | | | | | | | | | | | | | |
| | I. | 0900 | Expense Constant Amt | | | | | | | | | | | | | | | | | | | | | | | |
| | J. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | K. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | |
| | | | | | | | Tot. Claimant's Attny. Fees | Tot. Employer's Attny. Fees | | Reserved for Future Use | | | | | | | Total ALAE Paid | | Total ALAE Incurred | | | | | | | |

Illustration 3 - 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".

SUPPLEMENTAL LOSS REPORT

| Report No. | | Corr. No. | | Corr. Type | Replace Rpt. Ind. | Carrier Code | Policy Number | | | Policy Effective Date | Policy Expiration Date | Expos. State | | | | |
|--------------------------------------|--------------|--------------------------------|--------|--------------------------|------------------------|------------------------|---------------|-------------------------|-----------------|-----------------------|------------------------|-----------------|---------------------|--------------|----------|----------|
| 01 | | 02 | | L | | 99998 | WC4444 | | | 01/01/96 | 01/01/97 | 07 | | | | |
| Insured's Name: PDQ Refining Company | | | | | | | | | | | F.E.I.N. | Card Serial No. | | | | |
| Insured's Address: | | | | | | | | | | | 123456789 | | | | | |
| Upd Typ | Claim Number | Acc. Date/ No. Claims | | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd State | Cat. No. | MCO Type |
| | | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| P | 15000 | 04/22/96 | | 125083 | 900 | 0581 | 9 | 0 | 01 | 01 | 01 | 03 | 00 | 37 | 00 | 00 |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | | 90 | 04 | 01 | | | | N | | | | 31271 | | 800 | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | | |
| | | 15000 | | | | | | | | | 12500 | | | | | |
| Upd Typ | Claim Number | Acc. Date/ No. Claims | | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd State | Cat. No. | MCO Type |
| | | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| R | 15000 | 04/22/96 | | 125083 | 900 | 0581 | 9 | 0 | 01 | 01 | 01 | 03 | 00 | 07 | 00 | 00 |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | | 90 | 04 | 01 | | | | N | | | | 31271 | | 800 | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | | |
| | | 15000 | | | | | | | | | 12500 | | | | | |
| Upd Typ | Claim Number | Acc. Date/ No. Claims | | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd 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 | | | | | Jurisd 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 | | | | | Jurisd 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 | | | | | Jurisd 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 | | | |
| | | 5 | | 136293 | | 4460 | | | | | 35731 | | 4235 | | | |
| Total Claimant's Attorney Fees | | Total Employer's Attorney Fees | | Reserved for Future Use | | | | | | | Total ALAE Paid | | Total ALAE Incurred | | | |
| | | 15000 | | | | | | | | | 12500 | | | | | |

Illustration 4 - 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 11223 | Policy Number WC14579 | Policy Effective Date 01/01/96 | Policy Expiration Date 01/01/97 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: ABC, Inc. | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | Y | | N | N | N | N | 01 | 01 | 01 | 0301 | | \$1,000 | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|----------------------------|------------|-----------------------|------------------------|--------------|
| | 01 | 0928 | 155121 | 3.68 | 5708 |
| | 01 | 0951 | 182051 | .96 | 1748 |
| | 01 | 0952 | 111599 | 1.89 | 2109 |
| | 01 | 0953 | 58193 | 1.0 | 287 |
| | A. Total Subject Premium | | | | |
| | B. Mod (XX.XXX) | | | | |
| | C. Total Modified Premium | | | | |
| | D. | | | | |
| | E. | | | | |
| | F. | | | | |
| | G. Total Standard Exposure | | | Total Standard Premium | |
| | H. | 006_ | Premium Discount Amt. | | |
| | I. | 0900 | Expense Constant Amt | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |

LOSS INFORMATION

| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |

LOSS TOTALS

Illustration 5 - 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.

Illustration 6 - 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 Section 5, Page C-3 of 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

$$180,559 \times \frac{12 \text{ mos}}{6 \text{ mos}} = 361,118$$

$$3,894 \times \frac{12 \text{ mos}}{6 \text{ mos}} = 7,788$$

3) Annual Premiums

a) Rated

| Class | Payroll | Rate | Premium |
|-------------------------|---------|------|-------------------------------|
| 0813 | 361,118 | 8.75 | \$31,598 |
| 0953 | 7,788 | 0.49 | <u>\$ 38</u> |
| Total Subject Premium | | | \$31,636 |
| Experience Modification | | | .968 |
| Total Modified Premium | | | \$30,624 |
| Total Standard Premium | | | \$30,624 + \$3,756 = \$34,380 |

b) Non-rated

| Class | Payroll | Rate | Premium |
|-------|---------|------|---------|
| 0176 | 361,118 | 1.04 | \$3,756 |

4) Short Rate Percentage 6 months = .60

5) Short Rate premium for canceled policy = \$34,380 x .60 = \$20,628

6) Short Rate penalty premium code 0931 = \$20,628 - \$17,190 = \$3438

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 78972 | Policy Number 60666 | Policy Effective Date 01/01/96 | Policy Expiration Date 07/01/96 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: AZA Company | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | N | | N | N | Y | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|-----------------------------------|------------|-----------------------|-------------|--------------|
| | 01 | 0513 | 180559 | 8.75 | 15799 |
| | 01 | 0953 | 3894 | .49 | 19 |
| | A. Total Subject Premium | | 15818 | | |
| | B. Expense Mod (XX.XXX) | | 0.968 | | |
| | C. Total Modified Premium | | 15312 | | |
| | D. | 0176 | 180559 | 1.04 | 1878 |
| | E. | 0931 | | | 3438 |
| | F. | | | | |
| | G. Total Standard Exposure | | 184453 | | |
| | Total Standard Premium | | 20628 | | |
| | H. | 006_ | Premium Discount Amt. | | |
| | I. | 0900 | Expense Constant Amt | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |

LOSS INFORMATION

| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | |

LOSS TOTALS

Illustration 7 - Ratable Class; Mandatory Non-Ratable Element

Effective 10/01/87, for class codes 4773, 4774, 4775, 4776, 4779, 7323F, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the Bureau and shown on the Bureau 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. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 19872 | Policy Number WC2795461 | Policy Effective Date 01/01/96 | Policy Expiration Date 01/01/97 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|----------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: FBA Company | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | N | | N | Y | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|-----------------------------------|------------|------------------------------|-------------------------------|--------------|
| | 01 | 7405 | 82351 | 55.37 | 45598 |
| | 01 | 0953 | 1587 | .49 | 8 |
| | A. Total Subject Premium | | | 45606 | |
| | B. Experience Mod (XX.XXX) | | | 0.915 | |
| | C. Total Modified Premium | | | 41729 | |
| | D. | 7445 | 82351 | 6.09 | 5015 |
| | E. | | | | |
| | F. | | | | |
| | G. Total Standard Exposure | | 82038 | Total Standard Premium | |
| | | | | 46744 | |
| | H. | 006_ | Premium Discount Amt. | | |
| | I. | 0900 | Expense Constant Amt | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |

LOSS INFORMATION

| *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 | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | | | | | | | | | | | | | | | |
| | 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 | |

Illustration 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the Bureau and shown on the Bureau Data Card when the non-ratable element is authorized by the Bureau's Classification Department. The Non-Ratable Element is optional for class codes 445, 447, 513, 7421, classes with radiation 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. ---

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 16928 | Policy Number 97523A | Policy Effective Date 01/01/96 | Policy Expiration Date 01/01/97 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: GEE Corporation | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | Y | | N | N | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|-----------------------------------|------------|-----------------------|-------------|---------------|
| | 01 | 0615 | 258870 | 55.37 | 143336 |
| | 01 | 0953 | 1328 | .49 | 7 |
| | A. Total Subject Premium | | 143343 | | |
| | B. Experience Mod (XX.XXX) | | 0.915 | | |
| | C. Total Modified Premium | | 131159 | | |
| | D. | 0152 | 258870 | 6.09 | 15765 |
| | E. | 0164 | 258870 | .59 | 1527 |
| | G. Total Standard Exposure | | 260198 | | 148151 |
| | H. | 006_ | Premium Discount Amt. | | |
| | I. | 0900 | Expense Constant Amt | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |

LOSS INFORMATION

| *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 | 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 | |
| | 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 | |
| | 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 | |
| | 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 | |
| | 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 | | | | | | | | | | | | | | | |
| 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 | |

Illustration 9 - 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 and the grouping of the seven closed medical only claims. Groupings must be made by loss condition (Type of Loss) as well as injury type and class code.

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. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 94999 | Policy Number WC54321 | Policy Effective Date 07/01/00 | Policy Expiration Date 07/01/01 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: PAZ Industries Corporation | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | N | | N | Y | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION **LOSS INFORMATION**

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | |
| | 01 | 0101 | 1214435 | 6.91 | 83917 | | 46096 | 07/28/00 | 181500 | 7027 | 0101 | 9 | 0 | 01 | 01 | 01 | 03 | 00 | | 00 | 00 |
| | 01 | 0951 | 675210 | .96 | 6482 | | Social Security Number | | Part 31 | Nature 02 | Cause 86 | Occupation Description Miller | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 7025 | Paid Medical 3600 | | |
| | 01 | 0953 | 20800 | .49 | 102 | | Claimant's Attorney Fees | | Employer's Attorney Fees 35000 | | Reversed for Future Use | | | | | ALAE Paid 20000 | ALAE Incurred | | | | |
| | A. | Total Subject Premium | | | 90501 | | 46114 | 08/05/00 | 1323 | 137 | 0101 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | | 00 | 00 |
| | B. | Experience Mod (XX.XXX) | | | 1.620 | | Social Security Number | | Part 35 | Nature 40 | Cause 10 | Occupation Description | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 900 | Paid Medical 137 | | |
| | C. | Total Modified Premium | | | 146612 | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | | | |
| | D. | 9880 | | | 7331 | | 46122 | 10/01/00 | 301779 | 13000 | 0101 | 2 | 0 | 01 | 01 | 01 | 03 | 00 | | 00 | 00 |
| | E. | | | | | | Social Security Number | | Part 30 | Nature 13 | Cause 10 | Occupation Description Miller | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 19977 | Paid Medical 6000 | | |
| | F. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | | | |
| | G. | Total Standard Exposure 1010445 | | Total Standard Premium 130281 | | | 7 | | 200 | 0101 | 6 | 1 | 01 | 01 | 01 | 03 | 00 | | 00 | 00 | |
| | H. | 006_ | Premium Discount Amt. | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. N | Lump | Fraud | Deduct | Paid Indemnity 200 | Paid Medical | | |
| | I. | 0900 | Expense Constant Amt | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | | | |
| | J. | | | | | | 1 | | 20 | 0951 | 6 | 1 | 01 | 01 | 01 | 03 | 00 | | 00 | 00 | |
| | K. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity 20 | Paid Medical | | |
| | L. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | | | |
| LOSS TOTALS | | | | | | | | | | | | | | | | | | | | | |
| Reserved for Future Use | | | | | | | Total No. Claims 11 | | Total Incurred Indemnity 484602 | | Total Incurred Medical 20384 | | Reserved for Future Use | | | Total Paid Indemnity 27902 | | Total Paid Medical 9957 | | | |
| Tot. Claimant's Attny. Fees | | | | | | | Tot. Employer's Attny. Fees 35000 | | Reserved for Future Use | | | | | Total ALAE Paid 20000 | | Total ALAE Incurred | | | | | |

Illustration 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/00
Date of Valuation - 01/01/02
1st Level Report - Open

Date of Accident - 10/01/00
Date of Birth - 04/01/55
Employee's age @ Valuation - 46 {sex - M}
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.285 wks

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$459) = \306
Present Value of \$1 @ Age 46 = 18.198 {Table III-M-A}
 $\$306 \times 52 \times 18.198 = \$289,567$

Indemnity Paid to Valuation
Date - $65.285 \times 306 = 19,977$

| 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 | | | | | | | | |
| 0101 | 1 | 1 | 2 | 94999 | | | | | | | 07 | | | | | | | | | |
| POLICY NUMBER | | CERT. NO. | POLICY EFFECTIVE DATE | | | CLAIM NO. | STAT CODE* | DATE ATTNY DISC | | | LOSS CONDITIONS | | | | | JURIS STATE | MCO TYPE | | | |
| WC54321 | | | MO. | DAY | YR | 46122 | 0 | MO. | DAY | YR | ACT | TYPE | RCOV | COV | SETT L | 37 | 00 | | | |
| INSURED NAME | | | | | | | ACC. DATE | | | DATE OF DEATH | | | DATE REPORTED | | | DATE OF BIRTH | | | SURG CODE | ATTNY CODE* |
| PAZ Industries Corporation | | | | | | | MO | DAY | YR | MO | DAY | YR | MO | DAY | YR | MO | DAY | YR | 1 | 3 |
| WORKER LAST NAME | | AVG. WEEKLY WAGE | | INJURY DESC. CODE* ↓ | | PART | NATURE | CAUSE | OCCUPATION | | | | DATE CLOSED | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| Jones | | 459 | | | | 30 | 13 | 10 | Miller | | | | MO | YR | | | | | | |
| 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* | | | | CALCULATIONS | | | | | | | |
| 1. TEMPORARY INDEMNITY | | | XXX | XXX | | | | | CODE | DATE OF BIRTH | | | Paid to Valuation Date 65.285 x 306 = 19977 Future Payments 306 x 52 x 17.710 = 281802 | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | 1 | 04 | 01 | 55 | | | | | | | | |
| 3. NON-SCHEDULED INDEMNITY | | | | XXX | XXXX | | | | | | | | | | | | | | | |
| 4. EMPLOYERS LIABILITY OR OTHER INDEMNITY | | | | | | | | | | | | | | | | | | | | |
| 5. VOCATIONAL REHABILITATION TOTAL INCURRED | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LEGAL EXPENSE | | | | | | | | | | | | | | | | | | | | |
| 7. PENSION INDEM. PAID TO VAL. DATE | | | | | | | | | | | | | 19977 | | | | | | | |
| PHYSICIAN PAID | | | | | | TEMP. DISABILITY PAID | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | | | | |
| HOSPITAL PAID | | | | | | PERM. PARTIAL PAID | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 281802 | | | | | | | |
| APP. MED. EVAL. PAID | | | | | | PERM. TOTAL PAID | | | 10. FUNERAL ALLOWANCE | | | | 0 | | | | | | | |
| DEFENSE MED. EVAL PAID | | | | | | DEATH PAID | | | 11. LUMP SUM REMARRIAGE | | | | 0 | | | | | | | |
| INDEP. MED. EVAL. PAID | | | | | | SINGLE LUMP SUM | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 301779 | | | | | | | |
| 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 | | | | 19997 | | | | | | | |
| 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 REVERSE FOR CODING

Illustration 10 - Individual Risk Experience with USL & HW Coverage

Note that the Federal Class 6843F has exposure coverage Code 02 and the losses for Class 6843F have loss conditions Code 02/01/01/03/00.

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.

Refer to Illustration 10a and 10b for the Individual Case Reports.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 16928 | Policy Number 99887 | Policy Effective Date 07/01/00 | Policy Expiration Date 07/01/01 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: Steve Ho Corporation | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | N | | N | N | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|-----------------------------------|------------------------------|-----------------|---------------|--------------|
| | 02 | 6843 | 127896 | 23.90 | 30567 |
| | 01 | 0718 | 279132 | 11.77 | 32854 |
| | A. Total Subject Premium | | | 63421 | |
| | B. Experience Mod (XX.XXX) | | | 0.975 | |
| | C. Total Modified Premium | | | 61835 | |
| | D. | | | | |
| | E. | | | | |
| | F. | | | | |
| | G. Total Standard Exposure | | | 107028 | |
| | Total Standard Premium | | | 61835 | |
| | H. 006_ | Premium Discount Amt. | | | |
| | I. 0900 | Expense Constant Amt | | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |

LOSS INFORMATION

| Claim Number | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd. State | Cat. No. | MCO Type | |
|-----------------------------|-----------------------|-----------------------------|------------------|--------------------------|------------------------|------------------------|-----------------|-------------------------|-------|----------------------|----------------|--------------------|---------------|---------------------|--|
| | | | | | | | Act | Type | Recov | Cov | Settl | | | | |
| 789803 | 10/01/00 | 239897 | 25000 | 6843 | 2 | 0 | 02 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 42 | 49 | 36 | Iron Worker | | N | | | | 8008 | 15000 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | ALAE Paid | ALAE Incurred | | |
| 6 | | | 1287 | 0718 | 6 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 90 | 13 | 75 | Ship Builder | | N | | | | 13346 | 0 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | ALAE Paid | ALAE Incurred | | |
| 789749 | 08/01/00 | 233755 | 0 | 0718 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 90 | 13 | 75 | Ship Builder | | N | | | | 13346 | 0 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | 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 | | | |
| | | 8 | | 473652 | | 26287 | | | | 21354 | | 16287 | | | |
| Tot. Claimant's Attny. Fees | | Tot. Employer's Attny. Fees | | Reserved for Future Use | | | | | | | | Total ALAE Paid | | Total ALAE Incurred | |

Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability

Use Table III-M-C- (USLH-III- Male)

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/00
Date of Valuation - 01/01/02
1st Level Report - Open

Date of Accident - 10/01/00
Date of Birth - 03/15/33
Employee's age @ Valuation Date -68 (sex - M)
Loss Conditions - 02/01/01/03/00

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$459) = \306
Present Value of \$1 = 14.728 {Table III-M-C}
 $\$306 \times 52 \times 14.728 = \$234,352$
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/00 to 01/01/02 [457 days / 7 = 65.285 (Wks)]
 $65.285 \times \$306 = \$19,977$

Total Indemnity Incurred = $\$234,352 + \$19,977 = \$254,329$

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* 1 | TRAN. TYPE CODE* 1 | TYPE OF INJ. CODE* 2 | 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 00 | | CLAIM NO. 789803 | STAT CODE* 0 | DATE ATTNY DISC MO. DAY YR | | LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00 | | | | | JURIS STATE 37 | MCO TYPE 00 | | |
| INSURED NAME Steve Ho Corporation | | | | | | ACC. DATE MO DAY YR 10 01 00 | | DATE OF DEATH MO DAY YR | | DATE REPORTED MO DAY YR 10 01 00 | | DATE OF BIRTH MO DAY YR 03 15 33 | | SURG CODE | ATTNY CODE* | | |
| WORKER LAST NAME Vee | AVG. WEEKLY WAGE 459 | INJURY DESC. CODE* | | PART 42 | NATURE 49 | CAUSE 56 | OCCUPATION Iron Worker | | | DATE CLOSED MO YR | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| SOCIAL SECURITY NUMBER 123-45-9876 | | 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 | | | Paid to Valuation Date 65.285 x 306 = 19977 Future Payments 306 x 52 x 14.728 = 234352 | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | 1 | 03 | 15 | 33 | | | | | | |
| 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 | | | | 19977 | | | | | |
| PHYSICIAN PAID | | | TEMP. DISABILITY PAID | | | | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | |
| HOSPITAL PAID | | | PERM. PARTIAL PAID | | | | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 234352 | | | | |
| APP. MED. EVAL. PAID | | | PERM. TOTAL PAID | | | | | | 10. FUNERAL ALLOWANCE | | | | 0 | | | | |
| DEFENSE MED. EVAL PAID | | | DEATH PAID | | | | | | 11. LUMP SUM REMARRIAGE | | | | 0 | | | | |
| INDEP. MED. EVAL. PAID | | | SINGLE LUMP SUM | | | | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 254329 | | | | |
| 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 REVERSE FOR CODING

Illustration 10b - Individual Case Report; Death, Widow Only

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/00
Date at Valuation - 01/01/02
Date of Accident - 08/01/00

Widow's Date of Birth - 05/01/35
Age at Widowhood - 65
Age at Valuation - 66
1st Level Report - Open
Date of Death - 08/01/00

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value

$\$316.68 \times 52 \times 12.611 = \$207,670$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0244

$\$316.68 \times 104 \times .0244 = \804

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/00 to 01/01/02 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,412$

| 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 | | | | | | | | |
| 0718 | 1 | 1 | 1 | 16928 | | | | | | | 07 | | | | | | | | | |
| POLICY NUMBER | | CERT. NO. | POLICY EFFECTIVE DATE MO. DAY YR | | | CLAIM NO. | | STAT CODE* | DATE ATTNY DISC MO. DAY YR | | | LOSS CONDITIONS ACT TYPE RCOV COV SETT L | | | | JURIS STATE | MCO TYPE | | | |
| 99887 | | | 07 | 01 | 00 | 789749 | | 0 | | | | 01 | 01 | 01 | 03 | 00 | 37 | 00 | | |
| INSURED NAME | | | | | | | ACC. DATE MO DAY YR | | | DATE OF DEATH MO DAY YR | | | DATE REPORTED MO DAY YR | | | DATE OF BIRTH MO DAY YR | | | SURG CODE | ATTNY CODE* |
| Steve Ho Corporation | | | | | | | 08 | 01 | 00 | 08 | 01 | 00 | 08 | 01 | 00 | 07 | 25 | 34 | | |
| WORKER LAST NAME | | AVG. WEEKLY WAGE | | INJURY DESC. CODE* | | PART | NATURE | CAUSE | OCCUPATION | | | | DATE CLOSED MO YR | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| Stevens | | 475 | | | | 90 | 13 | 75 | Ship Builder | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | | DATE SINGLE SUM PAID | | MO | DAY | YR | EMPLOYMENT STATUS | | YEAR LAST EXPOSED | | | DATE OF HIRE | | MO | DAY | YR | | | |
| 789-65-4321 | | | | | | | | | | | | | | | 01 | 01 | 80 | | | |
| 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 | | | Paid to Valuation Date 74 x 316.68 = 23412 Future Payments 52 x 316.68 x 12.611 = 207670 | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | 2 | 05 | 01 | 35 | | | | | | | | |
| 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 | | | | 23412 | | | | | | | |
| PHYSICIAN PAID | | | | | | TEMP. DISABILITY PAID | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | | | | |
| HOSPITAL PAID | | | | | | PERM. PARTIAL PAID | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 207670 | | | | | | | |
| APP. MED. EVAL. PAID | | | | | | PERM. TOTAL PAID | | | 10. FUNERAL ALLOWANCE | | | | 700 | | | | | | | |
| DEFENSE MED. EVAL PAID | | | | | | DEATH PAID | | | 11. LUMP SUM REMARRIAGE | | | | 804 | | | | | | | |
| INDEP. MED. EVAL. PAID | | | | | | SINGLE LUMP SUM | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 232586 | | | | | | | |
| 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 REVERSE FOR CODING

Illustration 11 - Second Reporting of Losses for Unit for Illustration 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 01/03).

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.

Subsequent levels can be reported on a Supplemental Loss Report (as shown) or on a Unit Statistical Report using the same format shown here.

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 Illustrations 11a and 11b for Individual Case Reports.

SUPPLEMENTAL LOSS REPORT

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

| | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|------------------------|-----------------------------------|------------------------------------|--------------------|
| Report No. 02 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 16928 | Policy Number 99887 | Policy Effective Date 07/01/00 | Policy Expiration Date 07/01/01 | Expos. State 07 |
|------------------|-----------|------------|-------------------|-----------------------|------------------------|-----------------------------------|------------------------------------|--------------------|

| | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|-----------------------|--|-----------------|
| Insured's Name: Steve Ho Corp. | | | | | | | F.E.I.N. 123456789 | | Card Serial No. |
| Insured's Address: | | | | | | | | | |

| Upd Typ | Claim Number | Acc. Date/No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd State | Cat. No. | MCO Type |
|---------|--------------|----------------------|--------------------|------------------|------------|--------|--------|-----------------|------|-------|-----|-------|--------------|----------|----------|
| | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| P | 789803 | 10/01/00 | 239897 | 25000 | 6843 | 2 | 0 | 02 | 01 | 01 | 03 | 00 | 00 | 00 | |

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------|-------------------------|------------------------|--|--|--|------|------|-------|-----------|----------------|--------------|
| Social Security Number | Part | Nature | Cause | Occupation Description | | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | 42 | 49 | 36 | | | | | N | | | | 8008 | 15000 |
| 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 | | | | | Jurisd State | Cat. No. | MCO Type |
|---------|--------------|----------------------|--------------------|------------------|------------|--------|--------|-----------------|------|-------|-----|-------|--------------|----------|----------|
| | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| R | 789803 | 10/01/00 | 245510 | 27500 | 6843 | 2 | 0 | 02 | 01 | 01 | 03 | 00 | 00 | 00 | |

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------|-------------------------|------------------------|--|--|--|------|------|-------|-----------|----------------|--------------|
| Social Security Number | Part | Nature | Cause | Occupation Description | | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | 42 | 49 | 36 | | | | | N | | | | 18715 | 20000 |
| 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 | | | | | Jurisd State | Cat. No. | MCO Type |
|---------|--------------|----------------------|--------------------|------------------|------------|--------|--------|-----------------|------|-------|-----|-------|--------------|----------|----------|
| | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| P | 789749 | 08/01/00 | 233755 | 0 | 0718 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------|-------------------------|------------------------|--|--|--|------|------|-------|-----------|----------------|--------------|
| Social Security Number | Part | Nature | Cause | Occupation Description | | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | 90 | 13 | 75 | | | | | N | | | | 13346 | 0 |
| 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 | | | | | Jurisd State | Cat. No. | MCO Type |
|---------|--------------|----------------------|--------------------|------------------|------------|--------|--------|-----------------|------|-------|-----|-------|--------------|----------|----------|
| | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| R | 789749 | 08/01/00 | 244243 | 0 | 0718 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------|-------------------------|------------------------|--|--|--|------|------|-------|-----------|----------------|--------------|
| Social Security Number | Part | Nature | Cause | Occupation Description | | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | 90 | 13 | 75 | | | | | N | | | | 22786 | 0 |
| 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 | | | | | Jurisd 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 | | | | | Jurisd 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 8 | Total Incurred Indemnity 489753 | Total Incurred Medical 28787 | Reserved for Future Use | Total Paid Indemnity 41501 | Total Paid Medical 21287 |
| Total Claimant's Attorney Fees | Total Employer's Attorney Fees | Reserved for Future Use | | | Total ALAE Paid | Total ALAE Incurred |

Illustration 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level

Use Table III-M-C- (USLH-III-Male)

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/00
Date of Valuation - 01/01/03

Date of Accident - 10/01/00
Date of Birth - 03/15/33
Employee's Age at Valuation Date - 69 (sex - M)
Maximum Weekly Benefit - \$933.82

Present Value of Future Payments
 $\$306 \times 52 \times 14.047 = \$223,516$

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/00 to 01/01/03 [822 days / 7 = 117.428 (Wks)]
(117.428 Wks) x \$306 = \$35,933

Total Indemnity Incurred - $\$223,516 + \$35,933 = \$259,449$

| UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT | | | | | | | | | | | | | | | | | |
|--|-------------------------|-----------------------|---|-------------------------|---------------------|------------------------------------|-------------------------------|-------------------------------------|---|--|----|---|----------|-------------------|----------------|--|--|
| CLASS CODE 6843 | REPORT NO. CODE* 2 | TRAN. TYPE CODE* 1 | TYPE OF INJ. CODE* 2 | 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 00 | | CLAIM NO. 789803 | STAT CODE* 0 | DATE ATTNY DISC MO. DAY YR | | LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00 | | | | | JURIS STATE 37 | MCO TYPE 00 | | |
| INSURED NAME Steve Ho Corp. | | | | | | ACC. DATE MO DAY YR 10 01 00 | | DATE OF DEATH MO DAY YR | | DATE REPORTED MO DAY YR 10 01 00 | | DATE OF BIRTH MO DAY YR 03 15 33 | | SURG CODE | ATTNY CODE* | | |
| WORKER LAST NAME Vee | AVG. WEEKLY WAGE 459 | INJURY DESC. CODE* | | PART 42 | NATURE 49 | CAUSE 56 | OCCUPATION Iron Worker | | | DATE CLOSED MO YR | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| SOCIAL SECURITY NUMBER 123-45-9876 | | 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 | | | Paid to Valuation Date $117.428 \times 306.00 = 35933$ Future Payments $306.00 \times 52 \times 14.047 = 223516$ | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | 1 | 03 | 15 | 33 | | | | | | |
| 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 | | | | 35933 | | | | | |
| PHYSICIAN PAID | | | TEMP. DISABILITY PAID | | | | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | |
| HOSPITAL PAID | | | PERM. PARTIAL PAID | | | | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 223516 | | | | |
| APP. MED. EVAL. PAID | | | PERM. TOTAL PAID | | | | | | 10. FUNERAL ALLOWANCE | | | | 0 | | | | |
| DEFENSE MED. EVAL PAID | | | DEATH PAID | | | | | | 11. LUMP SUM REMARRIAGE | | | | 0 | | | | |
| INDEP. MED. EVAL. PAID | | | SINGLE LUMP SUM | | | | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 259449 | | | | |
| 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 REVERSE FOR CODING

Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/00
Date at Valuation - 01/01/03
Date of Accident - 08/01/00

Widow's Date of Birth - 05/01/35
Age at Widowhood - 65
Age at Valuation - 67
2nd Level Report - Open
Date of Death - 08/01/00

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$316.68 \times 52 \times 12.290 = \$202,384$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0195

$\$316.68 \times 104 \times .0195 = \642

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/00 to 01/01/03 - 883 days / 7 = 126.142 Wks

$(126.142 \text{ Wks}) \times \$316.68 = \$39,947$

| 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 | | | | | | | | |
| 0718 | 2 | 1 | 1 | 16928 | | | | | | 07 | | | | | | | | | |
| POLICY NUMBER | | CERT. NO. | POLICY EFFECTIVE DATE | | | CLAIM NO. | STAT CODE* | DATE ATTNY DISC | | | LOSS CONDITIONS | | | | | JURIS STATE | MCO TYPE | | |
| 99887 | | | 07 | 01 | 00 | 789749 | 0 | | | | 01 | 01 | 01 | 03 | 00 | | 00 | | |
| INSURED NAME | | | | | | ACC. DATE | | | DATE OF DEATH | | | DATE REPORTED | | | DATE OF BIRTH | | | SURG CODE | ATTNY CODE* |
| Steve Ho Corp. | | | | | | 08 | 01 | 00 | 02 | 01 | 96 | 02 | 01 | 96 | 07 | 25 | 34 | | |
| WORKER LAST NAME | | AVG. WEEKLY WAGE | INJURY DESC. CODE* | | PART | NATURE | CAUSE | OCCUPATION | | | | DATE CLOSED | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| Stevens | | 475 | | | 90 | 13 | 75 | Ship Builder | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | | DATE SINGLE SUM PAID | | MO | DAY | YR | EMPLOYMENT STATUS | | YEAR LAST EXPOSED | | DATE OF HIRE | | MO | DAY | YR | | | |
| 789-65-4321 | | | | | | | | | | | | | | 01 | 01 | 80 | | | |
| 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 | | | Paid to Valuation Date $126.142 \times 316.68 = 39947$ Future Payments $52 \times 316.68 \times 12.290 = 202384$ | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | 2 | 05 | 01 | 35 | | | | | | | |
| 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 | | | | 39947 | | | | | | |
| PHYSICIAN PAID | | | | | | TEMP. DISABILITY PAID | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | | | |
| HOSPITAL PAID | | | | | | PERM. PARTIAL PAID | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 202384 | | | | | | |
| APP. MED. EVAL. PAID | | | | | | PERM. TOTAL PAID | | | 10. FUNERAL ALLOWANCE | | | | 700 | | | | | | |
| DEFENSE MED. EVAL PAID | | | | | | DEATH PAID | | | 11. LUMP SUM REMARRIAGE | | | | 642 | | | | | | |
| INDEP. MED. EVAL. PAID | | | | | | SINGLE LUMP SUM | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 243673 | | | | | | |
| 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 REVERSE FOR CODING

Illustration 12 - Unit Reporting; Individual Risk Experience Including Premiums for Operation Subject to the USL & HW Act for a "Non-F" Classification

When reporting a classification, which includes coverage for the USL & HW Act, increase the rating value by 99.5% 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 Act.

Note: Class 665's rating value as of 12/1/99 is 12.61, the rating value including coverage for the USL & HW Act is $\$10.28 \times 1.2270 \times 1.995 = \25.16 . 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 Act.

Refer to Illustration 12a 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 No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------|-----------|------------|-------------------|--------------|---------------|-----------------------|------------------------|--------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| 01 | | | | 99622 | 198265 | 07/01/00 | 07/01/01 | 07 | | | | | | |

Insured's Name: **Iron Erectors, Inc.** F.E.I.N. **123456789** Pending File No.

Insured's Address:

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | Y | | N | N | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|----------------------------|------------|-----------------------|-------------------------------|--------------|
| | 02 | 0665 | 120000 | 25.16 | 30192 |
| | 01 | 0665 | 1000000 | 12.61 | 126100 |
| | 01 | 0951 | 95000 | .96 | 912 |
| | 01 | 0052 | 105000 | 10 | 515 |
| | A. Total Subject Premium | | 157719 | | |
| | B. Experience Mod (XX.XXX) | | 0.900 | | |
| | C. Total Modified Premium | | 141947 | | |
| | D. | | | | |
| | E. | | | | |
| | F. | | | | |
| | G. Total Standard Exposure | | 1320000 | Total Standard Premium 141947 | |
| | H. | 006_ | Premium Discount Amt. | | |
| | I. | 0900 | Expense Constant Amt | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |
| | 5 | | | | |

LOSS INFORMATION

| Claim Number | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd. State | Cat. No. | MCO Type | |
|-----------------------------|-----------------------|-----------------------------|--------------------------|-------------------------|-------------------------|--------|----------------------|---------------------|-------|--------|----------------|---------------|---------------|----------|----------|
| | | | | | | | Act | Type | Recov | Cov | Settl | | | | |
| 845 | 02/01/01 | 710560 | 25000 | 0665 | 2 | 0 | 02 | 01 | 01 | 03 | 00 | 37 | 00 | 00 | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 40 | 28 | 25 | Iron Worker | | N | | | | 17201 | 12000 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | | 50000 | | | | | | | | | | 25000 | | | |
| 896 | 03/01/01 | 600 | 350 | 0665 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | 00 | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 48 | 65 | 01 | | | N | | | | 600 | 350 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | | | | | | | | | | | | | | | |
| 897 | 03/15/01 | 750 | 800 | 0665 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | 00 | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 31 | 28 | 26 | | | N | | | | 750 | 800 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | | | | | | | | | | | | | | | |
| 898 | 04/11/01 | | 250 | 0953 | 6 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | 00 | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | 36 | 40 | 19 | | | N | | | | | 250 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | ALAE Paid | ALAE Incurred | | |
| | | | | | | | | | | | | | | | |
| Claim Number | | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisd. State | Cat. No. | MCO Type |
| | | 6 | 1500 | 2010 | 0665 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |
| Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | | | | | | | N | | | | 1500 | 2010 | | | |
| Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | 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 | | | | | | | |
| | | 10 | 713410 | 28410 | | | 20051 | 15410 | | | | | | | |
| Tot. Claimant's Attny. Fees | | Tot. Employer's Attny. Fees | Reserved for Future Use | | | | Total ALAE Paid | Total ALAE Incurred | | | | | | | |
| | | 50000 | | | | | 25000 | | | | | | | | |

Illustration 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits

Use Tables III-M-C (USLH-III-MALE) and IV-B (USLH-IV-B)

| | |
|--|---|
| Type - USL & HW-Trauma | Claimant's Birth Date - 05/01/53 |
| Average Weekly Wage - \$500 | Spouse's Birth Date - 07/01/55 |
| Date of Accident - 02/01/01 | Date of Valuation - 01/01/02 |
| Effective Date - 07/01/00 | Claimants Age at Valuation - 48 (sex - M) |
| Maximum Benefit - 200% NAWW = \$923.81 | Spouse's Age at Valuation - 46 |
| (Projected at .025 increase per/year based on 10/01/99 max. of \$901.28) | |

Present Value of Future Payments

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

Present Value of \$1 = 31.954

Future Payments - $\$333.35 \times 31.954 \times 52 = \$553,897$

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

Benefits

Present Value of Benefits = 9.782

Future Payout = $250 \times 9.782 \times 52 = \$127,166$

Indemnity to Valuation Date Benefits Paid from 02/01/01 to 01/01/02 - 334 days / 7 = 47.714 Wks

$\$333.35 \times 47.714 = \$15,905$

| UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT | | | | | | | | | | | | | | | | | |
|--|-------------------------|-----------------------|---|-------------------------|------------------|------------------------------------|-------------------------------|-------------------------------------|---|--|----|---|-----------|-------------------|----------------|--|--|
| CLASS CODE 0665 | REPORT NO. CODE* 1 | TRAN. TYPE CODE* 1 | TYPE OF INJ. CODE* 2 | 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 00 | | CLAIM NO. 845 | STAT CODE* 0 | DATE ATTNY DISC MO. DAY YR | | LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00 | | | | | JURIS STATE 37 | MCO TYPE 00 | | |
| INSURED NAME Iron Erections, Inc. | | | | | | ACC. DATE MO DAY YR 02 01 01 | | DATE OF DEATH MO DAY YR | | DATE REPORTED MO DAY YR 02 01 01 | | DATE OF BIRTH MO DAY YR 05 01 53 | | SURG CODE | ATTNY CODE* | | |
| WORKER LAST NAME Doe | AVG. WEEKLY WAGE 500 | INJURY DESC. CODE* | | PART 40 | NATURE 28 | CAUSE 25 | OCCUPATION Iron Worker | | | DATE CLOSED MO YR | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| SOCIAL SECURITY NUMBER 123-45-6789 | | 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* | | | | CALCULATIONS | | | | | |
| 1. TEMPORARY INDEMNITY | | X X X | X X X | | | | | CODE | DATE OF BIRTH MO DAY YR | | | Paid to Valuation Date $47.714 \times 333.35 = 15905$ Future Payments $(333.35 \times 52 \times 31.954) +$ $(250 \times 52 \times 9.782) =$ 127166 | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | 1 | 05 | 01 | 53 | | | | | | |
| 3. NON-SCHEDULED INDEMNITY | | | X X X | XXXX | | | | 2 | 07 | 01 | 55 | | | | | | |
| 4. EMPLOYERS LIABILITY OR OTHER INDEMNITY | | | | | | | | | | | | | | | | | |
| 5. VOCATIONAL REHABILITATION TOTAL INCURRED | | | | | | | | | | | | | | | | | |
| 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. | | | | 681063 | | | | |
| APP. MED. EVAL. PAID | | | PERM. TOTAL PAID | | | | | | 10. FUNERAL ALLOWANCE | | | | 0 | | | | |
| DEFENSE MED. EVAL PAID | | | DEATH PAID | | | | | | 11. LUMP SUM REMARRIAGE | | | | 0 | | | | |
| INDEP. MED. EVAL. PAID | | | SINGLE LUMP SUM | | | | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 696968 | | | | |
| 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 REVERSE FOR CODING

Illustration 13 - 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, 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------------|-----------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. 01 | Corr. Type H | Replace Rpt. Ind. | Carrier Code 99998 | Policy Number WC12345 | Policy Effective Date 01/01/96 | Policy Expiration Date | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
| | | | | | WC54321 | | | | | | | | | |

Insured's Name: ABC Corp.

F.E.I.N. Pending File No.

Insured's Address:

| | | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|-----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|--|
| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use | |
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Stid. | | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | 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 | | | |
| | A. | Total Subject Premium | | | | | Claim Number | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type | | |
| | B. | Experience Mod (XX.XXX) | | | | | Social Security 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 | Reversed for Future Use | | | | | | | | | | ALAE Paid | ALAE Incurred | | | |
| | D. | | | | | | Claim Number | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type | | |
| | E. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | F. | | | | | | Claimant's Attorney Fees | Employer's Attorney Fees | Reversed for Future Use | | | | | | | | | | 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 | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type | | |
| | H. | 006_ | Premium Discount Amt. | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | I. | 0900 | Expense Constant Amt | | | | Claimant's Attorney Fees | Employer's Attorney Fees | Reversed for Future Use | | | | | | | | | | ALAE Paid | ALAE Incurred | | | |
| | J. | | | | | | Claim Number | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type | | |
| | K. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical | | | |
| | L. | | | | | | Claimant's Attorney Fees | Employer's Attorney Fees | Reversed for Future Use | | | | | | | | | | 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 | |

Illustration 14 - 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, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

Illustration 15 - 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 Illustration 15a showing the correction on the ASWG form.

Illustration 15a - 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. 01 | Corr. No. 01 | Corr. Type M | Replace Rpt. Ind. | Carrier Code 99999 | Policy Number WC12345 | Policy Effective Date 12/20/95 | Policy Expiration Date | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------------|-----------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

Insured's Name: ABC Corp.

F.E.I.N.

Pending File No.

Insured's Address:

| | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | | | | | | |
| P | 11 | 0953 | 175485 | .49 | 860 | P | 23456 | 02/05/96 | | 1000 | 0951 | 6 | 1 | 11 | | | | | | | | | | | | |
| R | 11 | 0953 | 233945 | .49 | 1146 | | 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 | | | | | | |
| | A. | Total Subject Premium | | | 1946 | R | 23456 | 02/05/96 | | 1565 | 0951 | 6 | 1 | 11 | | | | | | | | | | | | |
| | B. | Experience Mod (XX.XXX) | | | .850 | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | | |
| | C. | Total Modified Premium | | | 1654 | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | | | | | |
| | D. | | | | | P | | | | | | | | | | | | | | | | | | | | |
| | E. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | | |
| | F. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | | | | | |
| | G. | Total Standard Exposure | | 317313 | Total Standard Premium | | 1654 | R | 56789 | 09/30/96 | 7935 | 4000 | 0953 | 4 | 0 | 11 | | | | | | | | | | |
| | H. | 006_ | Premium Discount Amt. | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | | |
| | I. | 0900 | Expense Constant Amt | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | | | | | |
| | J. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | K. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | | |
| | L. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | 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 | | | | | | | |
| | | | | | | | | | 7 | | 15635 | | 8260 | | | | | | | | | | | | | |
| | | | | | | | Tot. Claimant's Attny. Fees | | Tot. Employer's Attny. Fees | | Reserved for Future Use | | | | | | | Total ALAE Paid | | Total ALAE Incurred | | | | | | |

Illustration 16 - Combination Example

This illustration shows a first reporting requiring two unit cards with a Deductible, schedule rating credit, Delaware Construction Credit, Delaware Workplace Safety Program Credit, USL & H coverage, ratable class with a mandatory non-ratable element and requiring an Individual Case Report.

Note that the Delaware Construction Credit and Delaware Workplace Safety Program Credit are applied to the manual premium after the application of the experience modification and after the Schedule Rating Credit. Any non-ratable or occupational disease class premiums are included in the calculations of the Delaware Construction Credit and Delaware Workplace Safety Program Credit.

Refer to Illustration 16a for the Individual Case Report.

Also, note both the Delaware Workplace Safety Program Credit and the Delaware Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-ratable or occupational disease class premiums and the schedule rating credit, this is to say that the Delaware Workplace Safety Program is not used to calculate the construction credit and the construction credit is not used to calculate the Delaware Workplace Safety Program.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 12345 | Policy Number 1234567 | Policy Effective Date 12/01/00 | Policy Expiration Date 12/01/01 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

| | | | | | | | | | | | | | | | | | | |
|--------------------------------|---------------------------------|----------------------|------------------------|-------------------|-------------------------|-------------------|------------------------|--------------------|-----------------|-----------------|----------------|----------------------|-----------------|--|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date 09/01/00 | Rate Effective Date 09/01/00 | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type 0301 | Deduct. Percent | Deductible Amount Per Claim/Accident 1000 | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy N | Multistate Policy Y | Interstate Rating | Estimated Exposure N | Retro Policy N | Canceled Mid-Term N | MCO Indicator N | Type Cov. 01 | Plan Ind. 01 | Non-Std. 01 | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| *Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | | |
| | 01 | 0609 | 20000 | 12.10 | 2420 | | 1234 | 02/13/01 | 2000 | 1500 | 0609 | 5 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| | 01 | 4773 | 35000 | 55.37 | 19380 | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | 01 | 0951 | 5000 | .96 | 48 | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | |
| | 01 | 0952 | 15000 | 10 | 71 | | 4321 | 01/23/01 | 500 | 500 | 0953 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| | A. | Total Subject Premium | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | B. | Experience Mod (XX.XXX) | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | |
| | C. | Total Modified Premium | | | | | 3214 | 04/20/01 | 141857 | | 0615 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| | D. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | E. | | | | | | 123456789 | | 40 | 03 | 99 | LABORER | | N | | 01 | | 12035 | | | | |
| | F. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | |
| | G. | Total Standard Exposure | | Total Standard Premium | | | 4123 | 06/01/01 | 1000 | 2000 | 0951 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| | H. | 006_ | Premium Discount Amt. | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | I. | 0900 | Expense Constant Amt | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | | |
| | J. | | | | | | Claim Number | Acc. Date/ No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Act | Type | Recov | Cov | Settl | Jurisdic State | Cat. No. | MCO Type | |
| | K. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | |
| | L. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | 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 | | |

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 No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. | | | | | | | |
| 01 | | | | 12345 | 1234567 | 12/01/00 | 12/01/01 | 07 | | | | | | | | | | | | | |
| Insured's Name: 123, Inc. | | | | | | | | | | | | F.E.I.N. | | Pending File No. | | | | | | | |
| Insured's Address: | | | | | | | | | | | | 123456789 | | | | | | | | | |
| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | | For Bureau Use | | |
| 09/01/00 | 09/01/00 | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | 0301 | | 1000 | | | | | | | |
| | | N | Y | | N | N | N | N | 01 | 01 | 01 | | | | | | | | | | |
| EXPOSURE INFORMATION | | | | | | | | | | LOSS INFORMATION | | | | | | | | | | | |
| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | Upd Type | Claim Number | Acc. Date/No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type |
| | 02 | 6843 | 30000 | 15.98 | 4794 | | | | | | | | | 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 Type | A. Total Subject Premium | | | | 26716 | Upd Type | Claim Number | Acc. Date/No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type |
| | B. Expense Mod (XX.XXX) | | | | 1.254 | | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| | C. Total Modified Premium | | | | 33502 | | 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 Type | D. | 0773 | 35000 | 6.09 | 2132 | Upd Type | Claim Number | Acc. Date/No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type |
| | E. | 9887 | | .25 | 8909 | | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| | F. | 9880 | | .05 | 1336 | | 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 Type | G. | 0946 | 20 | 5345 | Upd Type | Claim Number | Acc. Date/No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type | |
| | Total Standard Exposure | | Total Standard Premium | | | | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| | H. | 006_ | Premium Discount Amt. | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical |
| | I. | 0900 | Expense Constant Amt | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | | ALAE Incurred | | | |
| Upd Type | J. | | | | Upd Type | Claim Number | Acc. Date/No. Claims | Incurred Indemnity | Incurred Medical | Class Code | Injury | Status | Loss Conditions | | | | | Jurisdic State | Cat. No. | MCO Type | |
| | K. | | | | | | | | | | | | | Act | Type | Recov | Cov | Settl | | | |
| | L. | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |

Illustration 16a - Individual Case Report; Death, Widow Only

| | |
|------------------------------|----------------------------------|
| Type - State Act-Trauma | Widow's Date of Birth - 05/09/35 |
| Average Weekly Wage - \$378 | Age at Widowhood - 65 |
| Effective Date - 12/01/00 | Age at Valuation - 66 |
| Date at Valuation - 06/01/02 | 1st Level Report - Open |
| Date of Accident - 04/20/01 | Date of Death - 04/20/01 |

Present Value of Future Payments
Weekly Benefit = $.51 \times (\$378) = \192.78
Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value
 $\$192.78 \times 52 \times 12.611 = \$126,420$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$192.78
Present Value of Remarriage Dowry = .0244
 $\$192.78 \times 104 \times .0244 = \489

Indemnity Paid to Valuation Date
Benefits Paid from 04/20/01 to 06/01/02 - 408 days / 7 = 58.285 Wks
 $(58.285 \text{ Wks}) \times \$192.78 = \$11,236$

| 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 | | | | | | | | |
| 0615 | 1 | | 1 | 12345 | | | | | | | 07 | | | | | | | | | |
| POLICY NUMBER | | CERT. NO. | POLICY EFFECTIVE DATE | | | CLAIM NO. | STAT CODE* | DATE ATTNY DISC | | | LOSS CONDITIONS | | | | | JURIS STATE | MCO TYPE | | | |
| 1234567 | | | MO. | DAY | YR | 3214 | | MO. | DAY | YR | ACT | TYPE | RCOV | COV | SETT L | 37 | 00 | | | |
| INSURED NAME | | | | | | | ACC. DATE | | | DATE OF DEATH | | | DATE REPORTED | | | DATE OF BIRTH | | | SURG CODE | ATTNY CODE* |
| 123, Inc. | | | | | | | MO | DAY | YR | MO | DAY | YR | MO | DAY | YR | MO | DAY | YR | | |
| | | | | | | | 04 | 20 | 01 | 04 | 20 | 01 | 04 | 20 | 01 | 09 | 27 | 34 | | |
| WORKER LAST NAME | | AVG. WEEKLY WAGE | | INJURY DESC. CODE* | | PART | NATURE | CAUSE | OCCUPATION | | | | DATE CLOSED | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| Hilty | | 378 | | | | 44 | 03 | 99 | Laborer | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | | DATE SINGLE SUM PAID | | MO | DAY | YR | EMPLOYMENT STATUS | | YEAR LAST EXPOSED | | | DATE OF HIRE | | MO | DAY | YR | | | |
| 564-73-8291 | | | | | | | | | | | | | | | | | | | | |
| BENEFITS OTHER THAN PENSION | | | | | | | | | PENSION BENEFITS | | | | | | | | | | | |
| KIND OF BENEFIT | | | % DISAB. | BODY MEM. CODE* | NO. WEEKS | INCURRED | | | BENEFICIARY DATA* | | | | CALCULATIONS | | | | | | | |
| 1. TEMPORARY INDEMNITY | | | XXX | XXX | | | | | CODE | DATE OF BIRTH | | | Paid to Valuation Date 192.78x58.285= 11236 Future Payments 192.78x52x12.611= 126420 | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | 2 | 05 | 09 | 35 | | | | | | | | |
| 3. NON-SCHEDULED INDEMNITY | | | | XXX | XXXX | | | | | | | | | | | | | | | |
| 4. EMPLOYERS LIABILITY OR OTHER INDEMNITY | | | | | | | | | | | | | | | | | | | | |
| 5. VOCATIONAL REHABILITATION TOTAL INCURRED | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LEGAL EXPENSE | | | | | | | | | 7. PENSION INDEM. PAID TO VAL. DATE | | | | 11236 | | | | | | | |
| PHYSICIAN PAID | | | | | | TEMP. DISABILITY PAID | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | | | | |
| HOSPITAL PAID | | | | | | PERM. PARTIAL PAID | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 126420 | | | | | | | |
| APP. MED. EVAL. PAID | | | | | | PERM. TOTAL PAID | | | 10. FUNERAL ALLOWANCE | | | | 3000 | | | | | | | |
| DEFENSE MED. EVAL PAID | | | | | | DEATH PAID | | | 11. LUMP SUM REMARRIAGE | | | | 489 | | | | | | | |
| INDEP. MED. EVAL. PAID | | | | | | SINGLE LUMP SUM | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 141145 | | | | | | | |
| 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 | | | | 12035 | | | | | | | |
| 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 REVERSE FOR CODING

Illustration 17 - Second Reporting of Losses for Unit for Illustration 16

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 06/03).

Note that the first loss record is the claim's previously reported information, indicated by an 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.

Subsequent levels can be reported on a Unit Statistical Report (as shown) or on a Supplemental Loss Report using the same format shown here.

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.

Also note that claim 1234 is a subrogated claim.

Refer to Illustrations 17a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 02 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 12345 | Policy Number 1234567 | Policy Effective Date 12/01/00 | Policy Expiration Date 06/01/01 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|--------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

| | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: 123, Inc. | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | Y | | N | N | N | N | 01 | 01 | 01 | 0301 | | | 1000 | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate |
|----------|-----------|-------------------------|-----------------------|------------------------|--------------|
| | | | | | |
| | A. | Total Subject Premium | | | |
| | B. | Expenses Mod (XX.XXX) | | | |
| | C. | Total Modified Premium | | | |
| | D. | | | | |
| | E. | | | | |
| | F. | | | | |
| | G. | Total Standard Exposure | | Total Standard Premium | |
| | H. | 006_ | Premium Discount Amt. | | |
| | I. | 0900 | Expense Constant Amt | | |
| | J. | | | | |
| | K. | | | | |
| | L. | | | | |

LOSS INFORMATION

| 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 | Recov | Cov | Settl | | | |
| P | 1234 | 02/13/01 | 2000 | 1500 | 0609 | 5 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |
| | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | |
| | 123456789 | | 40 | 28 | 25 | LABORER | | N | | | | 1000 | | 1000 | |
| | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | |
| R | 1234 | 02/13/01 | 1000 | 1000 | 0609 | 5 | 1 | 01 | 01 | 03 | 03 | 04 | 00 | 00 | |
| | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | |
| | 123456789 | | 40 | 28 | 25 | LABORER | | N | | | | 1000 | | 1000 | |
| | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | |
| P | 3214 | 04/20/01 | 141857 | | 4773 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |
| | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | |
| | 123456789 | | 44 | 03 | 99 | LABORER | | N | | | | 12035 | | | |
| | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | ALAE Paid | | ALAE Incurred | |
| R | 3214 | 04/20/01 | 148201 | | 4773 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |
| | Social Security Number | | Part | Nature | Cause | Occupation Description | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | |
| | 123456789 | | 44 | 03 | 99 | LABORER | | N | | | | 22087 | | | |
| | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | 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 | | |
| | | | 4 | | 193012 | | 3500 | | | | 24587 | | 3500 | | |
| | Tot. Claimant's Attny. Fees | | Tot. Employer's Attny. Fees | | Reserved for Future Use | | | | | | | Total ALAE Paid | | Total ALAE Incurred | |

Illustration 17a - Individual Case Report; Death, Widow Only; 2nd Report Level

| | |
|------------------------------|----------------------------------|
| Type - State Act-Trauma | Widow's Date of Birth - 05/09/35 |
| Average Weekly Wage - \$378 | Age at Widowhood - 65 |
| Effective Date - 12/01/00 | Age at Valuation - 67 |
| Date at Valuation - 06/01/03 | 2nd Level Report - Open |
| Date of Accident - 04/20/01 | Date of Death - 04/20/01 |

Present Value of Future Payments

Weekly Benefit = $.51 \times (\$378) = \192.78

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$192.78 \times 52 \times 12.290 = \$123,202$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$192.78

Present Value of Remarriage Dowry = .0195

$\$192.78 \times 104 \times .0195 = \391

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/01 to 06/01/03 - 772 days / 7 = 110.285 Wks

$(110.285 \text{ Wks}) \times \$192.78 = \$21,261$

| UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT | | | | | | | | | | | | | | | | | |
|--|-------------------------|----------------------|---|-------------------------|-------------------|------------------------------------|-------------------------------|--|---|--|----|--|----------|-------------------|----------------|--|--|
| CLASS CODE 0615 | REPORT NO. CODE* 2 | TRAN. TYPE CODE* | TYPE OF INJ. CODE* 1 | CARRIER NUMBER 12345 | CARRIER NAME | | | | PAYROLL STATE CODE* 07 | ADM. FILE NUMBER | | | | | | | |
| POLICY NUMBER 1234567 | | CERT. NO. | POLICY EFFECTIVE DATE MO. DAY YR 01 01 96 | | CLAIM NO. 3214 | STAT CODE* | DATE ATTNY DISC MO. DAY YR | | LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00 | | | | | JURIS STATE 37 | MCO TYPE 00 | | |
| INSURED NAME 123, Inc. | | | | | | ACC. DATE MO DAY YR 04 20 97 | | DATE OF DEATH MO DAY YR 04 20 97 | | DATE REPORTED MO DAY YR 04 20 97 | | DATE OF BIRTH MO DAY YR 09 27 34 | | SURG CODE | ATTNY CODE* | | |
| WORKER LAST NAME Hilty | AVG. WEEKLY WAGE 378 | INJURY DESC. CODE* | | PART 44 | NATURE 03 | CAUSE 99 | OCCUPATION Laborer | | | DATE CLOSED MO YR | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| SOCIAL SECURITY NUMBER 564-73-8291 | | 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 | | | Paid to Valuation Date 192.78x110.285=21261 Future Payments 192.78x52x12.290=123202 | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | 2 | 05 | 09 | 35 | | | | | | |
| 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 | | | | 21261 | | | | | |
| PHYSICIAN PAID | | | TEMP. DISABILITY PAID | | | | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | |
| HOSPITAL PAID | | | PERM. PARTIAL PAID | | | | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 123202 | | | | |
| APP. MED. EVAL. PAID | | | PERM. TOTAL PAID | | | | | | 10. FUNERAL ALLOWANCE | | | | 3000 | | | | |
| DEFENSE MED. EVAL PAID | | | DEATH PAID | | | | | | 11. LUMP SUM REMARRIAGE | | | | 391 | | | | |
| INDEP. MED. EVAL. PAID | | | SINGLE LUMP SUM | | | | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 147854 | | | | |
| 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 | | | | 22087 | | | | |
| 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 REVERSE FOR CODING

Illustration 18 - First Report Requiring an ICR, Widow with 2 Children

Claim 68235 is a death claim.

Refer to Illustration 18a for the Individual Case Report with a Widow and 2 Children.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 99998 | Policy Number 111222 | Policy Effective Date 07/01/00 | Policy Expiration Date 01/01/01 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|-------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

Insured's Name: **Bob's Roofing**

F.E.I.N.

Pending File No.

Insured's Address:

123456789

| Mod Effective Date | Rate Effective Date | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
|--------------------|---------------------|-------------------|-------------------|-------------------|--------------------|--------------|-------------------|---------------|-----------------|-----------|----------|--------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| | | 3 Yr F/R Policy | Multistate Policy | Interstate Rating | Estimated Exposure | Retro Policy | Canceled Mid-Term | MCO Indicator | Type Cov. | Plan Ind. | Non-Std. | | | | | | | |
| | | N | N | | N | N | N | N | 01 | 01 | 01 | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | |
| | 01 | 0659 | 98076 | 41.13 | 40339 | | 68235 | 11/01/00 | 210123 | 0 | 0659 | 1 | 0 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | |
| | 01 | 9807 | | | 776 | | 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 | | |
| | A. | Total Subject Premium | | | 41115 | | 5 | 1560 | 1130 | 0659 | 5 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | 00 | |
| | B. | Mod (XX.XXX) | | | 0.990 | | Social Security Number | | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | C. | Total Modified Premium | | | 40704 | | Claimant's Attorney Fees | | | Employer's Attorney Fees | | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | |
| | D. | | | | | | 3 | | 830 | 0659 | 6 | 1 | 01 | 01 | 01 | 03 | 00 | 00 | 00 | | |
| | E. | | | | | | Social Security Number | | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | F. | | | | | | Claimant's Attorney Fees | | | Employer's Attorney Fees | | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | |
| | G. | Total Standard Exposure | | | 40704 | | Social Security Number | | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | H. | 006_ | Premium Discount Amt. | | | | Claimant's Attorney Fees | | | Employer's Attorney Fees | | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | |
| | I. | 0900 | Expense Constant Amt | | | | | | | | | | | | | | | | | | |
| | J. | | | | | | Social Security Number | | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | Paid Medical |
| | K. | | | | | | Claimant's Attorney Fees | | | Employer's Attorney Fees | | | Reversed for Future Use | | | | | ALAE Paid | ALAE Incurred | | |
| | L. | | | | | | 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 | | | | | | | | | | | | | | |
| | | | | | | | Reserved for Future Use | Total No. Claims | Total Incurred Indemnity | Total Incurred Medical | Reserved for Future Use | Total Paid Indemnity | Total Paid Medical | | | | | | | | |
| | | | | | | | | 9 | 211683 | 1960 | | 8359 | 1960 | | | | | | | | |
| | | | | | | | Tot. Claimant's Attny. Fees | Tot. Employer's Attny. Fees | Reserved for Future Use | | | | | Total ALAE Paid | Total ALAE Incurred | | | | | | |

Illustration 18a - Individual Case Report; Death Claim, Widow with 2 Children

| | |
|------------------------------|----------------------------------|
| Type - State Act-Trauma | Widow's Date of Birth - 09/01/61 |
| Average Weekly Wage - \$295 | Age at Widowhood - 39 |
| Effective Date - 07/01/00 | Age at Valuation - 40 |
| Date at Valuation - 01/01/02 | 1st Level Report - Open |
| Date of Accident - 11/01/00 | Date of Death - 11/01/00 |

Present Value of Future Payments

1) Widow's Benefit plus child #1 Benefits

Weekly Benefit = $.6667 \times (\$295) = \196.68

Present Value of \$1 = 17.046 - Widowhood at age 39, $^a[x] + 1$ Value

$\$196.68 \times 52 \times 17.046 = \$174,336$

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

Weekly Benefit = $.0333 \times (\$295) = \9.82

No. of Weeks Payable = 01/01/02 to 03/01/2011 + 3346 days / 7 = 478 wks.

$\$9.82 \times 478 = \$4,694$

3) Remarriage Dowry

Weekly Benefit - \$196.68

Present Value of Remarriage Dowry = .2114

No. of Weeks Payable = 104 weeks

Value of Payments = $\$196.68 \times 104 \times .2114 = \$4,324$

4) Indemnity Paid to Valuation Date

Weekly Benefit = $.70 \times (\$295) = \206.50

No. of Weeks Payable = 11/01/00 to 01/01/02 - 426 days / 7 = 60.857 Wks

$\$206.50 \times 60.857 = \$12,567$

5) Funeral Allowance = \$3,500

| 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 | | | | | | | | |
| 0659 | 1 | 1 | 1 | 99998 | | | | | | | 07 | | | | | | | | | |
| POLICY NUMBER | | CERT. NO. | POLICY EFFECTIVE DATE | | | CLAIM NO. | | STAT CODE* | DATE ATTNY DISC | | | LOSS CONDITIONS | | | | | JURIS STATE | MCO TYPE | | |
| 111222 | | | 07 | 01 | 00 | 68235 | 0 | | | | 01 | 01 | 01 | 03 | 00 | 37 | 00 | | | |
| INSURED NAME | | | | | | | ACC. DATE | | | DATE OF DEATH | | | DATE REPORTED | | | DATE OF BIRTH | | | SURG CODE | ATTNY CODE* |
| Bob's Roofing | | | | | | | 11 | 01 | 00 | 11 | 01 | 00 | 11 | 01 | 00 | 12 | 01 | 50 | | |
| WORKER LAST NAME | | AVG. WEEKLY WAGE | | INJURY DESC. CODE* | | PART | NATURE | CAUSE | OCCUPATION | | | | DATE CLOSED | | RESERVE CODE* | LUMP SUM | FRAUD | | | |
| Harris | | 295 | | | | 90 | 13 | 25 | Roofer | | | | | | | | | | | |
| 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 | | | Paid to Valuation Date 206.50x60.857= 12567 Future Payments (196.68x52x17.046=174336) +(9.82 x 478) = 179030 | | | | | | | |
| 2. SCHEDULED INDEMNITY | | | | | | | | | | 09 | 01 | 61 | | | | | | | | |
| 3. NON-SCHEDULED INDEMNITY | | | | X X X | XXXX | | | | | 12 | 01 | 84 | | | | | | | | |
| 4. EMPLOYERS LIABILITY OR OTHER INDEMNITY | | | | | | | | | | 05 | 01 | 86 | | | | | | | | |
| 5. VOCATIONAL REHABILITATION TOTAL INCURRED | | | | | | | | | | | | | | | | | | | | |
| 6. CLAIMANT LEGAL EXPENSE | | | | | | | | | 7. PENSION INDEM. PAID TO VAL. DATE | | | | 12567 | | | | | | | |
| PHYSICIAN PAID | | | | | | TEMP. DISABILITY PAID | | | 8. PENS. INDEM. PREV. RSVD., NOT PAID | | | | | | | | | | | |
| HOSPITAL PAID | | | | | | PERM. PARTIAL PAID | | | 9. PRES. VALUE FUTURE INDEM. PMNT. | | | | 179030 | | | | | | | |
| APP. MED. EVAL. PAID | | | | | | PERM. TOTAL PAID | | | 10. FUNERAL ALLOWANCE | | | | 3500 | | | | | | | |
| DEFENSE MED. EVAL PAID | | | | | | DEATH PAID | | | 11. LUMP SUM REMARRIAGE | | | | 4324 | | | | | | | |
| INDEP. MED. EVAL. PAID | | | | | | SINGLE LUMP SUM | | | 12. TOTAL INCURRED INDEM.,(SUM 1-11) | | | | 199421 | | | | | | | |
| 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 | | | | 6799 | | | | | | | |
| 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 REVERSE FOR CODING

Illustration 19 - 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).

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|----------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 12345 | Policy Number 123456789 | Policy Effective Date 01/01/97 | Policy Expiration Date 01/01/98 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|----------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

Insured's Name: **DEE'S FLOWERS**

F.E.I.N.

Pending File No.

Insured's Address:

123456789

| | | | | | | | | | | | | | | | | | | |
|--------------------------------|---------------------------------|----------------------|------------------------|-------------------|-------------------------|-------------------|------------------------|--------------------|-----------------|-----------------|----------------|----------------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date 01/01/97 | Rate Effective Date 01/01/97 | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type 0000 | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy N | Multistate Policy Y | Interstate Rating | Estimated Exposure N | Retro Policy N | Canceled Mid-Term N | MCO Indicator N | Type Cov. 01 | Plan Ind. 01 | Non-Std. 01 | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| *Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | | | | | | |
| | 01 | 0661 | 40000 | 5.71 | 2284 | | | | | | | | | | | | | | | | | | | | | |
| | 01 | 9807 | | | 91 | | 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 | | | |
| | A. | Total Subject Premium | | | | | | | | | | | | | | | | | | | | | | | | |
| | B. | Experience Mod (XX.XXX) | | | | | | | | | | | | | | | | | | | | | | | | |
| | C. | Total Modified Premium | | | | | | | | | | | | | | | | | | | | | | | | |
| | D. | 9885 | | .05 | 119 | | | | | | | | | | | | | | | | | | | | | |
| | E. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | | |
| | F. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | ALAE Paid | | ALAE Incurred | | | |
| | G. | Total Standard Exposure | | Total Standard Premium | | | | | | | | | | | | | | | | | | | | | | |
| | H. | 006_ | Premium Discount Amt. | | | | | | | | | | | | | | | | | | | | | | | |
| | I. | 0900 | Expense Constant Amt | | | 160 | | | | | | | | | | | | | | | | | | | | |
| | J. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | K. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | | |
| | L. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | | | | | | 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 | | | |

Illustration 20 – 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 or specific premium calculation sequence.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|------------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 00200 | Policy Number WC123456789 | Policy Effective Date 10/01/99 | Policy Expiration Date 10/01/00 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. | Last Page No. |
|------------------|-----------|------------|-------------------|-----------------------|------------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|----------|---------------|

Insured's Name: **A. B. C. INC.**

F.E.I.N.

Pending File No.

Insured's Address:

123456789

| | | | | | | | | | | | | | | | | | | |
|--------------------------------|---------------------------------|----------------------|------------------------|-------------------|-------------------------|-------------------|------------------------|--------------------|-----------------|-----------------|----------------|----------------------|-----------------|--------------------------------------|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date 10/01/99 | Rate Effective Date 10/01/99 | Policy Conditions | | | | | | | Policy Type I D | | | Deduct. Type 0000 | Deduct. Percent | Deductible Amount Per Claim/Accident | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy N | Multistate Policy Y | Interstate Rating | Estimated Exposure N | Retro Policy N | Canceled Mid-Term N | MCO Indicator N | Type Cov. 01 | Plan Ind. 01 | Non-Std. 01 | | | | | | | |

EXPOSURE INFORMATION

LOSS INFORMATION

| *Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | *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 | Recov | Cov | Settl | | | | | | | |
| | 01 | 0951 | 35000 | .72 | 252 | | | | | | | | | | | | | | | | | | | | |
| | 01 | 0953 | 17950 | .49 | 88 | | 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 | | | | | | | |
| | A. | Total Subject Premium | | | 340 | | | | | | | | | | | | | | | | | | | | |
| | B. | Experience Mod (XX.XXX) | | | 1.431 | | Social Security 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 | | Reversed for Future Use | | | | | ALAE Paid | | ALAE Incurred | | | | | | | |
| | D. | 0277 | | .39 | 190 | | | | | | | | | | | | | | | | | | | | |
| | E. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | |
| | F. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | | ALAE Incurred | | | | | | | |
| | G. | Total Standard Exposure 52950 | | Total Standard Premium 677 | | | | | | | | | | | | | | | | | | | | | |
| | H. | 006_ | Premium Discount Amt. | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | |
| | I. | 0900 | Expense Constant Amt | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | ALAE Paid | | ALAE Incurred | | | | | | | |
| | J. | | | | | | | | | | | | | | | | | | | | | | | | |
| | K. | | | | | | Social Security Number | | Part | Nature | Cause | Occupation Description | | | Voc. | Lump | Fraud | Deduct | Paid Indemnity | | Paid Medical | | | | |
| | L. | | | | | | Claimant's Attorney Fees | | Employer's Attorney Fees | | Reversed for Future Use | | | | | 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 | | | | | | | |

Illustration 21 – Anniversary Rated Policy with the Premium Charge for Terrorism Risk Insurance Act of 2002 – Certified Losses

In this illustration it is assumed that more than one experience modification applies during the policy period and the premium charge for the Terrorism Risk Insurance Act of 2002 is applicable.

Note: In the following example all premiums are calculated in the same sequence outlined in example 16 (combination example).

The premium charge for the Terrorism Risk Insurance Act of 2002 – Certified Losses, **Code 9740**, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for the Terrorism Risk Insurance Act of 2002 – Certified Losses (Code 9740). The resulting premium charge should be reported on lines "J" through "K" under Code 9740.

As with most pricing programs in the state of Delaware (e.g., Construction Credit - 9046, Merit Rating Credit – 9885) the Terrorism Risk Insurance Act of 2002 – Certified Losses – 9740 is applicable as of each risk's Anniversary Rating Date.

UNIT STATISTICAL REPORT

POLICY INFORMATION

| | | | | | | | | | | | | | | |
|------------------|-----------|------------|-------------------|-----------------------|------------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|---------------|--------------------|
| Report No. 01 | Corr. No. | Corr. Type | Replace Rpt. Ind. | Carrier Code 00200 | Policy Number WC123456789 | Policy Effective Date 01/01/03 | Policy Expiration Date 01/01/04 | Expos. State 07 | State Effective Date | Certificate No. | Card Serial No. | Risk ID Number | Page No. 2 | Last Page No. 2 |
|------------------|-----------|------------|-------------------|-----------------------|------------------------------|-----------------------------------|------------------------------------|--------------------|----------------------|-----------------|-----------------|----------------|---------------|--------------------|

| | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------------|--|
| Insured's Name: A. B. C. INC. | | | | | | | | | | | F.E.I.N. 123456789 | | Pending File No. | |
| Insured's Address: | | | | | | | | | | | | | | |

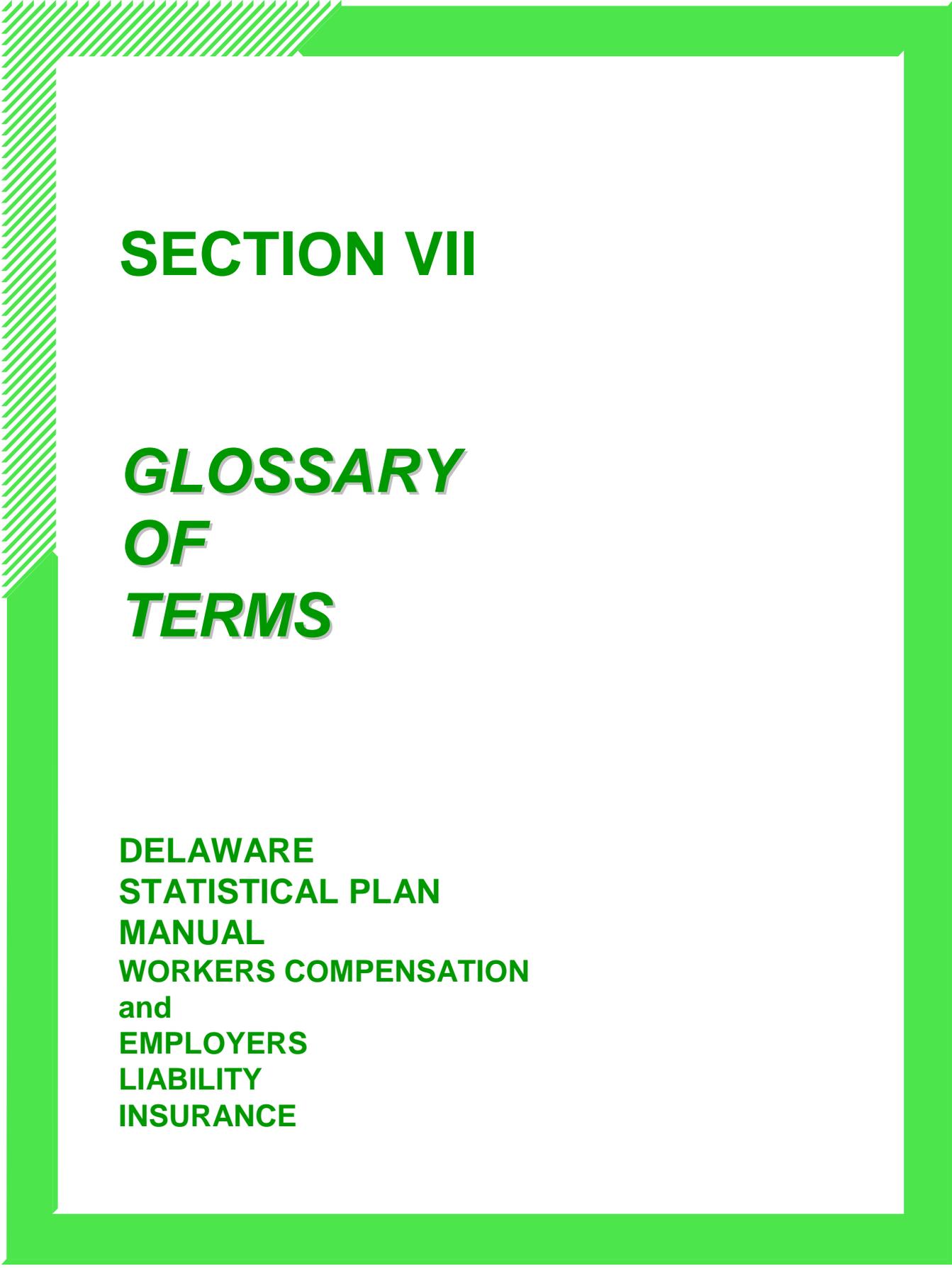
| | | | | | | | | | | | | | | | | | |
|--------------------------------|---------------------------------|----------------------|------------------------|-------------------|-------------------------|-------------------|------------------------|--------------------|-----------------|-----------------|----------------------|-----------------|--|-----------------------------|----------|-----------------|----------------|
| Mod Effective Date 12/01/03 | Rate Effective Date 12/01/03 | Policy Conditions | | | | | | Policy Type I D | | | Deduct. Type 0301 | Deduct. Percent | Deductible Amount Per Claim/Accident 1000 | Deductible Amount Aggregate | Reserved | For Carrier Use | For Bureau Use |
| | | 3 Yr F/R Policy N | Multistate Policy Y | Interstate Rating | Estimated Exposure N | Retro Policy N | Canceled Mid-Term N | MCO Indicator N | Type Cov. 01 | Plan Ind. 01 | Non-Std. 01 | | | | | | |

EXPOSURE INFORMATION

| Upd Type | Exp. Cov. | Class Code | Exposure Amount | Manual Rate | Premium Rate | |
|----------|-----------------------------------|------------|------------------------------|-------------------------------|--------------|-------|
| | 01 | 0665 | 255000 | 7.54 | 19227 | |
| | 01 | 0953 | 48000 | .20 | 96 | |
| | 01 | 9664 | | | 2126 | |
| | A. Total Subject Premium | | | | 17197 | |
| | B. Experience Mod (XX.XXX) | | | | 0.953 | |
| | C. Total Modified Premium | | | | 16389 | |
| | D. | 9887 | | | 4097 | |
| | E. | 9046 | | .30 | 3688 | |
| | F. | | | | | |
| | G. Total Standard Exposure | | 606000 | Total Standard Premium | | 16234 |
| | H. | 0063_ | Premium Discount Amt. | | 90 | |
| | I. | 0900 | Expense Constant Amt | | 41 | |
| | J. | 9740 | | .04 | 121 | |
| | K. | | | | | |
| | L. | | | | | |

LOSS INFORMATION

| *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 | 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 | |
| | 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 | |
| | 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 | |
| | 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 | |
| | 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 | | | | | | | | | | | | | | | |
| 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 | |



SECTION VII

GLOSSARY OF TERMS

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

SECTION VII -- GLOSSARY

Bureau Data Card

Bureau Data Cards provide the risk name, location, Bureau 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.

Bureau 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 Bureau based on the aggregate experience of all Bureau members and approved by the Delaware Insurance Commissioner.

Bureau Rating Values

All parameters filed by the Bureau 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 coverage's. Such Bureau rating values include Bureau 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 coverage's 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 coverage's. Such parameters may be either Bureau 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 coverage's. Loss costs may be developed either by the Bureau based on the aggregate experience of all Bureau 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-Rateable 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 Bureau or by individual carriers. Where individual carriers have established rating values different from those of the Bureau, the carrier's values supercede those of the Bureau 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-Rateable Loading

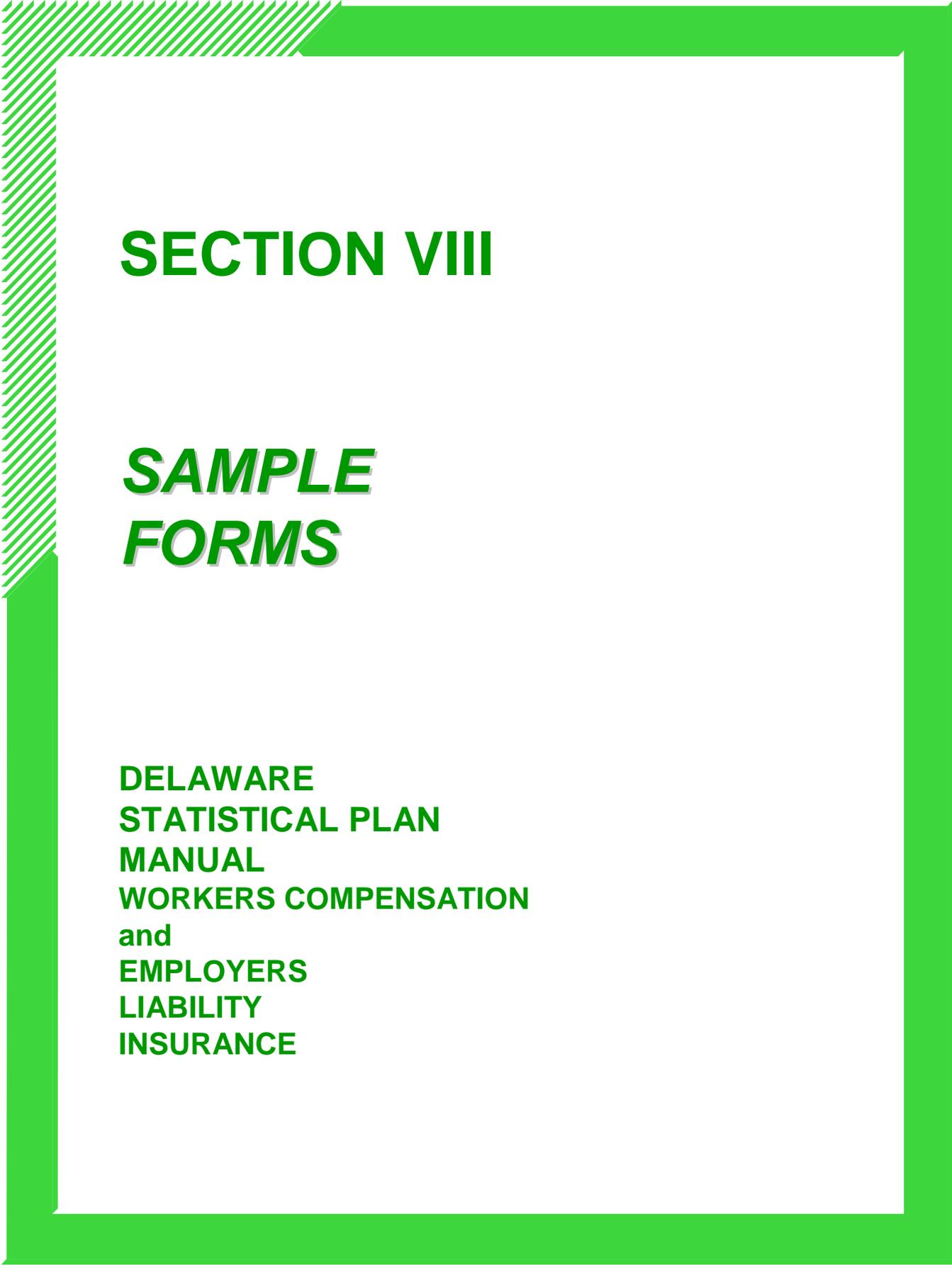
A supplement to be added to the rating value for certain risks within a classification, which have a hazard, not shared by all members of the classification. The supplemental loading is not subject to experience or retrospective rating.

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.



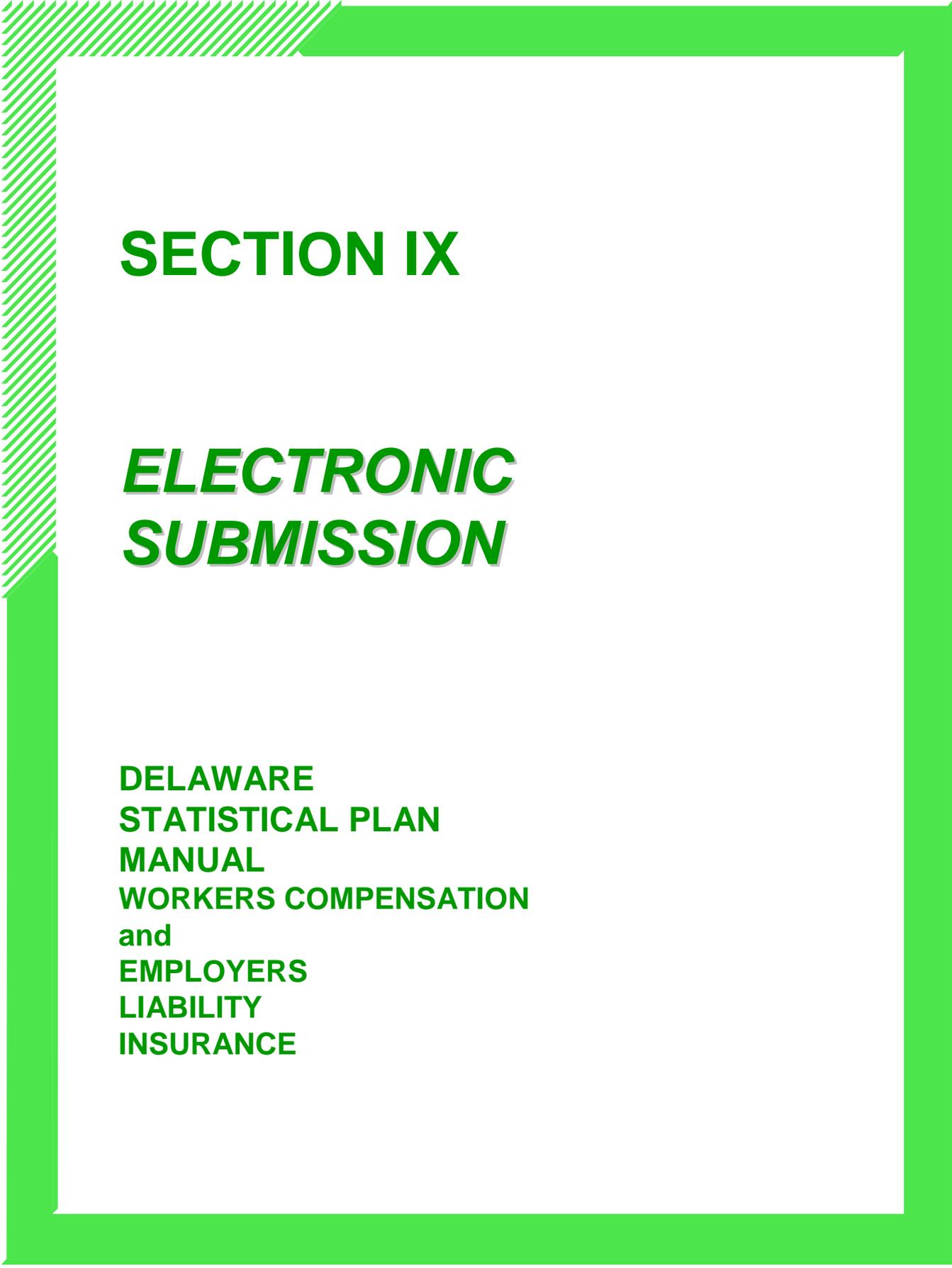
SECTION VIII

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 |



SECTION IX

ELECTRONIC SUBMISSION

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

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. Delaware has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule. Carriers desiring a copy of the Workers Compensation Data Specifications Manual may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).

SECTION X

PREMIUM ALGORITHM

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

SECTION X - ALGORITHM

Delaware Premium Algorithm Preface:

Optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.

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: July 1, 2004

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] |

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 3

Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

| Line # | Item Name | Associated Statistical Code | Line # | Source & Derivation |
|--------|--|-----------------------------|--------|---|
| (28) | Aircraft Seat Surcharge Exposure (# of seats) | 9108 | (28) | Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft |
| (29) | Aircraft Seat Surcharge | 9108 | (29) | Carrier Value |
| (30) | Aircraft Seat Surcharge Premium Charge | 9108 | (30) | (28) x (29) |
| (31) | Workfare Program Employees Exposure (PA) | 0982 | (31) | Number of person weeks. A partial workweek for any worker to be counted as 1 person week. |
| (32) | Workfare Program Employees Rating Value (PA) | 0982 | (32) | Carrier Value |
| (33) | Workfare Program Employees Premium (PA) | 0982 | (33) | (31) x (32) |
| (34) | Non-Ratable Classification Premium Total | | (34) | Sum of all (27)+(30)+(33) premiums |
| (35) | Non-Ratable Classification Increased Limits Factor | xxxx | (35) | Carrier value |
| (36) | Non-Ratable Classification Increased Limits Premium Charge | xxxx | (36) | (34)x [(35) expressed as a decimal] |
| (37) | Minimum Premium Non-Ratable Classification Increased Limits | 9848 | (37) | Carrier value |
| (38) | Minimum Premium Non-Ratable Classification Increased Limits Premium Charge | 9848 | (38) | [(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero |
| (39) | Premium Before Schedule Rating | | (39) | (23)+(34)+(36)+(38) |
| (40) | Schedule Rating Plan Adjustment Factor | 9887/9889 | (40) | Carrier value - use 9887 for schedule credits and 9889 for schedule debits |
| (41) | Schedule Rating Plan Premium Adjustment | 9887/9889 | (41) | (39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative |
| (42) | Certified Safety Committee Credit Factor (PA) | 9890 | (42) | Credit applies if insured is certified. |
| (43) | Certified Safety Committee Premium Credit (PA) | 9890 | (43) | [(39)+(41)]x[(-42) expressed as a decimal] |
| (44) | Workplace Safety Program Credit Factor (DE) | 9880 | (44) | Credit applies if insured qualifies |
| (45) | Workplace Safety Program Premium Credit (DE) | 9880 | (45) | [(39)+(41)]x[(-44) expressed as a decimal] |
| (46) | Construction Classification Premium Adjustment Program Credit Factor | 9046 | (46) | Based on wage level(s), application to rating organization |
| (47) | Construction Classification Premium Adjustment Program Premium Credit | 9046 | (47) | [(39)+(41)]x[(-46) expressed as a decimal] |
| (48) | Drug-Free Workplace Factor (DE) | 9846 | (48) | Carrier value |
| (49) | Drug-Free Workplace Credit (DE) | 9846 | (49) | [(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal] |

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 4

Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

| Line # | Item Name | Associated Statistical Code | Line # | Source & Derivation |
|--------|---|-----------------------------|--------|--|
| (50) | Managed Care Factor (DE) | 9874 | (50) | Carrier value |
| (51) | Managed Care Credit (DE) | 9874 | (51) | $[(39)+(41)+(45)+(47)+(49)] \times [(-50) \text{ expressed as a decimal}]$ |
| (52) | Package Credit Factor (DE) | 9721 | (52) | Carrier value |
| (53) | Package Credit (DE) | 9721 | (53) | $[(39)+(41)+(45)+(47)+(49)+(51)] \times [(-52) \text{ expressed as a decimal}]$ |
| (54) | Premium After Managed Care and Package Credit If Applicable | | (54) | $[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]$ |
| (55) | Assigned Risk Surcharge Factor (DE) | 0277 | (55) | May apply to some or all assigned risks based on plan and characteristics of individual insured |
| (56) | Assigned Risk Premium Surcharge (DE) | 0277 | (56) | $(54) \times [(55) \text{ expressed as a decimal}]$ |
| (57) | Deductible Credit Factor | 9663 | (57) | Carrier value |
| (58) | Deductible Premium Credit | 9663 | (58) | $[(54)+(56)] \times [(-57) \text{ expressed as a decimal}]$ |
| (59) | Loss Constant | 0032 | (59) | Carrier value - may vary based on risk premium size |
| (60) | Loss Constant Charge | 0032 | (60) | Line (59) if applicable |
| (61) | Short Rate Cancellation Factor | 0931 | (61) | Carrier value - zero if short rate cancellation does not apply |
| (62) | Short Rate Premium | 0931 | (62) | $[(54)+(56)+(58)+(60)] \times [(61)-1.0000]$ if (61)>0, otherwise zero |
| (63) | Expense Constant | 0900 | (63) | Carrier value if applicable |
| (64) | Expense Constant Charge | 0900 | (64) | Line (63) |
| (65) | Minimum Premium | 0990 | (65) | Carrier value |
| (66) | Minimum Premium Charge | 0990 | (66) | If (65)> $[(54)+(56)+(58)+(60)+(62)+(64)]$, (65)- $[(54)+(56)+(58)+(60)+(62)+(64)]$, otherwise zero |
| (67) | Unit Statistical Report Total Standard Premium | | (67) | $[(54)+(56)+(58)+(60)+(62)+(66)]$ |
| (68) | Premium Discount Amount | 0063/0064 | (68) | Carrier value based on $[(54)+(56)+(58)+(60)+(62)+(66)]$ |
| (69) | Additional premium Waiver of Subrogation (flat charge) | 9115 | (69) | Carrier value(s) |
| (70) | Terrorism Premium Charge | 9740 | (70) | $(\text{Total payroll}/100) \times \text{carrier rating value}$ |
| (71) | Total Policy Premium Subject to Employer Assessment | | (71) | $(64)+(67)-(68)+(69)+(70)$ |
| (72) | Employer Assessment Factor Pursuant to Act 57 of 1997 (PA) | 0938 | (72) | Bureau value for the specific purpose of computing employer assessments |
| (73) | Employer Assessment Amount Pursuant to Act 57 of 1997 (PA) | 0938 | (73) | $[(71)-(11)-(58)] \times (72)$ NOTE: Cells (11) and (58) 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 |

Delaware Compensation Rating Bureau, Inc.



The Widener Building • 6th Floor
One South Penn Square
Philadelphia, PA 19107-3577
(302) 654-1435 (215) 568-2371
FAX (215) 564-4328
www.dcrb.com

February 25, 2004

BUREAU CIRCULAR NO. 778

To All Members of the Bureau:

Re: **APPROVAL OF STATISTICAL PLAN REVISIONS**
BUREAU FILING NO. 0401
EFFECTIVE JULY 1, 2004

The Insurance Commissioner has approved revisions to the Statistical Plan. These revisions become **effective as of 12:01 a.m., July 1, 2004** with respect to new and renewal policies having normal anniversary rating dates on or after that date.

These changes to the Plan update the pension tables contained in Section V using data from the 1999 United States Life Tables and data contained in the 1980 United States Railroad Retirement Board Remarriage Table. Additionally, the examples contained in Section VI of the Statistical Plan are also being modified to reflect this new data. These revisions bring the Delaware Statistical Plan into line with plans of other jurisdictions, as per National Council on Compensation Insurance, Inc. Item Filing U-1386 – Amended – URE WCSP Pension Table Revisions (1999 Mortality).

Additional changes of a housekeeping nature maintain consistency with national standards by adding a definition for Occupational Disease in Sections I and VII, clarifying the definition of Catastrophe Number in Section II, adding additional deductible codes in Sections II and V and other minor grammatical changes.

The revised language is shown below, and the new Section V – Tables is attached to this circular. The revised examples, Section VI, will be reproduced in the Statistical Plan.

LANGUAGE REVISIONS

SECTION I - GENERAL RULES/DEFINITIONS

M. General Rules and Definitions

8. Loss Conditions

- [b]c. *Cumulative Injury Other than Disease.* An injury (other than disease).
- 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.

SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

9. Deductible Type

Report the 4-digit.....& Indemnity Losses.

Second Two Positions

Code Description

00 through 09 remain unchanged

10 Per Claim and Policy Aggregate

11 Coinsurance Percent With Claim and Policy Aggregate Limits

12 Variable

B. Exposure Information

9. Miscellaneous Statistical Codes

a. Premium Subject to Statistical Report.

- (1) Premium for [Higher]Increased Limits under Part II **Codes 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816** to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits and percentages.

Note: Increased limit..... listed in Section IV, Item B.3.

These codes should not be used in connection with the reporting of excess premium developed for [higher]increased limits on voluntary compensation policies. For such cases, the Bureau 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..... **Code 9848.**

10. Correction Reports-Method of Reporting

- 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. [Premiums by classifications are not required.]

C. Loss Information

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.

EXCEPTION: Report 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 (<u>MCO</u>). |
| 01 | The claim's medical losses are administrated by an approved managed care organization (<u>MCO</u>) not specifically listed in Codes 02-05 below. |
| 02 | The claim's medical losses are administrated by a health maintenance organization(<u>HMO</u>). |
| 03 | The claim's medical losses are administrated by a preferred provider organization (<u>PPO</u>). |
| 04 | The claim's medical losses are administrated by an exclusive provider organization (<u>EPO</u>). |
| 05 | The claim's medical losses are administrated by an independent practice association (<u>IPA</u>). |

13. through 15. remain unchanged.

16. Vocational Rehabilitation Indicator

Report..... losses.

[Code]Indicator Description

SECTION IV - CODES

A. Codes Common to Premium and Losses

5. Deductible Type

Identifies the type..... & Indemnity Losses

Second Two Positions

| Code | Description |
|-------------|--------------------|
|-------------|--------------------|

00 through 09 remain unchanged

| | |
|-----------|---------------------------------------|
| <u>10</u> | <u>Per Claim and Policy Aggregate</u> |
|-----------|---------------------------------------|

| | |
|-----------|---|
| <u>11</u> | <u>Coinsurance Percent With Claim and Policy Aggregate Limits</u> |
|-----------|---|

| | |
|-----------|-----------------|
| <u>12</u> | <u>Variable</u> |
|-----------|-----------------|

B. Exposure Information Code

3. Premium Codes

a, Premium Subject to Experience Modification (Reported Above Line "A")

(1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/88 – *remains unchanged*

Note: The Increased Limits factors applied to **non-ratable classification** exposures should be reported as not subject to the experience modification on lie "D," "E" or "F."

C. Loss Information Codes

6. Vocational Rehabilitation Indicator

| [Code]Indicator | Description |
|------------------------|--------------------|
|------------------------|--------------------|

7. Fraudulent Claim Codes

| Code | Description |
|-------------|--------------------|
|-------------|--------------------|

| | |
|-----------|----------------|
| <u>00</u> | Not Fraudulent |
|-----------|----------------|

| | |
|-----------|--------------------|
| <u>01</u> | Partial Fraudulent |
|-----------|--------------------|

| | |
|-----------|------------------|
| <u>02</u> | Fully Fraudulent |
|-----------|------------------|

D. Individual Case Report Codes

9. Lump Sum Indicator

| [Code]Indicator | Description |
|------------------------|--------------------|
|------------------------|--------------------|

10. Fraudulent Claim Code

| Code | Description |
|-------------|----------------------|
| <u>00</u> | Not Fraudulent |
| <u>01</u> | Partially Fraudulent |
| <u>02</u> | Fully Fraudulent |

**Injury Description Coding
Nature of Injury**

| Code | Narrative Description |
|---------------------------|--|
| I. Specific Injury | |
| 36. Infection | The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, <u>Mold</u> , Protozoa or Insects, With or Without Manifest Disease. |
| 49. Sprain <u>or Tear</u> | Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments. |
| 52. Strain <u>or Tear</u> | Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch. |
| <u>79. Hepatitis C</u> | |

**Injury Description Coding
Nature of Injury**

| Code | Narrative Description |
|-----------------------------------|--|
| VIII. Struck or Injured By | Includes Kicked, Stabbed, Bit, Etc. |
| <u>88. Natural Disaster</u> | |
| <u>91. Mold</u> | |
| <u>96. Terrorism</u> | |

SECTION VII -- GLOSSARY

Occupational Disease [Loss]

Occupational [D]isease [Loss] 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. [The

injury is understood to have been caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers' occupational environment.] For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica.

Questions regarding Statistical Plan revisions should be directed to Bonnie Piacentino, Director – Statistical Reporting, at Extension 4456 or bpiacentino@dcrb.com.

The Statistical Plan will be updated on our website (www.dcrb.com) at a later date.

Timothy L. Wisecarver
President

kg
Attachment: Section V - Tables

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 7

Section V

Tables

**TABLE I-A
Surviving Spouse Pension Table***

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 16 | 11.510 | 11.837 | 13.022 | 13.691 | 14.240 | 14.742 | 21 |
| 17 | 11.579 | 11.915 | 13.115 | 13.796 | 14.358 | 14.873 | 22 |
| 18 | 11.654 | 12.000 | 13.216 | 13.911 | 14.486 | 15.015 | 23 |
| 19 | 11.735 | 12.091 | 13.324 | 14.034 | 14.624 | 15.168 | 24 |
| 20 | 11.823 | 12.189 | 13.442 | 14.167 | 14.772 | 15.334 | 25 |
| 21 | 12.012 | 12.365 | 13.611 | 14.330 | 14.941 | 15.512 | 26 |
| 22 | 12.224 | 12.551 | 13.781 | 14.489 | 15.108 | 15.691 | 27 |
| 23 | 12.453 | 12.746 | 13.952 | 14.643 | 15.269 | 15.866 | 28 |
| 24 | 12.688 | 12.955 | 14.140 | 14.825 | 15.446 | 16.036 | 29 |
| 25 | 12.924 | 13.166 | 14.328 | 15.015 | 15.626 | 16.204 | 30 |
| 26 | 13.157 | 13.371 | 14.507 | 15.199 | 15.804 | 16.374 | 31 |
| 27 | 13.387 | 13.568 | 14.675 | 15.370 | 15.977 | 16.548 | 32 |
| 28 | 13.616 | 13.758 | 14.835 | 15.532 | 16.149 | 16.729 | 33 |
| 29 | 13.851 | 13.952 | 14.997 | 15.694 | 16.324 | 16.920 | 34 |
| 30 | 14.101 | 14.162 | 15.177 | 15.872 | 16.512 | 17.120 | 35 |
| 31 | 14.376 | 14.404 | 15.393 | 16.086 | 16.722 | 17.326 | 36 |
| 32 | 14.685 | 14.692 | 15.660 | 16.353 | 16.961 | 17.534 | 37 |
| 33 | 15.049 | 15.052 | 15.982 | 16.677 | 17.226 | 17.735 | 38 |
| 34 | 15.450 | 15.461 | 16.347 | 17.041 | 17.505 | 17.920 | 39 |
| 35 | 15.863 | 15.888 | 16.721 | 17.408 | 17.771 | 18.079 | 40 |
| 36 | 16.255 | 16.286 | 17.059 | 17.725 | 17.993 | 18.204 | 41 |
| 37 | 16.602 | 16.623 | 17.327 | 17.952 | 18.150 | 18.291 | 42 |
| 38 | 16.879 | 16.867 | 17.495 | 18.060 | 18.215 | 18.338 | 43 |
| 39 | 17.107 | 17.046 | 17.593 | 18.083 | 18.221 | 18.344 | 44 |
| 40 | 17.291 | 17.174 | 17.640 | 18.047 | 18.186 | 18.309 | 45 |
| 41 | 17.442 | 17.272 | 17.655 | 17.979 | 18.115 | 18.234 | 46 |
| 42 | 17.556 | 17.356 | 17.655 | 17.904 | 18.021 | 18.121 | 47 |
| 43 | 17.646 | 17.440 | 17.657 | 17.841 | 17.920 | 17.972 | 48 |
| 44 | 17.721 | 17.516 | 17.652 | 17.781 | 17.809 | 17.791 | 49 |
| 45 | 17.776 | 17.570 | 17.629 | 17.708 | 17.679 | 17.583 | 50 |
| 46 | 17.790 | 17.580 | 17.570 | 17.602 | 17.518 | 17.350 | 51 |
| 47 | 17.751 | 17.534 | 17.464 | 17.449 | 17.319 | 17.097 | 52 |
| 48 | 17.643 | 17.414 | 17.295 | 17.233 | 17.066 | 16.827 | 53 |
| 49 | 17.503 | 17.257 | 17.099 | 16.992 | 16.797 | 16.544 | 54 |
| 50 | 17.333 | 17.067 | 16.880 | 16.733 | 16.517 | 16.252 | 55 |
| 51 | 17.134 | 16.852 | 16.642 | 16.460 | 16.228 | 15.954 | 56 |
| 52 | 16.907 | 16.615 | 16.388 | 16.177 | 15.932 | 15.650 | 57 |
| 53 | 16.656 | 16.356 | 16.119 | 15.887 | 15.631 | 15.342 | 58 |
| 54 | 16.389 | 16.082 | 15.836 | 15.590 | 15.325 | 15.029 | 59 |
| 55 | 16.109 | 15.796 | 15.543 | 15.286 | 15.014 | 14.711 | 60 |
| 56 | 15.821 | 15.502 | 15.242 | 14.976 | 14.696 | 14.388 | 61 |
| 57 | 15.525 | 15.201 | 14.934 | 14.660 | 14.374 | 14.060 | 62 |
| 58 | 15.223 | 14.893 | 14.620 | 14.338 | 14.047 | 13.729 | 63 |
| 59 | 14.914 | 14.579 | 14.299 | 14.011 | 13.715 | 13.392 | 64 |
| 60 | 14.599 | 14.258 | 13.974 | 13.679 | 13.377 | 13.051 | 65 |

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Section V

Page 8

Tables

**TABLE I-A (Continued)
Surviving Spouse Pension Table***

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 61 | 14.279 | 13.934 | 13.645 | 13.344 | 13.035 | 12.704 | 66 |
| 62 | 13.956 | 13.607 | 13.312 | 13.004 | 12.688 | 12.351 | 67 |
| 63 | 13.634 | 13.279 | 12.977 | 12.661 | 12.336 | 11.992 | 68 |
| 64 | 13.310 | 12.948 | 12.637 | 12.312 | 11.978 | 11.628 | 69 |
| 65 | 12.980 | 12.611 | 12.290 | 11.958 | 11.616 | 11.259 | 70 |
| 66 | 12.638 | 12.264 | 11.937 | 11.598 | 11.248 | 10.884 | 71 |
| 67 | 12.294 | 11.916 | 11.578 | 11.231 | 10.873 | 10.502 | 72 |
| 68 | 11.939 | 11.559 | 11.213 | 10.859 | 10.492 | 10.116 | 73 |
| 69 | 11.579 | 11.197 | 10.842 | 10.480 | 10.107 | 9.727 | 74 |
| 70 | 11.214 | 10.829 | 10.466 | 10.097 | 9.720 | 9.338 | 75 |
| 71 | 10.844 | 10.456 | 10.086 | 9.712 | 9.332 | 8.949 | 76 |
| 72 | 10.467 | 10.077 | 9.703 | 9.326 | 8.944 | 8.559 | 77 |
| 73 | 10.086 | 9.696 | 9.319 | 8.939 | 8.555 | 8.170 | 78 |
| 74 | 9.702 | 9.312 | 8.933 | 8.551 | 8.167 | 7.783 | 79 |
| 75 | 9.316 | 8.927 | 8.546 | 8.163 | 7.780 | 7.401 | 80 |
| 76 | 8.930 | 8.540 | 8.159 | 7.778 | 7.399 | 7.026 | 81 |
| 77 | 8.543 | 8.153 | 7.773 | 7.397 | 7.025 | 6.659 | 82 |
| 78 | 8.156 | 7.769 | 7.393 | 7.022 | 6.658 | 6.303 | 83 |
| 79 | 7.771 | 7.389 | 7.019 | 6.656 | 6.303 | 5.963 | 84 |
| 80 | 7.391 | 7.016 | 6.654 | 6.301 | 5.962 | 5.639 | 85 |
| 81 | 7.019 | 6.652 | 6.299 | 5.961 | 5.639 | 5.330 | 86 |
| 82 | 6.654 | 6.299 | 5.960 | 5.638 | 5.330 | 5.036 | 87 |
| 83 | 6.301 | 5.960 | 5.638 | 5.330 | 5.035 | 4.756 | 88 |
| 84 | 5.961 | 5.638 | 5.330 | 5.035 | 4.755 | 4.489 | 89 |
| 85 | 5.638 | 5.329 | 5.035 | 4.755 | 4.489 | 4.238 | 90 |
| 86 | 5.329 | 5.035 | 4.755 | 4.489 | 4.238 | 4.000 | 91 |
| 87 | 5.035 | 4.755 | 4.489 | 4.238 | 4.000 | 3.775 | 92 |
| 88 | 4.755 | 4.489 | 4.237 | 4.000 | 3.775 | 3.564 | 93 |
| 89 | 4.489 | 4.237 | 3.999 | 3.775 | 3.563 | 3.364 | 94 |
| 90 | 4.237 | 3.999 | 3.775 | 3.563 | 3.364 | 3.176 | 95 |
| 91 | 3.999 | 3.775 | 3.563 | 3.364 | 3.176 | 2.998 | 96 |
| 92 | 3.775 | 3.563 | 3.364 | 3.176 | 2.998 | 2.828 | 97 |
| 93 | 3.563 | 3.364 | 3.175 | 2.997 | 2.828 | 2.665 | 98 |
| 94 | 3.364 | 3.175 | 2.997 | 2.828 | 2.665 | 2.506 | 99 |
| 95 | 3.175 | 2.997 | 2.828 | 2.665 | 2.506 | 2.345 | 100 |
| 96 | 2.997 | 2.828 | 2.665 | 2.506 | 2.345 | 2.215 | 101 |
| 97 | 2.828 | 2.665 | 2.505 | 2.345 | 2.214 | 2.088 | 102 |
| 98 | 2.665 | 2.505 | 2.345 | 2.214 | 2.088 | 1.962 | 103 |
| 99 | 2.505 | 2.345 | 2.214 | 2.088 | 1.962 | 1.840 | 104 |
| 100 | 2.345 | 2.214 | 2.088 | 1.962 | 1.840 | 1.719 | 105 |
| 101 | 2.213 | 2.086 | 1.960 | 1.837 | 1.715 | 1.584 | 106 |
| 102 | 2.086 | 1.960 | 1.837 | 1.715 | 1.584 | 1.433 | 107 |
| 103 | 1.960 | 1.837 | 1.715 | 1.584 | 1.433 | 1.250 | 108 |
| 104 | 1.837 | 1.715 | 1.584 | 1.433 | 1.250 | 0.955 | 109 |
| 105 | 1.715 | 1.584 | 1.433 | 1.250 | 0.955 | 0.500 | 110 |

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** 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 I-A (Continued)
Surviving Spouse Pension Table***

| 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 | 1.584 | 1.433 | 1.250 | 0.955 | 0.500 | | 111 |
| 107 | 1.433 | 1.250 | 0.955 | 0.500 | | | 112 |
| 108 | 1.250 | 0.955 | 0.500 | | | | 113 |
| 109 | 0.955 | 0.500 | | | | | 114 |
| 110 | 0.500 | | | | | | 115 |

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Page 10

Section V

Tables

**TABLE II-A
Present Value of Remarriage Dowry***

| 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 | 0.5698 | 0.5548 | 0.5072 | 0.4787 | 0.4544 | 0.4315 | 21 |
| 17 | 0.5650 | 0.5495 | 0.5009 | 0.4715 | 0.4464 | 0.4226 | 22 |
| 18 | 0.5599 | 0.5437 | 0.4940 | 0.4638 | 0.4377 | 0.4130 | 23 |
| 19 | 0.5543 | 0.5375 | 0.4866 | 0.4554 | 0.4284 | 0.4027 | 24 |
| 20 | 0.5484 | 0.5309 | 0.4787 | 0.4464 | 0.4183 | 0.3915 | 25 |
| 21 | 0.5383 | 0.5209 | 0.4684 | 0.4359 | 0.4071 | 0.3794 | 26 |
| 22 | 0.5270 | 0.5103 | 0.4578 | 0.4253 | 0.3957 | 0.3671 | 27 |
| 23 | 0.5148 | 0.4991 | 0.4469 | 0.4145 | 0.3841 | 0.3544 | 28 |
| 24 | 0.5020 | 0.4870 | 0.4350 | 0.4022 | 0.3716 | 0.3416 | 29 |
| 25 | 0.4888 | 0.4744 | 0.4227 | 0.3893 | 0.3585 | 0.3284 | 30 |
| 26 | 0.4755 | 0.4618 | 0.4103 | 0.3762 | 0.3451 | 0.3147 | 31 |
| 27 | 0.4619 | 0.4491 | 0.3981 | 0.3633 | 0.3314 | 0.3004 | 32 |
| 28 | 0.4479 | 0.4364 | 0.3858 | 0.3503 | 0.3174 | 0.2854 | 33 |
| 29 | 0.4333 | 0.4231 | 0.3731 | 0.3369 | 0.3028 | 0.2695 | 34 |
| 30 | 0.4177 | 0.4087 | 0.3592 | 0.3224 | 0.2872 | 0.2527 | 35 |
| 31 | 0.4005 | 0.3925 | 0.3433 | 0.3058 | 0.2701 | 0.2351 | 36 |
| 32 | 0.3813 | 0.3738 | 0.3246 | 0.2865 | 0.2513 | 0.2169 | 37 |
| 33 | 0.3591 | 0.3514 | 0.3030 | 0.2641 | 0.2308 | 0.1986 | 38 |
| 34 | 0.3347 | 0.3262 | 0.2789 | 0.2392 | 0.2090 | 0.1803 | 39 |
| 35 | 0.3091 | 0.2995 | 0.2537 | 0.2135 | 0.1872 | 0.1627 | 40 |
| 36 | 0.2837 | 0.2734 | 0.2294 | 0.1894 | 0.1667 | 0.1462 | 41 |
| 37 | 0.2597 | 0.2495 | 0.2077 | 0.1687 | 0.1487 | 0.1308 | 42 |
| 38 | 0.2384 | 0.2292 | 0.1901 | 0.1530 | 0.1344 | 0.1168 | 43 |
| 39 | 0.2188 | 0.2114 | 0.1752 | 0.1408 | 0.1225 | 0.1043 | 44 |
| 40 | 0.2006 | 0.1954 | 0.1622 | 0.1310 | 0.1120 | 0.0932 | 45 |
| 41 | 0.1834 | 0.1803 | 0.1503 | 0.1223 | 0.1029 | 0.0836 | 46 |
| 42 | 0.1674 | 0.1652 | 0.1385 | 0.1135 | 0.0944 | 0.0754 | 47 |
| 43 | 0.1517 | 0.1495 | 0.1261 | 0.1036 | 0.0857 | 0.0685 | 48 |
| 44 | 0.1361 | 0.1335 | 0.1134 | 0.0930 | 0.0770 | 0.0628 | 49 |
| 45 | 0.1208 | 0.1178 | 0.1009 | 0.0824 | 0.0688 | 0.0582 | 50 |
| 46 | 0.1069 | 0.1037 | 0.0897 | 0.0729 | 0.0616 | 0.0543 | 51 |
| 47 | 0.0951 | 0.0918 | 0.0804 | 0.0654 | 0.0560 | 0.0512 | 52 |
| 48 | 0.0864 | 0.0832 | 0.0739 | 0.0608 | 0.0529 | 0.0485 | 53 |
| 49 | 0.0788 | 0.0761 | 0.0683 | 0.0571 | 0.0502 | 0.0461 | 54 |
| 50 | 0.0722 | 0.0702 | 0.0634 | 0.0539 | 0.0477 | 0.0439 | 55 |
| 51 | 0.0667 | 0.0652 | 0.0592 | 0.0511 | 0.0453 | 0.0417 | 56 |
| 52 | 0.0623 | 0.0609 | 0.0554 | 0.0484 | 0.0430 | 0.0395 | 57 |
| 53 | 0.0587 | 0.0574 | 0.0520 | 0.0458 | 0.0406 | 0.0371 | 58 |
| 54 | 0.0556 | 0.0543 | 0.0489 | 0.0432 | 0.0382 | 0.0347 | 59 |
| 55 | 0.0528 | 0.0515 | 0.0462 | 0.0407 | 0.0357 | 0.0323 | 60 |
| 56 | 0.0502 | 0.0489 | 0.0436 | 0.0382 | 0.0332 | 0.0297 | 61 |
| 57 | 0.0476 | 0.0463 | 0.0410 | 0.0357 | 0.0307 | 0.0272 | 62 |
| 58 | 0.0451 | 0.0438 | 0.0384 | 0.0332 | 0.0281 | 0.0246 | 63 |
| 59 | 0.0426 | 0.0413 | 0.0359 | 0.0307 | 0.0256 | 0.0220 | 64 |
| 60 | 0.0402 | 0.0388 | 0.0333 | 0.0282 | 0.0231 | 0.0194 | 65 |

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

** 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: July 1, 2004

Page 11

Section V

Tables

TABLE II-A (Continued)
Present Value of Remarriage Dowry*

| 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 | 0.0377 | 0.0363 | 0.0307 | 0.0256 | 0.0206 | 0.0169 | 66 |
| 62 | 0.0350 | 0.0336 | 0.0280 | 0.0230 | 0.0181 | 0.0145 | 67 |
| 63 | 0.0319 | 0.0306 | 0.0252 | 0.0203 | 0.0157 | 0.0122 | 68 |
| 64 | 0.0285 | 0.0275 | 0.0223 | 0.0176 | 0.0134 | 0.0101 | 69 |
| 65 | 0.0253 | 0.0244 | 0.0195 | 0.0151 | 0.0112 | 0.0084 | 70 |
| 66 | 0.0225 | 0.0218 | 0.0169 | 0.0128 | 0.0094 | 0.0069 | 71 |
| 67 | 0.0195 | 0.0188 | 0.0146 | 0.0109 | 0.0079 | 0.0057 | 72 |
| 68 | 0.0171 | 0.0164 | 0.0127 | 0.0093 | 0.0066 | 0.0048 | 73 |
| 69 | 0.0148 | 0.0142 | 0.0109 | 0.0079 | 0.0056 | 0.0040 | 74 |
| 70 | 0.0128 | 0.0122 | 0.0093 | 0.0067 | 0.0048 | 0.0034 | 75 |
| 71 | 0.0110 | 0.0104 | 0.0078 | 0.0056 | 0.0040 | 0.0028 | 76 |
| 72 | 0.0094 | 0.0088 | 0.0066 | 0.0047 | 0.0033 | 0.0023 | 77 |
| 73 | 0.0080 | 0.0075 | 0.0056 | 0.0039 | 0.0028 | 0.0019 | 78 |
| 74 | 0.0069 | 0.0064 | 0.0047 | 0.0033 | 0.0023 | 0.0015 | 79 |
| 75 | 0.0060 | 0.0055 | 0.0040 | 0.0027 | 0.0018 | 0.0012 | 80 |
| 76 | 0.0051 | 0.0047 | 0.0033 | 0.0022 | 0.0015 | 0.0010 | 81 |
| 77 | 0.0044 | 0.0041 | 0.0028 | 0.0018 | 0.0012 | 0.0008 | 82 |
| 78 | 0.0038 | 0.0035 | 0.0024 | 0.0015 | 0.0010 | 0.0007 | 83 |
| 79 | 0.0033 | 0.0030 | 0.0020 | 0.0013 | 0.0008 | 0.0005 | 84 |
| 80 | 0.0027 | 0.0025 | 0.0017 | 0.0011 | 0.0007 | 0.0005 | 85 |
| 81 | 0.0022 | 0.0020 | 0.0014 | 0.0009 | 0.0006 | 0.0004 | 86 |
| 82 | 0.0016 | 0.0015 | 0.0010 | 0.0007 | 0.0005 | 0.0003 | 87 |
| 83 | 0.0011 | 0.0010 | 0.0008 | 0.0006 | 0.0004 | 0.0003 | 88 |
| 84 | 0.0008 | 0.0007 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 89 |
| 85 | 0.0007 | 0.0007 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 90 |
| 86 | 0.0006 | 0.0006 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 91 |
| 87 | 0.0006 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 92 |
| 88 | 0.0005 | 0.0005 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 93 |
| 89 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 94 |
| 90 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 0.0001 | 95 |
| 91 | 0.0004 | 0.0003 | 0.0003 | 0.0002 | 0.0001 | 0.0001 | 96 |
| 92 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 97 |
| 93 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 98 |
| 94 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 99 |
| 95 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 100 |
| 96 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 101 |
| 97 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 102 |
| 98 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 103 |
| 99 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 104 |
| 100 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 105 |
| 101 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 106 |
| 102 | 0.0001 | 0.0002 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 107 |
| 103 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 108 |
| 104 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 109 |
| 105 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 110 |

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

** 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
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Male**

| Age | Present Value | Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|-----|---------------|
| 11 | 25.203 | 41 | 19.632 | 71 | 9.426 |
| 12 | 25.071 | 42 | 19.357 | 72 | 9.069 |
| 13 | 24.935 | 43 | 19.076 | 73 | 8.713 |
| 14 | 24.799 | 44 | 18.789 | 74 | 8.359 |
| 15 | 24.662 | 45 | 18.496 | 75 | 8.008 |
| 16 | 24.524 | 46 | 18.198 | 76 | 7.660 |
| 17 | 24.386 | 47 | 17.896 | 77 | 7.312 |
| 18 | 24.247 | 48 | 17.587 | 78 | 6.966 |
| 19 | 24.106 | 49 | 17.273 | 79 | 6.623 |
| 20 | 23.961 | 50 | 16.952 | 80 | 6.286 |
| 21 | 23.813 | 51 | 16.624 | 81 | 5.960 |
| 22 | 23.662 | 52 | 16.289 | 82 | 5.647 |
| 23 | 23.506 | 53 | 15.948 | 83 | 5.351 |
| 24 | 23.345 | 54 | 15.602 | 84 | 5.067 |
| 25 | 23.178 | 55 | 15.252 | 85 | 4.796 |
| 26 | 23.005 | 56 | 14.899 | 86 | 4.538 |
| 27 | 22.824 | 57 | 14.544 | 87 | 4.293 |
| 28 | 22.637 | 58 | 14.186 | 88 | 4.061 |
| 29 | 22.444 | 59 | 13.826 | 89 | 3.843 |
| 30 | 22.244 | 60 | 13.463 | 90 | 3.636 |
| 31 | 22.038 | 61 | 13.097 | 91 | 3.442 |
| 32 | 21.826 | 62 | 12.729 | 92 | 3.260 |
| 33 | 21.608 | 63 | 12.360 | 93 | 3.088 |
| 34 | 21.383 | 64 | 11.991 | 94 | 2.927 |
| 35 | 21.152 | 65 | 11.622 | 95 | 2.776 |
| 36 | 20.915 | 66 | 11.252 | 96 | 2.633 |
| 37 | 20.671 | 67 | 10.883 | 97 | 2.497 |
| 38 | 20.421 | 68 | 10.514 | 98 | 2.365 |
| 39 | 20.164 | 69 | 10.148 | 99 | 2.238 |
| 40 | 19.901 | 70 | 9.785 | 100 | 2.108 |

* 1999 United States Life Table for Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

**TABLE III-F-A
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Female**

| Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|
| 11 | 25.950 | 56 | 16.536 |
| 12 | 25.844 | 57 | 16.191 |
| 13 | 25.734 | 58 | 15.841 |
| 14 | 25.623 | 59 | 15.487 |
| 15 | 25.509 | 60 | 15.128 |
| 16 | 25.392 | 61 | 14.764 |
| 17 | 25.274 | 62 | 14.396 |
| 18 | 25.152 | 63 | 14.025 |
| 19 | 25.027 | 64 | 13.651 |
| 20 | 24.897 | 65 | 13.273 |
| 21 | 24.763 | 66 | 12.892 |
| 22 | 24.623 | 67 | 12.507 |
| 23 | 24.480 | 68 | 12.119 |
| 24 | 24.331 | 69 | 11.730 |
| 25 | 24.178 | 70 | 11.340 |
| 26 | 24.019 | 71 | 10.947 |
| 27 | 23.855 | 72 | 10.552 |
| 28 | 23.686 | 73 | 10.156 |
| 29 | 23.512 | 74 | 9.759 |
| 30 | 23.332 | 75 | 9.364 |
| 31 | 23.147 | 76 | 8.970 |
| 32 | 22.955 | 77 | 8.575 |
| 33 | 22.759 | 78 | 8.182 |
| 34 | 22.557 | 79 | 7.792 |
| 35 | 22.349 | 80 | 7.408 |
| 36 | 22.136 | 81 | 7.031 |
| 37 | 21.917 | 82 | 6.663 |
| 38 | 21.693 | 83 | 6.307 |
| 39 | 21.461 | 84 | 5.965 |
| 40 | 21.224 | 85 | 5.641 |
| 41 | 20.981 | 86 | 5.332 |
| 42 | 20.731 | 87 | 5.037 |
| 43 | 20.474 | 88 | 4.756 |
| 44 | 20.211 | 89 | 4.490 |
| 45 | 19.941 | 90 | 4.238 |
| 46 | 19.664 | 91 | 4.000 |
| 47 | 19.381 | 92 | 3.775 |
| 48 | 19.091 | 93 | 3.563 |
| 49 | 18.794 | 94 | 3.364 |
| 50 | 18.491 | 95 | 3.175 |
| 51 | 18.181 | 96 | 2.996 |
| 52 | 17.864 | 97 | 2.827 |
| 53 | 17.541 | 98 | 2.663 |
| 54 | 17.211 | 99 | 2.502 |
| 55 | 16.876 | 100 | 2.341 |

* 1999 United States Life Table for Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 0.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Section V

Page 14

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-I-B

Surviving Spouse Pension Table*

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 16 | 26.047 | 27.027 | 29.921 | 31.560 | 32.873 | 34.031 | 21 |
| 17 | 26.221 | 27.215 | 30.137 | 31.796 | 33.127 | 34.302 | 22 |
| 18 | 26.402 | 27.411 | 30.362 | 32.041 | 33.390 | 34.584 | 23 |
| 19 | 26.591 | 27.615 | 30.596 | 32.296 | 33.664 | 34.876 | 24 |
| 20 | 26.787 | 27.826 | 30.838 | 32.561 | 33.949 | 35.180 | 25 |
| 21 | 27.222 | 28.214 | 31.192 | 32.880 | 34.263 | 35.496 | 26 |
| 22 | 27.697 | 28.611 | 31.531 | 33.175 | 34.553 | 35.791 | 27 |
| 23 | 28.196 | 29.012 | 31.855 | 33.437 | 34.813 | 36.059 | 28 |
| 24 | 28.701 | 29.435 | 32.202 | 33.749 | 35.087 | 36.296 | 29 |
| 25 | 29.193 | 29.847 | 32.534 | 34.060 | 35.350 | 36.507 | 30 |
| 26 | 29.659 | 30.227 | 32.827 | 34.337 | 35.588 | 36.700 | 31 |
| 27 | 30.098 | 30.567 | 33.074 | 34.567 | 35.796 | 36.883 | 32 |
| 28 | 30.516 | 30.875 | 33.282 | 34.753 | 35.978 | 37.059 | 33 |
| 29 | 30.929 | 31.171 | 33.477 | 34.919 | 36.146 | 37.232 | 34 |
| 30 | 31.360 | 31.487 | 33.692 | 35.100 | 36.319 | 37.400 | 35 |
| 31 | 31.834 | 31.861 | 33.968 | 35.340 | 36.517 | 37.556 | 36 |
| 32 | 32.372 | 32.323 | 34.341 | 35.674 | 36.751 | 37.688 | 37 |
| 33 | 33.021 | 32.926 | 34.814 | 36.106 | 37.016 | 37.779 | 38 |
| 34 | 33.732 | 33.615 | 35.355 | 36.598 | 37.281 | 37.809 | 39 |
| 35 | 34.440 | 34.312 | 35.886 | 37.063 | 37.491 | 37.761 | 40 |
| 36 | 35.063 | 34.909 | 36.301 | 37.386 | 37.580 | 37.621 | 41 |
| 37 | 35.541 | 35.329 | 36.528 | 37.490 | 37.508 | 37.385 | 42 |
| 38 | 35.819 | 35.510 | 36.511 | 37.316 | 37.228 | 37.053 | 43 |
| 39 | 35.957 | 35.520 | 36.323 | 36.949 | 36.815 | 36.630 | 44 |
| 40 | 35.974 | 35.404 | 36.012 | 36.450 | 36.311 | 36.120 | 45 |
| 41 | 35.902 | 35.208 | 35.624 | 35.881 | 35.730 | 35.529 | 46 |
| 42 | 35.740 | 34.974 | 35.204 | 35.299 | 35.107 | 34.865 | 47 |
| 43 | 35.525 | 34.737 | 34.785 | 34.743 | 34.474 | 34.140 | 48 |
| 44 | 35.274 | 34.480 | 34.354 | 34.193 | 33.826 | 33.363 | 49 |
| 45 | 34.976 | 34.173 | 33.887 | 33.626 | 33.149 | 32.545 | 50 |
| 46 | 34.593 | 33.779 | 33.354 | 33.000 | 32.424 | 31.696 | 51 |
| 47 | 34.098 | 33.272 | 32.732 | 32.293 | 31.639 | 30.826 | 52 |
| 48 | 33.467 | 32.625 | 31.997 | 31.478 | 30.769 | 29.943 | 53 |
| 49 | 32.781 | 31.915 | 31.225 | 30.633 | 29.889 | 29.054 | 54 |
| 50 | 32.048 | 31.157 | 30.424 | 29.771 | 29.005 | 28.167 | 55 |
| 51 | 31.272 | 30.365 | 29.604 | 28.902 | 28.125 | 27.287 | 56 |
| 52 | 30.458 | 29.549 | 28.771 | 28.034 | 27.250 | 26.418 | 57 |
| 53 | 29.615 | 28.708 | 27.928 | 27.171 | 26.385 | 25.559 | 58 |
| 54 | 28.761 | 27.859 | 27.080 | 26.314 | 25.531 | 24.711 | 59 |
| 55 | 27.901 | 27.007 | 26.232 | 25.464 | 24.685 | 23.872 | 60 |
| 56 | 27.043 | 26.157 | 25.387 | 24.621 | 23.848 | 23.044 | 61 |
| 57 | 26.191 | 25.314 | 24.550 | 23.787 | 23.022 | 22.227 | 62 |
| 58 | 25.346 | 24.478 | 23.719 | 22.962 | 22.205 | 21.420 | 63 |
| 59 | 24.507 | 23.648 | 22.897 | 22.147 | 21.398 | 20.625 | 64 |
| 60 | 23.676 | 22.827 | 22.086 | 21.342 | 20.602 | 19.839 | 65 |

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** 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: July 1, 2004

Page 15

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-I-B (Continued)

Surviving Spouse Pension Table*

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 61 | 22.856 | 22.019 | 21.286 | 20.548 | 19.815 | 19.063 | 66 |
| 62 | 22.049 | 21.223 | 20.498 | 19.767 | 19.038 | 18.295 | 67 |
| 63 | 21.261 | 20.443 | 19.723 | 18.997 | 18.272 | 17.537 | 68 |
| 64 | 20.488 | 19.676 | 18.959 | 18.237 | 17.516 | 16.788 | 69 |
| 65 | 19.722 | 18.918 | 18.203 | 17.486 | 16.770 | 16.049 | 70 |
| 66 | 18.956 | 18.161 | 17.454 | 16.743 | 16.033 | 15.319 | 71 |
| 67 | 18.204 | 17.421 | 16.713 | 16.009 | 15.304 | 14.598 | 72 |
| 68 | 17.453 | 16.683 | 15.981 | 15.283 | 14.584 | 13.887 | 73 |
| 69 | 16.711 | 15.957 | 15.259 | 14.567 | 13.876 | 13.191 | 74 |
| 70 | 15.980 | 15.240 | 14.547 | 13.861 | 13.181 | 12.511 | 75 |
| 71 | 15.259 | 14.532 | 13.846 | 13.170 | 12.503 | 11.847 | 76 |
| 72 | 14.547 | 13.833 | 13.157 | 12.494 | 11.841 | 11.199 | 77 |
| 73 | 13.844 | 13.147 | 12.484 | 11.834 | 11.194 | 10.567 | 78 |
| 74 | 13.155 | 12.475 | 11.826 | 11.189 | 10.563 | 9.954 | 79 |
| 75 | 12.480 | 11.817 | 11.181 | 10.559 | 9.950 | 9.362 | 80 |
| 76 | 11.821 | 11.173 | 10.552 | 9.947 | 9.359 | 8.792 | 81 |
| 77 | 11.177 | 10.545 | 9.941 | 9.356 | 8.791 | 8.247 | 82 |
| 78 | 10.548 | 9.935 | 9.351 | 8.788 | 8.246 | 7.728 | 83 |
| 79 | 9.937 | 9.346 | 8.784 | 8.243 | 7.727 | 7.240 | 84 |
| 80 | 9.349 | 8.780 | 8.240 | 7.725 | 7.239 | 6.784 | 85 |
| 81 | 8.783 | 8.238 | 7.723 | 7.237 | 6.783 | 6.354 | 86 |
| 82 | 8.241 | 7.723 | 7.236 | 6.782 | 6.354 | 5.951 | 87 |
| 83 | 7.725 | 7.236 | 6.782 | 6.353 | 5.951 | 5.573 | 88 |
| 84 | 7.238 | 6.782 | 6.353 | 5.950 | 5.573 | 5.219 | 89 |
| 85 | 6.782 | 6.353 | 5.950 | 5.573 | 5.219 | 4.889 | 90 |
| 86 | 6.353 | 5.950 | 5.572 | 5.219 | 4.889 | 4.580 | 91 |
| 87 | 5.950 | 5.572 | 5.219 | 4.889 | 4.580 | 4.293 | 92 |
| 88 | 5.572 | 5.218 | 4.888 | 4.580 | 4.293 | 4.025 | 93 |
| 89 | 5.218 | 4.888 | 4.580 | 4.292 | 4.025 | 3.775 | 94 |
| 90 | 4.888 | 4.580 | 4.292 | 4.024 | 3.774 | 3.541 | 95 |
| 91 | 4.580 | 4.292 | 4.024 | 3.774 | 3.541 | 3.322 | 96 |
| 92 | 4.292 | 4.024 | 3.774 | 3.541 | 3.322 | 3.116 | 97 |
| 93 | 4.024 | 3.774 | 3.540 | 3.322 | 3.116 | 2.920 | 98 |
| 94 | 3.774 | 3.540 | 3.322 | 3.116 | 2.919 | 2.730 | 99 |
| 95 | 3.540 | 3.322 | 3.116 | 2.919 | 2.730 | 2.542 | 100 |
| 96 | 3.322 | 3.116 | 2.919 | 2.729 | 2.542 | 2.387 | 101 |
| 97 | 3.116 | 2.919 | 2.729 | 2.541 | 2.387 | 2.240 | 102 |
| 98 | 2.919 | 2.729 | 2.541 | 2.387 | 2.240 | 2.093 | 103 |
| 99 | 2.729 | 2.541 | 2.387 | 2.240 | 2.093 | 1.951 | 104 |
| 100 | 2.541 | 2.387 | 2.239 | 2.093 | 1.951 | 1.812 | 105 |
| 101 | 2.387 | 2.240 | 2.093 | 1.951 | 1.812 | 1.662 | 106 |
| 102 | 2.240 | 2.093 | 1.951 | 1.812 | 1.662 | 1.487 | 107 |
| 103 | 2.093 | 1.951 | 1.812 | 1.662 | 1.487 | 1.275 | 108 |
| 104 | 1.951 | 1.812 | 1.662 | 1.487 | 1.275 | 0.964 | 109 |
| 105 | 1.812 | 1.662 | 1.487 | 1.275 | 0.964 | 0.500 | 110 |

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** 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.

**UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-I-B (Continued)
Surviving Spouse Pension Table***

| 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 | 1.662 | 1.487 | 1.275 | 0.964 | 0.500 | | 111 |
| 107 | 1.487 | 1.275 | 0.964 | 0.500 | | | 112 |
| 108 | 1.275 | 0.964 | 0.500 | | | | 113 |
| 109 | 0.964 | 0.500 | | | | | 114 |
| 110 | 0.500 | | | | | | 115 |

* 1999 United States Life Tables for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

** 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: July 1, 2004

Page 17

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-II-B

Present Value of Remarriage Dowry*

| 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) |
|----------------------------|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|----------------------------|
| 16 | 0.7847 | 0.7634 | 0.7240 | 0.6947 | 0.6675 | 0.6408 | 21 |
| 17 | 0.7729 | 0.7508 | 0.7096 | 0.6790 | 0.6506 | 0.6228 | 22 |
| 18 | 0.7608 | 0.7377 | 0.6946 | 0.6626 | 0.6330 | 0.6041 | 23 |
| 19 | 0.7482 | 0.7241 | 0.6790 | 0.6457 | 0.6148 | 0.5847 | 24 |
| 20 | 0.7351 | 0.7101 | 0.6629 | 0.6281 | 0.5959 | 0.5645 | 25 |
| 21 | 0.7189 | 0.6935 | 0.6449 | 0.6093 | 0.5761 | 0.5436 | 26 |
| 22 | 0.7017 | 0.6763 | 0.6265 | 0.5902 | 0.5560 | 0.5224 | 27 |
| 23 | 0.6836 | 0.6584 | 0.6078 | 0.5710 | 0.5357 | 0.5009 | 28 |
| 24 | 0.6646 | 0.6396 | 0.5881 | 0.5506 | 0.5146 | 0.4792 | 29 |
| 25 | 0.6451 | 0.6202 | 0.5680 | 0.5295 | 0.4930 | 0.4574 | 30 |
| 26 | 0.6252 | 0.6006 | 0.5478 | 0.5083 | 0.4713 | 0.4351 | 31 |
| 27 | 0.6049 | 0.5809 | 0.5276 | 0.4871 | 0.4493 | 0.4125 | 32 |
| 28 | 0.5843 | 0.5611 | 0.5075 | 0.4661 | 0.4272 | 0.3894 | 33 |
| 29 | 0.5630 | 0.5409 | 0.4870 | 0.4448 | 0.4047 | 0.3658 | 34 |
| 30 | 0.5406 | 0.5196 | 0.4656 | 0.4227 | 0.3816 | 0.3416 | 35 |
| 31 | 0.5167 | 0.4967 | 0.4426 | 0.3990 | 0.3574 | 0.3171 | 36 |
| 32 | 0.4907 | 0.4714 | 0.4171 | 0.3729 | 0.3320 | 0.2924 | 37 |
| 33 | 0.4617 | 0.4427 | 0.3890 | 0.3443 | 0.3053 | 0.2680 | 38 |
| 34 | 0.4304 | 0.4113 | 0.3586 | 0.3135 | 0.2778 | 0.2442 | 39 |
| 35 | 0.3979 | 0.3786 | 0.3274 | 0.2823 | 0.2506 | 0.2214 | 40 |
| 36 | 0.3659 | 0.3466 | 0.2974 | 0.2529 | 0.2252 | 0.2000 | 41 |
| 37 | 0.3358 | 0.3171 | 0.2704 | 0.2271 | 0.2025 | 0.1803 | 42 |
| 38 | 0.3089 | 0.2918 | 0.2478 | 0.2067 | 0.1838 | 0.1623 | 43 |
| 39 | 0.2843 | 0.2695 | 0.2284 | 0.1901 | 0.1678 | 0.1460 | 44 |
| 40 | 0.2616 | 0.2493 | 0.2114 | 0.1763 | 0.1536 | 0.1316 | 45 |
| 41 | 0.2402 | 0.2304 | 0.1958 | 0.1640 | 0.1411 | 0.1190 | 46 |
| 42 | 0.2201 | 0.2118 | 0.1807 | 0.1519 | 0.1296 | 0.1080 | 47 |
| 43 | 0.2005 | 0.1926 | 0.1650 | 0.1390 | 0.1181 | 0.0985 | 48 |
| 44 | 0.1810 | 0.1732 | 0.1493 | 0.1257 | 0.1070 | 0.0905 | 49 |
| 45 | 0.1619 | 0.1544 | 0.1340 | 0.1125 | 0.0964 | 0.0836 | 50 |
| 46 | 0.1444 | 0.1372 | 0.1200 | 0.1006 | 0.0870 | 0.0777 | 51 |
| 47 | 0.1294 | 0.1226 | 0.1082 | 0.0908 | 0.0794 | 0.0725 | 52 |
| 48 | 0.1180 | 0.1117 | 0.0995 | 0.0842 | 0.0743 | 0.0680 | 53 |
| 49 | 0.1078 | 0.1023 | 0.0918 | 0.0785 | 0.0697 | 0.0638 | 54 |
| 50 | 0.0989 | 0.0942 | 0.0850 | 0.0734 | 0.0654 | 0.0599 | 55 |
| 51 | 0.0912 | 0.0872 | 0.0789 | 0.0688 | 0.0613 | 0.0561 | 56 |
| 52 | 0.0847 | 0.0809 | 0.0733 | 0.0644 | 0.0574 | 0.0523 | 57 |
| 53 | 0.0792 | 0.0756 | 0.0682 | 0.0602 | 0.0535 | 0.0485 | 58 |
| 54 | 0.0742 | 0.0708 | 0.0635 | 0.0561 | 0.0496 | 0.0448 | 59 |
| 55 | 0.0697 | 0.0664 | 0.0593 | 0.0522 | 0.0458 | 0.0411 | 60 |
| 56 | 0.0654 | 0.0622 | 0.0552 | 0.0483 | 0.0420 | 0.0374 | 61 |
| 57 | 0.0613 | 0.0582 | 0.0513 | 0.0446 | 0.0383 | 0.0338 | 62 |
| 58 | 0.0574 | 0.0544 | 0.0475 | 0.0409 | 0.0347 | 0.0302 | 63 |
| 59 | 0.0536 | 0.0506 | 0.0438 | 0.0373 | 0.0312 | 0.0267 | 64 |
| 60 | 0.0499 | 0.0470 | 0.0402 | 0.0339 | 0.0279 | 0.0234 | 65 |

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** 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: July 1, 2004

Page 18

Section V
Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-II-B (Continued)

Surviving Spouse Pension Table*

| 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) |
|----------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| 61 | 0.0462 | 0.0434 | 0.0366 | 0.0305 | 0.0246 | 0.0202 | 66 |
| 62 | 0.0424 | 0.0398 | 0.0331 | 0.0271 | 0.0215 | 0.0172 | 67 |
| 63 | 0.0384 | 0.0359 | 0.0294 | 0.0237 | 0.0185 | 0.0145 | 68 |
| 64 | 0.0341 | 0.0320 | 0.0259 | 0.0205 | 0.0156 | 0.0120 | 69 |
| 65 | 0.0300 | 0.0282 | 0.0225 | 0.0174 | 0.0131 | 0.0099 | 70 |
| 66 | 0.0265 | 0.0250 | 0.0194 | 0.0147 | 0.0109 | 0.0081 | 71 |
| 67 | 0.0229 | 0.0215 | 0.0167 | 0.0125 | 0.0091 | 0.0067 | 72 |
| 68 | 0.0200 | 0.0187 | 0.0144 | 0.0106 | 0.0077 | 0.0056 | 73 |
| 69 | 0.0173 | 0.0161 | 0.0123 | 0.0090 | 0.0065 | 0.0047 | 74 |
| 70 | 0.0149 | 0.0138 | 0.0105 | 0.0076 | 0.0055 | 0.0039 | 75 |
| 71 | 0.0127 | 0.0117 | 0.0088 | 0.0064 | 0.0045 | 0.0032 | 76 |
| 72 | 0.0108 | 0.0099 | 0.0074 | 0.0053 | 0.0038 | 0.0027 | 77 |
| 73 | 0.0092 | 0.0083 | 0.0062 | 0.0044 | 0.0031 | 0.0022 | 78 |
| 74 | 0.0078 | 0.0071 | 0.0052 | 0.0037 | 0.0026 | 0.0018 | 79 |
| 75 | 0.0068 | 0.0061 | 0.0044 | 0.0030 | 0.0021 | 0.0014 | 80 |
| 76 | 0.0058 | 0.0052 | 0.0037 | 0.0025 | 0.0017 | 0.0011 | 81 |
| 77 | 0.0050 | 0.0045 | 0.0031 | 0.0020 | 0.0013 | 0.0009 | 82 |
| 78 | 0.0043 | 0.0039 | 0.0026 | 0.0017 | 0.0011 | 0.0008 | 83 |
| 79 | 0.0037 | 0.0033 | 0.0022 | 0.0014 | 0.0009 | 0.0006 | 84 |
| 80 | 0.0030 | 0.0027 | 0.0018 | 0.0012 | 0.0008 | 0.0005 | 85 |
| 81 | 0.0024 | 0.0022 | 0.0015 | 0.0010 | 0.0007 | 0.0004 | 86 |
| 82 | 0.0018 | 0.0016 | 0.0011 | 0.0008 | 0.0005 | 0.0004 | 87 |
| 83 | 0.0013 | 0.0012 | 0.0008 | 0.0006 | 0.0004 | 0.0003 | 88 |
| 84 | 0.0009 | 0.0008 | 0.0006 | 0.0004 | 0.0003 | 0.0003 | 89 |
| 85 | 0.0008 | 0.0007 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 90 |
| 86 | 0.0007 | 0.0006 | 0.0005 | 0.0003 | 0.0002 | 0.0002 | 91 |
| 87 | 0.0006 | 0.0006 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 92 |
| 88 | 0.0005 | 0.0005 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 93 |
| 89 | 0.0005 | 0.0005 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 94 |
| 90 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 95 |
| 91 | 0.0004 | 0.0004 | 0.0003 | 0.0002 | 0.0001 | 0.0001 | 96 |
| 92 | 0.0004 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 97 |
| 93 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 98 |
| 94 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 99 |
| 95 | 0.0003 | 0.0003 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 100 |
| 96 | 0.0002 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 101 |
| 97 | 0.0002 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0000 | 102 |
| 98 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 103 |
| 99 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 104 |
| 100 | 0.0002 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 105 |
| 101 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 106 |
| 102 | 0.0001 | 0.0002 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 107 |
| 103 | 0.0001 | 0.0001 | 0.0002 | 0.0001 | 0.0001 | 0.0000 | 108 |
| 104 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 109 |
| 105 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0001 | 0.0000 | 110 |

* 1999 United States Life Tables for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

** 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.

UNITED STATES LONGSHORE & HARBOR WORKERS ACT
Table USLH-III-M-C
Pension Table* (Other than Surviving Spouse)
(Present Value of \$1 per Annum Payable Until Death)
Male

| Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|
| 11 | 75.314 | 56 | 24.303 |
| 12 | 73.964 | 57 | 23.412 |
| 13 | 72.624 | 58 | 22.538 |
| 14 | 71.301 | 59 | 21.681 |
| 15 | 69.995 | 60 | 20.840 |
| 16 | 68.708 | 61 | 20.014 |
| 17 | 67.438 | 62 | 19.205 |
| 18 | 66.183 | 63 | 18.414 |
| 19 | 64.940 | 64 | 17.641 |
| 20 | 63.706 | 65 | 16.887 |
| 21 | 62.482 | 66 | 16.150 |
| 22 | 61.268 | 67 | 15.430 |
| 23 | 60.061 | 68 | 14.728 |
| 24 | 58.860 | 69 | 14.047 |
| 25 | 57.661 | 70 | 13.387 |
| 26 | 56.465 | 71 | 12.747 |
| 27 | 55.273 | 72 | 12.123 |
| 28 | 54.083 | 73 | 11.516 |
| 29 | 52.900 | 74 | 10.926 |
| 30 | 51.722 | 75 | 10.353 |
| 31 | 50.551 | 76 | 9.796 |
| 32 | 49.387 | 77 | 9.253 |
| 33 | 48.229 | 78 | 8.724 |
| 34 | 47.080 | 79 | 8.211 |
| 35 | 45.937 | 80 | 7.718 |
| 36 | 44.803 | 81 | 7.249 |
| 37 | 43.677 | 82 | 6.806 |
| 38 | 42.559 | 83 | 6.392 |
| 39 | 41.450 | 84 | 6.003 |
| 40 | 40.351 | 85 | 5.635 |
| 41 | 39.262 | 86 | 5.290 |
| 42 | 38.184 | 87 | 4.968 |
| 43 | 37.115 | 88 | 4.666 |
| 44 | 36.059 | 89 | 4.385 |
| 45 | 35.013 | 90 | 4.122 |
| 46 | 33.981 | 91 | 3.878 |
| 47 | 32.961 | 92 | 3.651 |
| 48 | 31.954 | 93 | 3.439 |
| 49 | 30.957 | 94 | 3.242 |
| 50 | 29.971 | 95 | 3.058 |
| 51 | 28.995 | 96 | 2.885 |
| 52 | 28.030 | 97 | 2.723 |
| 53 | 27.076 | 98 | 2.568 |
| 54 | 26.136 | 99 | 2.419 |
| 55 | 25.211 | 100 | 2.268 |

* 1999 United States Life Table for Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-III-F-C

Pension Table* (Other than Surviving Spouse)

(Present Value of \$1 per Annum Payable Until Death)

Female

| Age | Present Value | Age | Present Value |
|-----|---------------|-----|---------------|
| 11 | 82.580 | 56 | 28.472 |
| 12 | 81.196 | 57 | 27.495 |
| 13 | 79.819 | 58 | 26.533 |
| 14 | 78.453 | 59 | 25.585 |
| 15 | 77.098 | 60 | 24.651 |
| 16 | 75.755 | 61 | 23.732 |
| 17 | 74.422 | 62 | 22.829 |
| 18 | 73.099 | 63 | 21.942 |
| 19 | 71.783 | 64 | 21.071 |
| 20 | 70.474 | 65 | 20.216 |
| 21 | 69.170 | 66 | 19.376 |
| 22 | 67.871 | 67 | 18.551 |
| 23 | 66.580 | 68 | 17.742 |
| 24 | 65.294 | 69 | 16.950 |
| 25 | 64.015 | 70 | 16.176 |
| 26 | 62.742 | 71 | 15.418 |
| 27 | 61.476 | 72 | 14.675 |
| 28 | 60.217 | 73 | 13.948 |
| 29 | 58.965 | 74 | 13.239 |
| 30 | 57.720 | 75 | 12.549 |
| 31 | 56.482 | 76 | 11.877 |
| 32 | 55.251 | 77 | 11.222 |
| 33 | 54.029 | 78 | 10.585 |
| 34 | 52.815 | 79 | 9.967 |
| 35 | 51.611 | 80 | 9.372 |
| 36 | 50.415 | 81 | 8.800 |
| 37 | 49.228 | 82 | 8.252 |
| 38 | 48.049 | 83 | 7.733 |
| 39 | 46.880 | 84 | 7.243 |
| 40 | 45.719 | 85 | 6.786 |
| 41 | 44.566 | 86 | 6.356 |
| 42 | 43.423 | 87 | 5.952 |
| 43 | 42.289 | 88 | 5.574 |
| 44 | 41.164 | 89 | 5.220 |
| 45 | 40.048 | 90 | 4.889 |
| 46 | 38.942 | 91 | 4.580 |
| 47 | 37.845 | 92 | 4.292 |
| 48 | 36.760 | 93 | 4.024 |
| 49 | 35.684 | 94 | 3.774 |
| 50 | 34.619 | 95 | 3.539 |
| 51 | 33.564 | 96 | 3.320 |
| 52 | 32.521 | 97 | 3.113 |
| 53 | 31.490 | 98 | 2.916 |
| 54 | 30.470 | 99 | 2.725 |
| 55 | 29.464 | 100 | 2.535 |

* 1999 United States Life Table for Female Population
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 4.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: July 1, 2004

Page 21

Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-IV-B

Present Value of Survivorship Benefits*

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

| Claimant's Age | -5 | -4 | -3 | -2 | -1 | -0 |
|----------------|--------|--------|--------|--------|--------|--------|
| 16 | | | | | | 10.877 |
| 17 | | | | | 11.497 | 10.819 |
| 18 | | | | 12.138 | 11.436 | 10.761 |
| 19 | | | 12.798 | 12.073 | 11.374 | 10.701 |
| 20 | | 13.477 | 12.730 | 12.008 | 11.312 | 10.641 |
| 21 | 14.172 | 13.406 | 12.663 | 11.943 | 11.249 | 10.581 |
| 22 | 14.098 | 13.336 | 12.595 | 11.878 | 11.186 | 10.519 |
| 23 | 14.025 | 13.265 | 12.527 | 11.812 | 11.122 | 10.457 |
| 24 | 13.952 | 13.195 | 12.458 | 11.745 | 11.057 | 10.395 |
| 25 | 13.879 | 13.124 | 12.390 | 11.679 | 10.993 | 10.332 |
| 26 | 13.806 | 13.053 | 12.321 | 11.612 | 10.928 | 10.269 |
| 27 | 13.733 | 12.983 | 12.253 | 11.546 | 10.864 | 10.207 |
| 28 | 13.660 | 12.912 | 12.184 | 11.479 | 10.799 | 10.144 |
| 29 | 13.587 | 12.840 | 12.115 | 11.412 | 10.734 | 10.081 |
| 30 | 13.512 | 12.768 | 12.045 | 11.344 | 10.669 | 10.018 |
| 31 | 13.438 | 12.696 | 11.974 | 11.276 | 10.602 | 9.953 |
| 32 | 13.362 | 12.622 | 11.903 | 11.207 | 10.535 | 9.888 |
| 33 | 13.285 | 12.548 | 11.831 | 11.136 | 10.466 | 9.821 |
| 34 | 13.208 | 12.472 | 11.757 | 11.064 | 10.396 | 9.752 |
| 35 | 13.128 | 12.395 | 11.682 | 10.991 | 10.324 | 9.682 |
| 36 | 13.048 | 12.316 | 11.604 | 10.915 | 10.250 | 9.609 |
| 37 | 12.965 | 12.235 | 11.525 | 10.837 | 10.174 | 9.534 |
| 38 | 12.881 | 12.152 | 11.444 | 10.757 | 10.095 | 9.457 |
| 39 | 12.794 | 12.066 | 11.359 | 10.674 | 10.014 | 9.378 |
| 40 | 12.704 | 11.978 | 11.272 | 10.589 | 9.930 | 9.296 |
| 41 | 12.611 | 11.886 | 11.181 | 10.500 | 9.843 | 9.211 |
| 42 | 12.514 | 11.791 | 11.088 | 10.408 | 9.753 | 9.123 |
| 43 | 12.414 | 11.692 | 10.991 | 10.313 | 9.660 | 9.032 |
| 44 | 12.310 | 11.590 | 10.891 | 10.215 | 9.564 | 8.938 |
| 45 | 12.202 | 11.484 | 10.787 | 10.113 | 9.465 | 8.841 |
| 46 | 12.090 | 11.374 | 10.679 | 10.007 | 9.361 | 8.740 |
| 47 | 11.974 | 11.259 | 10.566 | 9.897 | 9.253 | 8.634 |
| 48 | 11.852 | 11.140 | 10.449 | 9.782 | 9.141 | 8.525 |
| 49 | 11.727 | 11.017 | 10.329 | 9.664 | 9.026 | 8.414 |
| 50 | 11.598 | 10.890 | 10.204 | 9.543 | 8.908 | 8.300 |
| 51 | 11.465 | 10.759 | 10.077 | 9.419 | 8.788 | 8.184 |
| 52 | 11.327 | 10.625 | 9.946 | 9.292 | 8.665 | 8.065 |
| 53 | 11.186 | 10.487 | 9.812 | 9.163 | 8.540 | 7.944 |
| 54 | 11.039 | 10.345 | 9.674 | 9.029 | 8.411 | 7.820 |
| 55 | 10.888 | 10.198 | 9.532 | 8.891 | 8.278 | 7.693 |
| 56 | 10.730 | 10.045 | 9.383 | 8.748 | 8.141 | 7.561 |
| 57 | 10.565 | 9.886 | 9.230 | 8.600 | 7.999 | 7.425 |
| 58 | 10.395 | 9.720 | 9.070 | 8.447 | 7.852 | 7.284 |
| 59 | 10.219 | 9.551 | 8.907 | 8.291 | 7.702 | 7.140 |
| 60 | 10.039 | 9.378 | 8.741 | 8.131 | 7.548 | 6.992 |

* 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest applied prior to claimant's death = 3.5%
 Annual Rate of Interest applied after claimant's death = 3.5%
 Annual Rate of Escalation applied prior to claimant's death = 4.0%
 Annual Rate of Escalation applied after claimant's death = 4.0%

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-IV-B (Continued)

Present Value of Survivorship Benefits*

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

| Claimant's Age | -5 | -4 | -3 | -2 | -1 | -0 |
|----------------|-------|-------|-------|-------|-------|-------|
| 61 | 9.856 | 9.201 | 8.571 | 7.967 | 7.391 | 6.841 |
| 62 | 9.668 | 9.020 | 8.397 | 7.800 | 7.230 | 6.687 |
| 63 | 9.475 | 8.834 | 8.218 | 7.628 | 7.065 | 6.529 |
| 64 | 9.277 | 8.643 | 8.034 | 7.451 | 6.896 | 6.367 |
| 65 | 9.074 | 8.448 | 7.847 | 7.271 | 6.723 | 6.200 |
| 66 | 8.868 | 8.250 | 7.656 | 7.088 | 6.546 | 6.031 |
| 67 | 8.659 | 8.048 | 7.462 | 6.901 | 6.367 | 5.859 |
| 68 | 8.445 | 7.842 | 7.263 | 6.710 | 6.183 | 5.683 |
| 69 | 8.226 | 7.631 | 7.060 | 6.514 | 5.996 | 5.504 |
| 70 | 8.001 | 7.414 | 6.851 | 6.314 | 5.804 | 5.321 |
| 71 | 7.771 | 7.193 | 6.638 | 6.110 | 5.609 | 5.135 |
| 72 | 7.538 | 6.969 | 6.424 | 5.905 | 5.413 | 5.013 |
| 73 | 7.303 | 6.743 | 6.207 | 5.698 | 5.291 | 4.906 |
| 74 | 7.064 | 6.514 | 5.988 | 5.577 | 5.186 | 4.724 |
| 75 | 6.822 | 6.282 | 5.868 | 5.473 | 4.994 | 4.542 |
| 76 | 6.577 | 6.164 | 5.768 | 5.271 | 4.802 | 4.361 |
| 77 | 6.464 | 6.071 | 5.558 | 5.072 | 4.614 | 4.183 |
| 78 | 6.381 | 5.851 | 5.349 | 4.875 | 4.427 | 4.007 |
| 79 | 6.150 | 5.633 | 5.142 | 4.679 | 4.242 | 3.834 |
| 80 | 5.919 | 5.414 | 4.934 | 4.482 | 4.059 | 3.664 |
| 81 | 5.686 | 5.192 | 4.725 | 4.286 | 3.876 | 3.496 |
| 82 | 5.448 | 4.967 | 4.514 | 4.090 | 3.695 | 3.330 |
| 83 | 5.206 | 4.740 | 4.302 | 3.894 | 3.515 | 3.167 |
| 84 | 4.962 | 4.511 | 4.090 | 3.699 | 3.338 | 3.007 |
| 85 | 4.716 | 4.283 | 3.879 | 3.506 | 3.164 | 2.853 |
| 86 | 4.472 | 4.057 | 3.673 | 3.320 | 2.998 | 2.704 |
| 87 | 4.232 | 3.838 | 3.474 | 3.142 | 2.838 | 2.560 |
| 88 | 3.999 | 3.626 | 3.285 | 2.971 | 2.684 | 2.423 |
| 89 | 3.775 | 3.425 | 3.102 | 2.807 | 2.537 | 2.291 |
| 90 | 3.562 | 3.232 | 2.928 | 2.650 | 2.396 | 2.165 |
| 91 | 3.358 | 3.047 | 2.761 | 2.500 | 2.262 | 2.045 |
| 92 | 3.163 | 2.871 | 2.603 | 2.358 | 2.135 | 1.931 |
| 93 | 2.978 | 2.703 | 2.452 | 2.223 | 2.014 | 1.824 |
| 94 | 2.802 | 2.545 | 2.310 | 2.095 | 1.899 | 1.721 |
| 95 | 2.635 | 2.395 | 2.175 | 1.974 | 1.791 | 1.623 |
| 96 | 2.479 | 2.254 | 2.048 | 1.860 | 1.688 | 1.530 |
| 97 | 2.332 | 2.122 | 1.929 | 1.752 | 1.590 | 1.440 |
| 98 | 2.196 | 1.999 | 1.818 | 1.652 | 1.498 | 1.354 |
| 99 | 2.071 | 1.886 | 1.716 | 1.558 | 1.411 | 1.273 |
| 100 | 1.960 | 1.786 | 1.624 | 1.473 | 1.331 | 1.197 |
| 101 | 1.842 | 1.677 | 1.523 | 1.378 | 1.241 | 1.127 |
| 102 | 1.730 | 1.573 | 1.425 | 1.285 | 1.168 | 1.058 |
| 103 | 1.624 | 1.473 | 1.329 | 1.210 | 1.097 | 0.988 |
| 104 | 1.520 | 1.373 | 1.252 | 1.136 | 1.025 | 0.918 |
| 105 | 1.420 | 1.295 | 1.178 | 1.063 | 0.953 | 0.845 |

* 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest applied prior to claimant's death = 3.5%
 Annual Rate of Interest applied after claimant's death = 3.5%
 Annual Rate of Escalation applied prior to claimant's death = 4.0%
 Annual Rate of Escalation applied after claimant's death = 4.0%

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.