# DELAWARE STATISTICAL PLAN MANUAL

WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

Effective September 1, 2008

**ISSUED BY** 

DELAWARE COMPENSATION RATING BUREAU, INC.

### DELAWARE STATISTICAL PLAN MANUAL



DELAWARE COMPENSATION RATING BUREAU, INC.

UNITED PLAZA BUILDING – SUITE 1500 30 SOUTH 17<sup>TH</sup> STREET PHILADELPHIA, PA 19103-4007

TELEPHONE (302) 654 1435

(215) 564 4328

WEB SITE WWW.dcrb.com

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## **INTRODUCTION**

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#### 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 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.

- 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

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#### **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 <sup>st</sup> 2 <sup>nd</sup>	\$ 0	\$ 0		
2 <sup>nd</sup>	\$ 5	\$ 5		
3 <sup>rd</sup>	\$ 5	\$ 100		
4 <sup>th</sup>	\$ 5	\$ 100		
5 <sup>th</sup>	\$15	\$ 250		
4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>	\$25	\$ 500		
7 <sup>th</sup>	\$40	\$ 750		
8 <sup>th</sup> 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:**

- 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.
- 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.

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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:

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

For additional examples, see Section VI.

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#### 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.

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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

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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.

Section I

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.

- - 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.)

Optional methods of reporting this experience are provided as set forth in Options A, B and C.

(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.

Page 9 GENERAL RULES

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 retraining, including on the job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses.

#### 5. **Lump Sum**

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

#### 6. Fraudulent Claim

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

#### 7. Exposure Coverage / Loss Conditions

- a. State Act. 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) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

#### 14. Expenses -- Included in Losses

- a. Medical or Legal Expenses Incurred for the Benefit of the Claimant. Medical or legal court expenses incurred for the benefit of the claimant or that the carrier is required to produce for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.
- b. Employers Liability Loss Adjustment Expenses. Employers liability losses include allocated loss adjustment expenses as defined above. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses on the unit report.

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

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

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

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

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

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

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

## **SECTION II**

## REPORTING REQUIREMENTS

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: September 1, 2008 Section II

Page 1 REPORTING REQUIREMENTS

#### **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	Description	
Number	-	
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.

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#### 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.
- 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

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#### 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

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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.
- 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."

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

#### 6. Carrier Rating Values

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

#### 7. Premium

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

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

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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

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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.

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(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.

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(1) Premium Discount - Code 006\_. If premium discount is applied, the total amount of the discount for the state should be shown in the premium column on line "H" and shall be assigned to Statistical Code 0063 for Schedule "Y" carriers or Code 0064 for Schedule "X" carriers. THIS AMOUNT MUST NOT BE INCLUDED IN THE TOTAL STANDARD PREMIUM AMOUNT ENTERED. Be sure to complete the Code number "006\_" to indicate which discount has been applied.

- (2) Expense Constant **Code 0900**. On each policy where an expense constant has been charged, the amount so charged shall be assigned to **Code 0900** for all industry groups. Do not include the expense constant in the Total Standard Premium.
- (3) Flat Charge Waiver of Subrogation **Code 9115**. For policies where a flat charge has be levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Do not include the flat charge waiver of subrogation premium in the Total Standard Premium. (See Item B.9.a.(4) of this section.)
- (4) **Terrorism Code 9740**

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

- (5) Catastrophe (other than Certified Acts of Terrorism) Code 9741.

  Premium charge for Catastrophe (other than Certified Acts of Terrorism) is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9741 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9741. Premium developed under Catastrophe (other than Certified Acts of Terrorism) is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Catastrophe (other than Certified Acts of Terrorism).
- d. **Assigned Risk Surcharge Code 0277.** Premium Not Subject to Experience Rating, to be reported on line "K" on the hard copy Unit Statistical Report.

#### 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.

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## 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.
- 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

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### 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.

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## 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.)

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(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

- 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

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## 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

### 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 Number 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.

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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

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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

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Section III
INDIVIDUAL CASE REPORTS

#### **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.
- 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.
- I. 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

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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.

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- 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.
- c. Total Indemnity and Total Medical Paid to Valuation Date. Enter the totals of indemnity and

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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.
- I. Annuity Purchased Amount. Enter the total purchase price (cost to the carrier) of the annuity purchased.
- m. Total Gross Incurred. This field is not required in Delaware.
- n. *Temporary Disability Paid.* This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in temporary disability benefits.
- o. Permanent Partial Disability Paid. This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in permanent partial disability benefits.
- p. Permanent Total Disability Paid. This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in permanent total disability benefits.
- q. Death Paid. This field is not required in Delaware. Enter the total dollar amount paid as of the valuation date in death benefits.
- r. Single Sum Paid. When a case involves complete or partial commutation of future payments, report the actual loss payment. Enter the total dollar amount in indemnity benefits that have been paid as of the valuation date as a single amount.
- s. Vocational Rehabilitation Paid. Enter the total dollar amount paid as of the valuation date in vocational rehabilitation benefits (including training, evaluation and vocational rehabilitation indemnity).

## **SECTION IV**

## **CODES**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

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### **SECTION IV - CODES**

### A. Codes Common to Premium and Losses

## **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.
80	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
Н	Header Record Correction
Ε	Exposure Record Correction
L	Loss Record Correction
Т	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.

## Ту

Type of Coverage	
Code	Description
01	Standard Workers Compensation Policy
09	Non-Standard Policy
Plan Type	
Code	Description
01	Voluntary Policy

Normal Assigned Risk Policy

## Non-Standard Type

02

on otaniaara rypo	
Description	
Non-Standard Code Does Not Apply	
Exclusion of Executive Officers	
Voluntary Coverage Not Mandatory by State Act	

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#### 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

econa	I WO 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
80	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.
- 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.

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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
Ρ	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	Percentage	Codes
(000's omitted)		
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	а	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".

(2) Amount Required to Balance to Increased Limits Minimum	Code 9848
Premium (3) Additional Premium From Flat Increase on Outstanding Policies (4) Premium Credit Resulting From Flat Decrease on Outstanding	Code 0998 Code 0994
Policies	Code 0334

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	(5) Deductible Applied to Manual Premium Before Experience Modification	<b>Code 9664</b>
	(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
	<ul><li>(7) Delaware Construction Credit Premium Adjustment Program (DCCPAP)</li></ul>	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 Deductible	Code 9663
	(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	Code 9740
(5) Catastrophe (other than Certified Acts of Terrorism)	Code 9741

## C. Loss Information Codes

## 1. Injury Type

Code	Description
01	Death •
02	Permanent Total Disability

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> 05 Temporary Total or Temporary Partial Disability Medical Only Claims 06

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

ype of C	overage
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

## **Managed Care Organization Type**

Code 00	<b>Description</b> The claim is not administrated by an approved managed care organization.
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.

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- The claim's medical losses are administrated by a preferred provider organization.
- The claim's medical losses are administrated by an exclusive provider organization.
- 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
Υ	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 Description1 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.

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## 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
80	Stacked Award

## 9. Lump Sum Indicator

Indicator	Description
Υ	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

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## 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

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## Injury Description Coding Part of Body

Code

**Narrative Description** 

Code	Natiative 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

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## 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

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# Injury Description Coding Part of Body

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.

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# Injury Description Coding Nature of Injury

Code

**Narrative Description** 

0040	Harracive 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. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity

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# Injury Description Coding Nature of Injury

Coue	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, Speticemia 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

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# Injury Description Coding Nature of Injury

	Harrative 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.

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# Injury Description Coding Nature of Injury

Code	Natifative 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	

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## Injury Description Coding Cause of Injury

	d - Heat or Cold Contact With	
01. Chemicals		
02. Hot Objects o	r Substances	
03. Temperature	Extremes	
04. Fire or Flame		
05. Steam or Hot	Fluids	
06. Dust, Gases,	Fumes or Vapors	
07. Welding Oper	ration	
08. Radiation		
09. Contact With,	NOC.	
11. Cold Objects	or Substances	
14. Abnormal Air	Pressure	
84. Electrical Cur	rent	
II. Caught In, U	nder or Between	
10. Machine or M	lachinery	
12. Object Handle	ed	
13. Caught In, Un	nder or Between, NOC.	
20. Collapsing Ma	aterials (Slides of Earth)	Either Man Made or Natural
III. Cut, Punctur	e, Scrape Injured By	
15. Broken Glass		
16. Hand Tool, U	tensil; Not Powered	
17. Object Being Lifted or Handled		
18. Powered Han	d Tool, Appliance	
19. Caught, Punc	ture, Scrape, NOC.	

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# Injury Description Coding Cause of Injury

Jouc	Harrative 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	Overturned or Jackknifed
50. Motor Vehicle, NOC.	
VI. Strain or Injury By	
52. Continual Noise	
53. Twisting	
54. Jumping	
55. Holding or Carrying	

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## Injury Description Coding Cause of Injury

**Narrative Description** Code 56. Lifting 57. Pushing or Pulling 58. Reaching 59. Using Tool or Machinery 60. Strain or Injury By, NOC. 61. Wielding 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

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## Injury Description Coding Cause of Injury

Coue	Harrative 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	

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## **SCHEDULED INDEMNITY - MAXIMUM WEEKS**

CODE	BODY MEMBER CODE	<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	371/2
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

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TABLE I-A
Surviving Spouse Pension Table\*

	Surviving Spouse Pension Table*									
Age at	_	_	_	_	_	_	Attained			
Widowhood	a	a	a	a	a	a	Age**			
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(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			

<sup>\*1999</sup> United States Life Table for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

Surviving Spouse Pension Table									
Age at	_ a	_ a	_	_ a	_	_	Attained Age**		
Widowhood (X)	[x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	(X+5)		
(71)	[^]	[7]	[/].2	[/].0	[7]	[7].0	(71.0)		
61	14.279	13.934	13.645	13.344	13.035	12.704	66 67		
62 63	13.956 13.634	13.607 13.279	13.312 12.977	13.004 12.661	12.688 12.336	12.351 11.992	67 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 68	12.294 11.939	11.916 11.559	11.578 11.213	11.231 10.859	10.873 10.492	10.502 10.116	72 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 72	10.844	10.456	10.086	9.712 9.326	9.332 8.944	8.949 8.559	76 77		
72 73	10.467 10.086	10.077 9.696	9.703 9.319	8.939	8.555	8.170	77 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 77	8.930 8.543	8.540 8.153	8.159 7.773	7.778 7.397	7.399 7.025	7.026 6.659	81 82		
77 78	8.156	7.769	7.773 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 82	7.019 6.654	6.652 6.299	6.299	5.961 5.638	5.639 5.330	5.330 5.036	86 87		
83	6.301	5.960	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 87	5.329 5.035	5.035 4.755	4.755 4.489	4.489 4.238	4.238 4.000	4.000 3.775	91 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 91	4.237 3.999	3.999 3.775	3.775 3.563	3.563 3.364	3.364 3.176	3.176 2.998	95 96		
91 92	3.775	3.563	3.364	3.36 <del>4</del> 3.176	2.998	2.828	96 97		
93	3.563	3.364	3.175	2.997	2.828	2.665	98		
94 95	3.364 3.175	3.175 2.997	2.997 2.828	2.828 2.665	2.665 2.506	2.506 2.345	99 100		
95 96	2.997	2.828	2.665	2.506	2.345	2.215	100		
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		
99 100	2.505 2.345	2.345 2.214	2.214 2.088	2.088 1.962	1.962 1.840	1.840 1.719	104 105		
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		
104 105	1.837 1.715	1.715 1.584	1.584 1.433	1.433 1.250	1.250 0.955	0.955 0.500	109 110		
	an Life Table for F		1.700	1.200	0.000	0.000	110		

<sup>105 | 1.715 | 1.584 |</sup> \*1999 United States Life Table for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

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)			
106 107 108 109 110	1.584 1.433 1.250 0.955 0.500	[x]+1  1.433 1.250 0.955 0.500	1.250 0.955 0.500	0.955 0.500	0.500	[x]+5	111 112 113 114 115			

<sup>\*1999</sup> United States Life Table for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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TABLE II-A
Present Value of Remarriage Dowry\*

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		

<sup>\*1999</sup> United States Life Table for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

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

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

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		

<sup>\*1999</sup> United States Life Table for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

	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							

<sup>\*1999</sup> United States Life Table for Male Population Annual Rate of Interest = 3.5% Annual Rate of Escalation = 0.0%

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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						

<sup>\*1999</sup> United States Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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## UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-I-B

Surviving Spouse Pension Table\*

		Sui	vivilig Spous	e rension rai	DIE		
Age at Widowhood	_ a	_ a	_	_ a	_ a	_	Attained Age**
(X)	a [x]	a [x]+1	a [x]+2	[x]+3	[x]+4	a [x]+5	(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

<sup>\*1999</sup> United States Life Tables for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

Surviving Spouse Pension Table									
Age at	_	_	_	_	_	_	Attained		
Widowhood	a	a	a	a	a	a	Age**		
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(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		

<sup>\*1999</sup> United States Life Tables for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

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)		
106 107 108 109 110	1.662 1.487 1.275 0.964 0.500	1.487 1.275 0.964 0.500	1.275 0.964 0.500	0.964 0.500	0.500		111 112 113 114 115		
					1				

<sup>\*1999</sup> United States Life Tables for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

Present Value of Remarriage Dowry\*

	Present value of Remarriage Dowry									
Age at	_	_	_	–	_	_	Attained			
Widowhood	a	a	a	a	a	a	Age**			
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(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			

<sup>\*1999</sup> United States Life Tables for Female Population

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

Surviving Spouse Pension Table*										
Age at	_	_	_	_	_	_	Attained			
Widowhood	a	a	a	a	a	a	Age**			
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(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			

<sup>\*105 0.0001 0.0001 \*1999</sup> United States Life Tables for Female Population

1

<sup>1980</sup> United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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# 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

	IVI	ale	
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

<sup>\* 1999</sup> United States Life Table for Male Population Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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## 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

	Fen	nale	
Age	Present Value	Age	Present Value
		3 -	
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

<sup>1999</sup> United States Life Table for Female Population Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0%

Effective Date: September 1, 2008 Section V Page 15 **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)\*\*

	Aye.	Dillerence (Spc	dae a Age Milli	Jo Ciailliailt o A	.ge)	
Claimant's Age	-5	-4	-3	-2	-1	-0
16 17 18 19 20		13.477	12.798 12.730	12.138 12.073 12.008	11.497 11.436 11.374 11.312	10.877 10.819 10.761 10.701 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

<sup>\*1999</sup> 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.

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Effective Date: September 1, 2008 Section V Page 16 **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)\*\*

	Agc	Difference (ope	dac a Age Milli	J Olaimant 3 A	gc)	
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

<sup>105 | 1.420 | 1.295 | 1.178 | 1.063 | 0
\*1999</sup> 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 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.

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# **SECTION VI**

# **EXAMPLES**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: September 1, 2008 Section VI
Page 1 EXAMPLES

#### **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 <u>not</u> 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").

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Page 2 EXAMPLES

#### 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.

										DOLICY	INFORMA	TION												
Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy I	Effective Da		Expiration Date		State	State Effective Da	te Certi	ficate No.	Card :	Serial No.		Risk ID Number		Page No.	Last	Page No.
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				77770		WOTTT		01/	10 17 70		101171	0,												
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	d's Addre		<u> </u>	mig Compa	y														122/	56789				
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	C.	To	tal Modif	fied Premium		8828		Claimant's Attor	ney Fees	Employer's A	ttorney Fees				Rever	sed for Future U	se				ALAE P	aid	ALAE In	curred
	0.	10	tui Wouli	neu i remium		0020	*Upd Type	Claim Num	ber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status		Los	s Conditions		Jurisdic State	Cat. No.	MCO Type
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Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy E	Effective Da	POLICY I te Policy E	INFORIVIA Expiration Dat		State S	State Effective Da	te Certif	ficate No.	Caro	d Serial No	).		Risk ID Nu	nber	Page No	L	ast Page No.
No. 01	No.	Type	Rpt. Ind.	99998		WC4444		01/	01/96	01	/01/97	07	7												
				77770		WOTTT		01/	01170	- 01/	101171	0.													
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	01	0;	581	129040	6.99	9020		Socia	I Security N	lumber	Part	Nature	Cause	1 (	Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Dedu	t P	id Indemnity	Pai	d Medical
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	01	09	953	15010	.49	74		Claimant's Attor	ney rees	Employer's At	torney Fees				Revers	sed for Future	use					_	ALAE Paid	ALF	E incurred
	01	96	64			385	*Upd Type	Claim Num	ber	Acc. Date/ No. Claims	Incur	ed Indemnity	Incur	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdi State	Cat.	MCO Type
	A.	Tot	al Subje	ct Premium		9486												Act	t T	уре	Recov	Cov	Settl		
	В.	Fxr Mo	erience 1 (XX.XX	(X)		1.160		Socia	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Dedu	t P	id Indemnity	Pai	d Medical		
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	C.	101	ai wodiii	ied Premium		11004	*Upd	Claim Num	ber	Acc. Date/	Incurr	ed Indemnity	Incur	rred Medical	Class	Injury	Status			Loss	Conditions		Jurisdi		MCO
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	D.							Socia	I Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	<del>                                     </del>	Voc.	Lump	Fraud	Dedu	t P	id Indemnity	Pai	d Medical
	Ε.							Claimant's Attor	ney Fees	Employer's At	torney Fees				Revers	sed for Future	Use				1		ALAE Paid	ALA	E Incurred
	<u>F.</u>						*Upd	Claim Num	hor	Acc. Date/	Incurr	ed Indemnity	Incur	rred Medical	Class	Injury	Status	1					Jurisdi	Cat.	MCO
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	<u>l.</u>	09	000	Expense Constan	t Amt		*Upd	Claim Num	ber	Acc. Date/	Incur	ed Indemnity	Incur	rred Medical	Class	Injury	Status			Loca	s Conditions		Jurisdi	Cat.	MCO
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	J.							Socia	I Security N	lumber	Part	Nature	Cause		Occupation Des	cription	L .	Voc.	Lump	Fraud	Dedu	t P	id Indemnity	Pai	d Medical
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										1	5000										1	2500			

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#### **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  $\bf P$  in the Update Type field. The second line of exposure information is the revised information indicated by a  $\bf R$  in the Update Type field.

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

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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Dat	POLICY I te Policy E	NFORMA xpiration Date		State	State Effective Date	Cer	tificate No.	Card	Serial No.		Risk I	D Number		Page No.	Last	Page No.
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Insured Mod Effec	l's Addre	SS: Rate Effe	rtive Date		Polic	cy Conditions			D <sub>f</sub>	olicy Type I D	Dedu	ct Dec	duct.	Deductible Amount	Por	Deductible Am	ount	Reserved	1234	15678 For Carr			For Ri	ureau Use	
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Upd Type	Exp. Cov	. Clas	s Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status	-		oss Conc		1 0	Jurisdic State	Cat. No.	MCO Type
Р	01	0	581	110486	6.99	7723												Act	Туре	Reco	ov Cov	Settl			
R	01	0	581	120486	6.99	8422		Soci	al Security N	lumber	Part	Nature	Cause	Oc	cupation De	scription	٧	/oc. Lu	mp Frau	ud I	Deduct	Paid Inden	nity	Paid N	ledical
Р	01		664			332		Claimant's Atto	rney Fees	Employer's At	torney Fees				Reve	rsed for Future	Use		•	•		ALAE Pa	id	ALAE Ir	ncurred
R	01		664			359	359 Type Claim Number Acc. Date/ No. Claims Incurred Indemnity Incurred Medical No. Claims  8846 Social Security Number Part Nature Cause O										Status		Lo	oss Cond	litions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subje	ct Premium		8846	8846 Social Security Number Part Nature Cause											Act	Туре	Reco	v Cov	SettI			
	B.	Fvi	nerience d (XX.XX			1.080	Social Security Number Part Nature Cause Occupation Description  Claimant's Attorney Fees Employer's Attorney Fees Reversed for Futu											/oc. Lu	mp Frau	ud I	Deduct	Paid Inden	nity	Paid N	ledical
	C.			ied Premium				Claimant's Atto	Use	•				ALAE Pa	id	ALAE Ir	ncurred								
						7001	1.080													oss Cond	litions		Jurisdic State	Cat. No.	MCO Type
	D.						TUpd Claim Number Acc. Date/ No. Claims Incurred Indemnity Incurred Medical Class Code Injury Status Code												Type	Reco	v Cov	Settl			
	E.							Soci	al Security N	lumber	Part	Nature	Cause	Oc	cupation De	scription	٧	/oc. Lu	mp Frau	ud I	Deduct	Paid Inden	nity	Paid M	ledical
	F.							Claimant's Atto	rney Fees	Employer's At	torney Fees				Reve	rsed for Future	Use					ALAE Pa	id	ALAE Ir	ncurred
							*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Lo	ss Cond	litions		Jurisdic State	Cat. No.	MCO Type
	G.	Total	Standard Ex	posure	Total Standard Prem	ium												Act	Type	Reco	v Cov	Settl			
					_			Soci	ial Security N	lumber	Part	Nature	Cause	0c	cupation De	scription	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/oc. Lu	mp Frau	ud I	Deduct	Paid Inden	nity	Paid N	ledical
	H.	0	06_	Premium Discour	nt Amt.			Claimant's Atto	rney Fees	Employer's At	torney Fees				Reve	rsed for Future	Use					ALAE Pa	id	ALAE Ir	ncurred
	I.	0	900	Expense Constar	nt Amt						1.		1 .											_	
							*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status	Act	Type	Reco		Settl	Jurisdic State	Cat. No.	MCO Type
	J.							Soci	ial Security N	lumber	Oc	cupation De	scription		/oc. Lu	mp Frau	ud I	Deduct	Paid Indem	nity	Paid N	ledical			
	K.	-						Claimant's Atto	rnev Fees	Employer's At	torney Fees				Reve	rsed for Future	Use					ALAE Pa	id	ALAE Ir	ncurred
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01	01	Ε		99998		WC4444		01/	01/96	01/0	1/97	0	7												
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				3 Yr F/R Multistate Policy Policy		stimated Retro exposure Policy	Canceled Mid-Term		Type Cov.	Plan Non- Ind. Std.	Туре	e Per	cent	Claim/Accident		Aggregate									
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D	01		F01	120040	/ 00	0000												Act	Type	Recov	Cov	SettI			
P	01	U	581	129040	6.99	9020		Social	Security Nu	ımber	Part	Nature	Cause	Occu	upation Des	cription	Ve	oc. Lun	np Frau	d Dec	luct	Paid Indem	nity	Paid M	edical
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								Claimant's Attorn	ney Fees	Employer's Attor	ney Fees			-	Revers	sed for Future L	Ise					ALAE Pa	id	ALAE Ir	ncurred
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			0,4	Dromium Diogou	at Amit			Social	Security Nu	ımber	Part	Nature	Cause	Occi	upation Des	cription	V	oc. Lun	np Frau	d Ded	luct	Paid Indem	nity	Paid M	edical
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#### **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

													Pending	File No.		Page N	o La	st Page No.
Report N	lo. Corr. No.	Corr.	Туре	Replace Rp	. Carri	er Code		Policy Num	nber			Policy E	ffective Dat	e f	Policy Expir	ation Date	Expos	s. State
01	02	L	-		_	998		WC44	44			01/	01/96		01/0			)7
-	ed's Name: Fed's Address:		Refinir	ng Comp	any										F.E.I.		Card Se	erial No.
	Claim Number		Acc. Date	/ No. Claims	Incurred Inc	lemnity	Incurred Medical	Class Code	Injury	Status		L	oss Condition		12345	Jurisdic	Cat.	MCO
Upd Typ											Act	Туре	Recov	Cov	Settl	State	No.	Туре
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				15000	)										12500			
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Тур											Act	Туре	Recov	Cov	Settl			
R	15000 Social Security Nur	mber	04/2 Part	22/96 Nature	1250 Cause	83	900 Occupation D	0581 escription	9	Voc.	01 Lump	01 Fraud	01 Deduct	03 Pa	00 aid Indemnity	07	00 Paid Med	00 dical
			90	04	01					N					31271		800	)
_	Claimant's Attorney	/ Fees	En	mployer's Attori	ney Fees			Reversed	for Future Use	<u>l</u>	I	<u> </u>		,	ALAE Paid		ALAE Inci	urred
-	Claim Number		Acc Date	15000 / No. Claims	Incurred Inc	lemnity	Incurred Medical	Class Code	Injury	Status	1				12500	Jurisdic	Cat.	MCO
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	Claimant's Attorney	/ Fees	Er	mployer's Attorr	ney Fees			Reversed	for Future Use						ALAE Paid		ALAE Inci	urred
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	Social Security Nur	mber	Part	Nature	Cause		Occupation D	escription		Voc.	Lump	Fraud	Deduct	Pa	aid Indemnity		Paid Med	dical
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Upd Typ	Claim Number		Acc. Date	l No. Claims	Incurred Inc	lemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	oss Condition	Cov	Settl	Jurisdic State	Cat. No.	MCO Type
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	Social Security Nur	mber	Part	Nature	Cause		Occupation D	escription		Voc.	Lump	Fraud	Deduct	Pa	aid Indemnity		Paid Med	dical
	Claimant's Attorney	/ Fees	Er	mployer's Attori	ney Fees			Reversed	for Future Use						ALAE Paid		ALAE Inci	urred
Upd	Claim Number		Acc. Date	/ No. Claims	Incurred Inc	lemnity	Incurred Medical	Class Code	Injury	Status			oss Condition			Jurisdic State	Cat. No.	MCO Type
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	Social Security Nur	mber	Part	Nature	Cause		Occupation D	escription	<u> </u>	Voc.	Lump	Fraud	Deduct	Pa	aid Indemnity		Paid Med	dical
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			13	000										2300	J			

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#### 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.

												POLIC'	Y INFORM	ATION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier	Code		Poli	cy Number		Policy	Effective Da	ate Poli	cy Expiration Da	te Expo	s. State	State Effective Da	te Certi	ficate No.	Car	rd Serial No	).	ı	Risk ID N	lumber	F	Page No.	Last	Page No.
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Insured	's Name	· ABC	C, Inc.		ı									ı					1		!	F.E.I.	.N.			Pending F	ile No.	
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				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimate Exposu		Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non- Ty Std.	pe P	ercent	Claim/Accide	nt	Aggregate	9									
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	01		928	1	55121	2	.68	5708												Ac	t	Туре	Recov	Cov	Settl			
										Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Ded	luct	Paid Indemr	nity	Paid M	ledical
	01	0	951	1	82051		.96	1748		Claimant's Atto	rney Fees	Employer's	s Attorney Fees				Revers	sed for Future	Use						ALAE Pai	d	ALAE Ir	ncurred
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	A.	To	tal Subje	ect Premi	um				Social Security Number Part Nature Cause										Act	t	Туре	Recov	Cov	Settl				
	B.	Fv	nerience od (XX.X)	,					Social Security Number Part Nature Ca  Claimant's Attorney Fees Employer's Attorney Fees								Occupation Des	cription		Voc.	Lump	Fraud	Ded	luct	Paid Indemr	nity	Paid M	edical
	C.	To	tal Modif	fied Prem	ium					Claimant's Atto	rney Fees	Employer's	s Attorney Fees				Revers	sed for Future	Use					-	ALAE Pai	d	ALAE Ir	curred
	0.	10	tai wouli	ilcu i icili	Ium				*Upd	Claim Nun	nber	Acc. Dat	te/ Incu	red Indemnity	Inc	curred Medical	Class Code	Injury	Status	5		Loss	Conditio	ns		Jurisdic State	Cat. No.	MCO
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	F.									Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Ded	luct	Paid Indemr	nity	Paid M	edical
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	F.								*Upd	Claim Nun	nber	Acc. Dat		red Indemnity	Inc	curred Medical	Class	Injury	Status	5		Loss	Conditio	ns	T	Jurisdic	Cat.	MCO
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	G.	Tota	al Standard Ex	cposure		Total Standa	rd Premium																					
	Н.		006	Premium	Discou	nt Amt				Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Ded	luct	Paid Indemr	nity	Paid M	edical
	п.		,00_	TTCIIIuii	i Discou	III AIIII.				Claimant's Atto	rney Fees	Employer's	s Attorney Fees				Revers	sed for Future	Use			1			ALAE Pai	d	ALAE Ir	ncurred
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Insured	's Name:	ABC	C, Inc.											•		•				•	F.E.I	.N.		Pending	File No.	
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	Α.			ct Premium			10309		Soci	ial Security N	lumber	Part	Nature	Cause	C	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid Inc	emnity	Paid N	edical
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	C.	Tot	tal Modif	ied Premium			9718		Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use  Claim Number Acc. Date/ Incurred Indemnity Incurred Medical Class Injury Status Loss Conditions													ALAL				
								*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	surred Medical	Class Code	Injury	Status					1 0 111	Jurisdic State	Cat. No.	MCO Type
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	F.							*Upd	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
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	G.	Total	I Standard Ex	posure 507264	Total Standard Pre	emium	9129											<u> </u>				.				
	Н.	0	06	Premium Discour	nt Amt.				Soci	ial Security N	lumber	Part	Nature	Cause	C	Occupation Des	cription	'	Voc.	Lump	Fraud	Deduct	Paid Inc	emnity	Paid N	edical
			-	- O .					Claimant's Atto	rney Fees	Employer's Atto	orney Fees			I	Revers	sed for Future I	Use			I	II.	ALAE	Paid	ALAE II	ncurred
	l.	0	900	Expense Constan	nt Amt			*Upd	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status	1		Loss	Conditions		Jurisdic	Cat.	MCO
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	J								Soci	ial Security N	lumber	Part	Nature	Cause	C	Occupation Des	cription	'	Voc.	Lump	Fraud	Deduct	Paid Inc	emnity	Paid M	edical
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#### 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.

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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier (	Code		Policy Numl	ber		Policy	Effective Dat	te Policy	Expiration Date	Expos. S	State	State Effective Date	Certif	icate No.	Card S	Serial No.		Risk ID Nu	ımber		Page No.	Last F	Page No.
01				123	45		WC994	19		01.	/01/96	0	1/01/97	07	7												
Insured	l's Name	: XYZ	Indu	stries																	F.E	.I.N.			Pending	-ile No.	
	l's Addre			•																		56789					
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		E	XPOSU	RE INFOR	RMATION											LOSS INI	FORMA	TION									
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	01	0	609	7	42345	12.10	. 8	9824												Act	Туре	Recov	Cov	Settl			
										Soci	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	Vo	oc. Lum	p Frauc	d Ded	uct	Paid Inde	mnity	Paid M	ledical
	01	0'	951	11	69584	.96	1	1228		Claimant's Attor	rney Fees	Employer's	Attorney Fees				Revers	sed for Future	Use					ALAE P	aid	ALAE In	ncurred
	01		953	8	35267	.49		4093	*Upd	Claim Nun	nher	Acc. Date	Incurr	ed Indemnity	Inci	urred Medical	Class	Injury	Status	1					Jurisdic	Cat.	MCO
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	A.			ect Premiu	ım					Soci.	al Security N	lumbor	Part	Nature	Cause	0000	upation Des	orintion	V	۱,			١.,	Paid Inde	mnity	Paid M	lodical
	B.	Mo	nerience d (XX.X)	XX)										Nature	Cause	Occi	•			oc. Luii	p Flauc	i Deu	uct		-		
	C.	Tot	tal Modif	fied Premi	ium					Claimant's Attor	rney Fees	Employer's	Attorney Fees				Revers	sed for Future I	Use					ALAE P	aid	ALAE In	ncurred
									*Upd Type	Claim Nun	nber	Acc. Date No. Claims		ed Indemnity	Incu	urred Medical	Class Code	Injury	Status		Los	s Condition	ns		Jurisdic State	Cat. No.	MCO Type
	D.	Qı	046			.23	2	4692												Act	Туре	Recov	Cov	Settl			
	F.		663			.20		4547		Socia	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	Ve	oc. Lum	p Frauc	d Ded	uct	Paid Inde	mnity	Paid M	ledical
		91	003					4347		Claimant's Attor	rney Fees	Employer's	Attorney Fees				Revers	sed for Future I	Use			I		ALAE P	aid	ALAE In	ncurred
	F.								*Upd	Claim Nun	nber	Acc. Date		ed Indemnity	Incu	urred Medical	Class	Injury	Status		Los	s Condition	ns		Jurisdic	Cat.	MCO
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	G.	Total	Standard Ex		47196	Total Standard P		8118		0	10													D.:II.			
	H.	0	06_	Premium	Discoun	it Amt.				50Cl	al Security N	iuinder	Part	Nature	Cause	Ucci	upation Des	ыриоп	Ve	oc. Lum	p Frauc	d Ded	uct	Paid Inde	iiiiity	Paid M	eulcal
				F	0					Claimant's Attor	rney Fees	Employer's	Attorney Fees				Revers	sed for Future I	Use		•	<u> </u>		ALAE P	'aid	ALAE In	ncurred
	<u>l.         l.                         </u>	0	900	Expense	Constan	t Amt			*Upd	Claim Nun	nber	Acc. Date		ed Indemnity	Incu	urred Medical	Class	Injury	Status		Los	s Condition	ns		Jurisdic	Cat.	MCO
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	J.									Socia	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	Vo	oc. Lum	p Frauc	d Ded	uct	Paid Inde	mnity	Paid M	ledical
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#### 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.

Payroll

361,118 1.04

Rate

Premium

\$3,756

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 x 12 mos = 361,118 6 mos

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

- 3) Annual Premiums
  - a) Rated b) Non-rated Class Pavroll Rate Premium Class \$31,598 0813 0176 361,118 8.75 0953 7.788 0.49 \$ 38 Total Subject Premium \$31,636 **Experience Modification** .968 Total Modified Premium \$30.624 Total Standard Premium \$30,624 + \$3,756 = \$34,380
- 4) Short Rate Percentage 6 months = .60
- 5) Short Rate premium for canceled policy =  $$34,380 \times .60 = $20,628$
- 6) Short Rate penalty premium code 0931 = \$20,628 \$17,190 = \$3438

POLICY INFORMATION  Report Corr.   Corr.   Replace   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.   Last Page No.   Card Serial No.   Card Serial No.   Risk ID Number   Page No.   Last Page No.   Card Serial No.   Card Se																											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effective Date		e Policy Ex	piration Date Expo		State	State Effective Da	te Certificate No.		Card Serial No.		).	Risk ID Numbe		Number	r Page No		Last	Page No.	
01				78972		60666		01/01/96		07/0	01/96 07		7														
Insured's Name: AZA Company								<b>.</b>							l .				-	F.E.I	.N.			Pending F	le No.		
Insured's Address:																				12345	6789	9					
Mod Effect	ive Date	Rate Effective Date			Policy Conditions				olicy Type I D Deduc		uct. Deduct.		Deductible Amount Per		Deductible Amou		Reserve			r Carrier			For Bureau Use				
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	01	0'	953	3894	.49	9	Claimant's Attor	Employer's Atto	oyer's Attorney Fees				Reversed for Future U		Use	ise				ALAE Paid		ALAE Incurred					
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						*Upd Type	Claim Number		Acc. Date/ No. Claims		urred Indemnity		rred Medical	Class Code			s		Loss Conditions		ons		Jurisdic State	Cat. No.	MCO Type		
	A.	Tot	al Subie	ct Premium		15818		1										Act	t Type Recov		Cov	Settl					
		Experience Mod (XX.XXX)			0.968			Social Security Number		ımber	Part	art Nature Caus		(	Occupation Description		,	Voc.	Lump	mp Fraud Deduct		Paid Indemnity		Paid Medical			
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	C.	Total Modified Premium				2																	forming to 1		Cat		
						*Upd Type		Claim Num	Claim Number Acc. Date/ No. Claims		Incurred Indemnity		Incu	curred Medical Class Code		Injury	Status Act Ty			Conditio Recov		Settl	Jurisdic State	Cat. No.	MCO Type		
	D.	0	176	180559	1.04	187	8											Act	`	Туре	Recov	Cov	Setti				
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		0931				343	9	Claimant's Attor	ney Fees	Employer's Atto	rney Fees			1	Revers	ed for Future	Use						ALAE Pai	d	ALAE In	curred	
	<u>F.</u>	+ + +						Claim Num	ber	Acc. Date/	Incurr	ed Indemnity	Incu	Incurred Medical		Injury	Status			Loss Conditions			<del>- 1</del>	Jurisdic	Cat.	MCO	
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	G.	Total	Total Standard Exposure		Total Standard Pren	otal Standard Premium																					
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	I.	0	900	Expense Constar	nt Amt																						
				*		*Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status		L		Loss Conditions			Jurisdic State	Cat. No.	MCO Type		
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	J.							Socia	I Security Nu	I umber	Part	Nature	Cause	(	Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Dec	duct	Paid Indemr	nity	Paid Me	edical	
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								Tot. Claimant's A	ttny. Fees	Tot. Employe	Tot. Employer's Attny. Fees				Reserved for Future Use						Total ALAE Paid			Total ALAE Incurred			
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#### 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. ---

POLICY INFORMATION  Policy Figure 10 Company C																											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber				Expiration Dat	Expos.	State	State Effective Da	te Certi	Certificate No.		Card Serial No.		ļ	Risk ID Number		Page No.	Last	st Page No.		
01				19872		WC279	95461		01	01/01/96 01/0		/01/97	07	7													
Insured's Name: FBA Company																					F.E.I	.N.		Pending	File No.		
Insured's Address:																			1	2345	6789						
Mod Effect	ive Date	Rate Effective Date		3 Yr F/R Multistate			olicy Conditions				olicy Type I D Plan Noi		Deduct. Ded Type Perc		Deductible Amou Claim/Accide				Reserve	d	Fo	r Carrier Us	е	For Bu		ureau Use	
				Policy Policy		Estimated Retro Exposure Policy		Canceled Mid-Term	m Indicator Cov.		Ind. Sto	l. ,	e ren	Jeni	Ciaini/Accide		Aggregate										
				N N		N	Υ	N	N	01	01 0	l															
Upd			XPOSU	RE INFORMATION			.	*IInd	LOSS INFORMATION  Claim Number									Jurisdic	Cat.	MCO							
Туре	Exp. Cov.	Clas	Class Code Exposure Amount N		Manual Rate	nual Rate Premium Rate Type					No. Claims		icured indentitity		urreu weulcar	Code	injury	Status		Act Type		Loss Conditions  ype Recov Cov S		State	No.	Туре	
	01	7	405	82351	55.37	55.37 45598														Ĵ							
	01	0	953	1587	.49		8		Social Security Nu		umber Part		Nature	Cause	(	Occupation Des		,	Voc.	Lump	ımp Fraud Dedu		t Paid	Indemnity	Paid Medical		
	01		733	1307	.47 8			Claimant's Attorney Fees Employer's Att		ttorney Fees			l.	sed for Future I	or Future Use						AE Paid	ALAE Incurred					
							*Upd	Claim Number		Acc. Date/	Incurr	ed Indemnity	Inci	urred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO		
							Type			No. Claims								Act		Type Recov Cov			State ttl	No.	Туре		
	A.			ct Premium	4		45606		0.116		lumbor	Part	Nature	Cause	Occupation Des		arintian	<u> </u>	Voc.	Lump Fraud		Deduct Paid Ind		Indemnity	Paid N	ladical	
	B.	Experience Mod (XX.XXX)				0.915			Social Security Number			Part	Nature	Cause						Lump	Fraud	Deduc	t Paid	indemnity	ALAE Incurred		
	C.	Tot	tal Modif	ied Premium	41729				Claimant's Attorney Fees Employer's Attorney Fees							Rever	Reversed for Future Use						Al	AE Paid	ALAE I	ncurred	
						*Upd Type			Claim Number Acc. Date/ No. Claims		Incurr	Incurred Indemnity		Incurred Medical		Injury	Status		Loss Conditions				Jurisdic State	Cat. No.	MCO Type		
	-	7	4.45	00051	/ 00				no. Glams									Act	Type Recov		Recov	Cov Se	ttl				
	D.	1	445	82351	6.09		5015		Soci	al Security N	lumber	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Deduct	t Paic	Indemnity	Paid N	ledical	
	E.	+ +							Claimant's Atto	rney Fees	Employer's A	ttorney Fees				Rever	sed for Future I	Use					A	AE Paid	ALAE I	ncurred	
	F.							OL: N		A Dated		11.1	1	Incurred Medical Class Injury			Status Loss						1 1 2 8	0.1	1100		
			Total Standard Exposure  Total Standard Premium				Type	Claim Number Acc. Date/ No. Claims		Incurr	ed Indemnity	nnity Incurred Medical		Class Code	Injury	Status			Loss Conditions  Type Recov Cov S			Jurisdic State ttl	Cat. No.	MCO Type			
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			83938		46744			Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	scription	١ ١	Voc.	Lump	Fraud	Deduct	t Paid	Indemnity	Paid N	ledical		
	H.	0	006_ Premium Discou		t Amt.		_	Claimant's Attorney Fees Employer's		Employer's A	ttorney Fees				Reversed for Future L		Iso					Δ	AE Paid	ALAE Incurred			
	I.	0	0900 Expense Constant						Claimant 3 Attorney 1 cc3						Notosou for Futuro V									312 1 010			
			*Upd		*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type				
																			Act	1	уре	Recov	Cov Se	ttl			
	<u>J.</u>								Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	scription	,	Voc.	Lump	Fraud	Deduct	t Paid	Indemnity	Paid N	ledical	
	K.					-			Claimant's Attorney Fees		Employer's A	ttorney Fees	3				Reversed for Future U		Jse				A	AE Paid	ALAE Incurred		
	L.								LOCG TOTAL C																		
									Reserved for F	served for Future Use Total No.			To	Total Incurred Indemnity			OSS TOTALS  Total Incurred Medical		Reserved for Future Use			Total Pa	id Indemnity	Ţ	otal Paid Medical		
							]	Tot. Claimant's Attny. Fees Tot. Employer's			yer's Attny. Fe	es		Reserved for Future Use								ALAE Paid	То	Total ALAE Incurred			

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#### 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. ---

											POLICY															
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Da	te Policy I	Expiration Date	Expos.	State	State Effective Da	te Certi	ificate No.	Card	l Serial No		ļ	Risk ID Nun	nber	Page No.	Las	t Page No.
01				16928		9752	23A		01.	/01/96	01	/01/97	07	7												
																			_							
Insured	's Name:	GEE	Corp	oration																	F.E.I	.N.		Pendin	g File No.	
Insured	's Addre	SS:																		1	2345	6789				
Mod Effect	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		licy Condition Estimated	ns Retro	Canceled	MCO		olicy Type I D Plan Noi	Dedu 1- Typ			Deductible Amou		Deductible Amo	ount	Reserve	d	Fo	r Carrier Us	ie	For	Bureau Use	
				Policy Policy		Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. Sto	l	e ren	Jeni	Cidillivaccide		Aggregate									
				N Y		N	N	N	N	01	01 0	l														
Upd			XPOSU	RE INFORMATION				*Upd	Claim Nun	nhor	Acc. Date/	Incur	ed Indemnity	Inc	LOSS IN	FORMAT Class	ION	Status						Jurisdic	Cat.	MCO
Туре	Exp. Cov.	Clas	ss Code	Exposure Amount	Manual Rate	Prem	nium Rate	Туре	Ciaiiii Nuii	ilibei	No. Claims	incun	edilidenility	IIIC	urreu weulcar	Code	injury	Status	Ac	t ·		Conditions		State	No.	Туре
	01	0	615	258870	55.37		143336																			
	01	0	953	1328	.49		7		Socia	al Security N	umber	Part	Nature	Cause	C	Occupation Des	cription	١	Voc.	Lump	Fraud	Deduc	t Pai	d Indemnity	Paid I	Medical
	01	0	733	1320	.47				Claimant's Attor	rney Fees	Employer's A	ttorney Fees				Rever	sed for Future l	Jse			I		,	LAE Paid	ALAE	Incurred
								*Upd	Claim Nun	nber	Acc. Date/	Incurr	ed Indemnity	Inci	urred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
								Туре			No. Claims					Code			Act	1		Recov		State ettl	No.	Туре
	A.			ct Premium			143343		Ci-	al Security N		Part	Nature	Cause	1 ,	Occupation Des		Ι,	Voc.		Ferred	Deduc	. De:	d Indemnity	Deid	Medical
	B.	Ext Mo	oerience d (XX.XX	(X)			0.915		20Ci	ar Security N	umber	Part	Nature	Cause		occupation des	cription		VOC.	Lump	Fraud	Deduc	и Ра	a indemnity	Pald	wedicai
	C.	Tot	al Modifi	ied Premium			131159		Claimant's Attor	rney Fees	Employer's A	ttorney Fees				Rever	sed for Future l	Jse					-	LAE Paid	ALAE	Incurred
							101107	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	_	0.	150	250070	/ 00		157/5												Act	1	уре	Recov	Cov S	ettl		1,75
	D.		152	258870	6.09		15765		Socia	al Security N	umber	Part	Nature	Cause		Occupation Des	scription	١	Voc.	Lump	Fraud	Deduc	t Pai	d Indemnity	Paid I	Medical
	Е.	0	164	258870	.59		1527		Claimant's Attor	rney Fees	Employer's A	ttorney Fees				Rever	sed for Future l	Jse						LAE Paid	ALAE	Incurred
	F.											<u> </u>				-			_							
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status	Act			Conditions Recov		Jurisdic State ettl	Cat. No.	MCO Type
	G.	Total	Standard Exp		Total Standard Pre		1.10.151												Acc		урс	Recov	COV	etti		
				260198			148451		Socia	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	١ ١	Voc.	Lump	Fraud	Deduc	t Pai	d Indemnity	Paid I	Medical
	H.	0	06_	Premium Discoun	t Amt.			_	Claimant's Attor	rnov Foos	Employer's A	ttornov Foos				Povor	sed for Future l	leo						LAE Paid	AI AE	Incurred
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				•				*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
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	J.								Socia	al Security N	umber	Part	Nature	Cause	0	Occupation Des	scription	١	Voc.	Lump	Fraud	Deduc	t Pai	d Indemnity	Paid I	Medical
	K.								Claimant's Attor	rney Fees	Employer's A	ttorney Fees				Rever	sed for Future l	Jse				1		LAE Paid	ALAE	Incurred
	L.															000 707										
									Reserved for Fe	uture Use	Total	No. Claims	To	otal Incurre	d Indemnity	OSS TOT Total Incu	TALS rred Medical	Rese	erved for F	uture Us	se	Total Pa	aid Indemnity	1	otal Paid Me	dical
								1	Fot. Claimant's A	Attny. Fees	Tot. Emplo	yer's Attny. Fe	es			Reserved for	Future Use					Total	ALAE Paid	To	otal ALAE Inc	urred

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# 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.

											POLICY I	NFORM <i>F</i>	TION												
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	umber		Policy	Effective Dat	e Policy E	xpiration Dat	Expos.	State	State Effective Da	te Certif	ficate No.	Card	Serial No.		Risk ID Number		Page No.	Last	Page No.
01				94999		WC54	1321		07	/01/00	07.	01/01	07	7											
Insured	s Name:	PAZ	Industi	ries Corporati	ion				I		I		I							F.E	.I.N.	l l	Pending F	ile No.	
	s Address			•																1234!	56789				
Mod Effec	ive Date	Rate Effe	ctive Date		F	Policy Conditio				Po	olicy Type I D	Dedu	ict. Ded	uct.	Deductible Amou	nt Per D	eductible Amo	ount	Reserved		or Carrier Use		For B	ıreau Use	
			_	3 Yr F/R Multistate Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Non Ind. Std	Тур	e Pero	cent	Claim/Accider	nt	Aggregate								
				N N		N	Υ	N	N	01	01 01														
			EXPOSU	RE INFORMATION											LOSS IN	IFORMATION	ON								
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Prei	mium Rate	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incur	red Indemnity	Inc	curred Medical	Class Code	Injury	Status			s Conditions		Jurisdic State	Cat. No.	MCO Type
	01	0	101	1214435	6.9	1	83917		4609	16	07/28/00	1	81500		7027	0101	Q	0	Act 01	Type 01	Recov Cov			00	00
	01		101	1214433	0.7		03717			al Security N		Part	Nature	Cause		Occupation Desc		· ·	oc. Lu			Paid Inder	nnity	Paid M	edical
	01	0'	951	675210	.96	5	6482	-	Claimant's Atto	rnev Fees	Employer's At	31	02	86		Miller	ed for Future U		N			702 ALAE P		360 ALAE In	
	01	0'	953	20800	.49	9	102				350											2000			
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status		Los	s Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subiec	t Premium			90501		4611	1	08/05/00		1323		137	0101	5	1	Act 01	Type 01	Recov Cov 01 03	Settl 00		00	00
		Ext	erience							al Security N		Part	Nature	Cause		Occupation Desc	cription		oc. Lui	<u>, ,, ,</u>		Paid Inder	-	Paid M	edical
	B.	Mo	(XX.XX)	X)			1.620	-	Claimant's Atto	rnov Foos	Employer's At	35	40	10		Powers	od for Futuro I		N			900 ALAE P		13 ALAE In	
	C.	Tot	al Modific	ed Premium			146612		Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use  1													TETE	alu	, ichic iii	Juliou
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	ed Indemnity	Inc	Injury	Status					Jurisdic State	Cat. No.	MCO Type		
	D.	Q	380				7331		4612	2	10/01/00	3	01779		13000	0101	2	0	Act 01	Type 01	Recov Cov	Settl 00		00	00
			500				7331			al Security N		Part	Nature	Cause		Occupation Desc		V	oc. Lui			Paid Inder		Paid M	edical
	E.								Claimant's Atto	rney Fees	Employer's At	30 corney Fees	13	10		Miller Revers	ed for Future U		N			1997 ALAE P		ALAE In	
	F.																		_						
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status	Act		s Conditions	Settl	Jurisdic State	Cat. No.	MCO Type
	G.	Total	Standard Exp		Total Standard P	remium					7				200	0101	6	1	01	Type 01	01 03			00	00
				1910445			139281		Soci	al Security N	umber	Part	Nature	Cause	(	Occupation Desc	cription	V	/oc. Lui	1 1		Paid Inder	nnity	Paid M	edical
	H.	0	06_	Premium Discount	Amt.				01-1		T = 1		<u> </u>				16 - 5 1 - 1		N			ALAE P		20 ALAE In	
	I.	0	900	Expense Constant	Amt				Claimant's Atto	rney rees	Employer's At	orney rees				Revers	ed for Future U	ose				ALAE P	aid	ALAE III	curred
					-			*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status		Los	s Conditions		Jurisdic State	Cat. No.	MCO Type
								Турс			4				20			1	Act	Type	Recov Cov	SettI	otato		
	J.								Soci	al Security N	umber	Part	Nature	Cause	20	0951 Occupation Desc	6 cription	V	01 /oc. Lui	np Frauc	01 03 I Deduct	00 Paid Inder	nnity	00 Paid M	00 edical
	K.							Social Security Number Part Nature Cause Occupation Description Voc. Lump Fraud Deduct Pa												ALAE P	-:-	ALAE In			
	L.							Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use													ALAE P	aid	ALAE IN	Luirea	
									D 1/ -							LOSS TOT		D .			T.1.10				
									Reserved for F	uture Use		No. Claims	To		ed Indemnity 602	Total Incur	red Medical	Rese	rved for Futi	ire USE	Total Paid Ind		rot	al Paid Medi 9957	cai
									Tot. Claimant's F	Attny. Fees	-1	er's Attny. Fe	es	707	55Z	Reserved for		1			Total ALAE		Tota	I ALAE Incu	rred
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## 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

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

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

Indemnity Paid to Valuation Date - 65.285 x 306 = 19,977

			UNI	T STA	TIST	ICAL	. PL	AN -	· IND	IVID	UA	L C	ASE	RE	POF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*		PE OF CODE*	CAR	RRIER NU	JMBER	!				CARRI	ER NAM	ИE				PAYR STATE (			ADM	. FILE NUN	/BER
0101	1	1		2		94999	9											07	7				
POLICY NUM	IBER	CERT. NO.	POL	ICY EFFE	CTIVE		CLA	ON MIA	١.	S	ГАТ	DA	ATE AT	TNY D	SC		LO	SS CON	DITION	IS		JURIS	MCO
			MO.	DATE DAY	YR					cc	DE*	МС	). DA	ΑY	YR	ACT	TYPE	RCO	v c	OV	SETT	STATE	TYPE
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WORKER LAST	NAME	AVG. WEEKI				PART	NAT	URE	CAUS	SE			OCCU	PATIO	N		DA'	TE CLO	SED YR		ERVE DE*	LUMP SUM	FRAUD
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		BENEFITS O						1										ION BE	NEFIT				
KIND	OF BENEFIT		% DISAE		OY MEM. ODE*		IO. EKS		INC	CURR	ED			BENE	FICIA	RY DAT	ГА*			CAI	LCULAT	TIONS	
1. TEMPORARY INDE	MNITY		XXX	X	XX								COL	DE	D <i>A</i> MO	ATE OF BIF	RTH YR		Pai	id to	Valua	tion Dat	te
2. SCHEDULED INDE	MNITY												1		04	01	55					= 1997	7
																					•	ments	
3. NON-SCHEDULED				Х	XX	ХХ	XX											;	306 x	52 >	x18.19	8 = 289	567
4. EMPLOYERS LIABI													1										
5. VOCATIONAL REH  6. CLAIMANT LEGAL		JIAL INCURRE	<u>-</u> υ										7 D	ENICI	ON IN	IDEM. P	AID TO	\\/\	)ATE	-			40077
PHYSICIAN PAID	EXPENSE		1 -	TEMP. D	NC V DII	ITV DAI	D									M. PRE							19977
HOSPITAL PAID				PERM. F												JE FUTL							289567
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DEFENSE MED. EVAL				DEATH										_		I REMAI		<u> </u>					0
INDEP. MED. EVAL. F				SINGLE		SUM										URRED	_		11-11)			,	309544
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ANNUITY PURCHASE	AMT.		,	V.R. IND	EM. IN	CURRE	D						14.	ТОТА	L IND	EM. PA	ID TO \	/AL. DA	ATE				20871
TOTAL GROSS INCU	RRED		,	V.R. TR	AINING	INCUR	RED						15.	ТОТА	L ME	D. PAID	TO VA	L. DAT	E				6000
			,	V.R. EV	AL. INC	URRED							16.	SOC.	SEC.	OR OTI	HER OF	FSET	AMT.				

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## 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.

											POLICY IN														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Num	nber		Policy	Effective Dat	te Policy Exp	iration Date	Expos.	State	State Effective Da	te Cert	ificate No.	Card S	Serial No.		Risk ID Number	•	Page No.	Last	Page No.
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### 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.

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\*SEE REVERSE FOR CODING

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## 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 x 104 x .0244 = \$804

Indemnity Paid to Valuation Date Benefits Paid from 08/01/00 to 01/01/02 - 518 days / 7 = 74 Wks (74 Wks) x \$316.68 = \$23,412

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## 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

Page 15.1

													Pendin	g File No.		Page No	Las	t Page No.
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Insure	ed's Address:		Acc Date	e/ No. Claims	Incurred In	domnity	Incurred Medical	Class Code	Injury	Status					12345	6789 Jurisdic	Cat.	MCO
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Upd Typ	Claim Number		Acc. Date	e/ No. Claims	Incurred In	demnity	Incurred Medical	Class Code	Injury	Status	Act	Туре	Loss Condition Recov	S	Settl	Jurisdic State	Cat. No.	MCO Type
	Social Security Num	nber	Part	Nature	Cause		Occupation D	Description		Voc.	Lump	Fraud	Deduct	Р	aid Indemnity		Paid Med	cal
	Claimant's Attorney	Fees		Employer's Atto	ney Fees			Reversed	for Future Use		•	•			ALAE Paid		ALAE Incu	rred
Reve	erse for Future Use		Total I	No. Claims	T	otal Incurred		SS TOTA Total Incurred Media		Reserved	d for Future	Use	Total	Paid Inde	mnity	To	al Paid Medi	cal
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# 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 x 52 x 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

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\*SEE REVERSE FOR CODING

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## 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 x 104 x .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 Wks) x \$316.68 = \$39,947

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\*SEE REVERSE FOR CODING

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# 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.

											POLICY IN														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Dat	e Policy Ex	piration Dat	e Expos.	State	State Effective Dat	e Certi	ificate No.	Card	Serial No.		Risk ID Number		Page No.	Last I	Page No.
01				99622		1982	265		07	/01/00	07/	01/01	07	7											
Insured	's Name:	Iron	Erecto	ors, Inc.																F.	E.I.N.		Pending I	ile No.	
Insured	's Addres	SS:																		1234	56789				
Mod Effect	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		licy Condition Estimated	ns Retro	Canceled	MCO	Type	Plan Non-	Dedu			Deductible Amour Claim/Accider		Deductible Amo Aggregate	ount	Reserved		For Carrier Use		For B	ıreau Use	
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	C.	Tot	al Modifi	ied Premium			141947		Social Security Number Part Nature Cause Occupation Description Voc. Lump Fraud Deduct														aid	ALAE Inc	curred
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	red Indemnity	ln	ncurred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State	Cat. No.	MCO Type
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								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	red Indemnity	ln	curred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State	Cat. No.	MCO Type
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## 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

Average Weekly Wage - \$500

Date of Accident - 02/01/01

Effective Date - 07/01/00

Claimant's Birth Date - 05/01/53

Spouse's Birth Date - 07/01/55

Date of Valuation - 01/01/02

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 -  $.6667 \times (\$500) = \$333.35 \text{ wk}$ 

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 = $15,905$ 

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POLICY NUME	BER	CERT. N	O	POLIC	Y EFFEC	TIVE		CL	AIM NO	).	8	STAT	D	ATE AT	TNY E	DISC		LOS	SS CON	DITION	NS		JURIS	MCO
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100200	<u>'</u>	INSURE	D NAME	<i>.</i> .	01	- 00			0 10		ACC	DAT	<u> </u>	DAT	E OF I	DEATH		E REPO				BIRTH	SURG	ATTNY
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### 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.

												POLICY IN	IFORMA	TION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier	Code		Policy N	umber		Policy	Effective Dat	e Policy Exp	piration Date	Expos	State S	State Effective Da	te Cert	ificate No.	Caro	d Serial No		R	isk ID Nun	nber		Page No.	Last	Page No.
01	01	Н		999	98		WC12	2345		01.	/01/96			0	7													
							14/05	1001																				
		4.00					WC54	1321														F.E.I.N	١.			Pending F	ile No.	
			Corp	).																						·g · ·		
INSURED  Mod Effect	's Addre		ective Date				Policy Conditio	ns			Po	olicy Type I D	Deduc	rt De	duct.	Deductible Amou	nt Por	Deductible Amo	unt	Reserve		For	Carrier Us			For Ru	reau Use	
WOU Enco	ive bate	Nate Ene	ctive bate	3 Yr F/R	Multistate	Interstate	Estimated	Retro	Canceled	MCO	Туре	Plan Non-	Туре		rcent	Claim/Accide		Aggregate	din	Reserve	·	101	Currier 03			T OF BU	1044 030	
				Policy	Policy	Rating	Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. Std.	_															
			IISUUV	DE INIEOE	RMATION											1 022 1	IFORMAT	ION										
Upd									*Upd	Claim Nun	nber	Acc. Date/	Incurre	ed Indemnity	Incu	rred Medical	Class	Injury	Status			Loss	Conditions			Jurisdic	Cat.	MCO
Туре	Exp. Cov	. Clas	ss Code	Exposure	Amount	Manual Rate	Prei	mium Rate	Type			No. Claims					Code			Ac	t Typ		Recov	Cov	Settl	State	No.	Type
										0	10					1					Ц,				B.:II. I		D.:114	Post
										SOCIA	al Security N	umber	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Deduc	1	Paid Inder	nnity	Paid M	edicai
										Claimant's Attor	rney Fees	Employer's Atto	rney Fees		ı	1	Rever	sed for Future U	Jse						ALAE P	aid	ALAE In	ncurred
									*Und	Claim Num	nber	Acc. Date/	Incurre	ed Indemnity	Incui	rred Medical	Class	Injury	Status			1	Conditions		1	Jurisdic	Cat.	MCO
									*Upd Type			No. Claims		,			Code	,,		Act	Тур		ecov	Cov	SettI	State	No.	Туре
	A.	To	tal Subje	ct Premi	ım																1,70		ccov	001	Jeill			
	B.	Exi	perience d (XX.X)	(X)						Socia	al Security N	umber	Part	Nature	Cause	(	Occupation Des	scription		Voc.	Lump	Fraud	Deduc	t	Paid Inder	nnity	Paid M	ledical
										Claimant's Attor	rney Fees	Employer's Atto	rney Fees		ı	1	Rever	sed for Future U	Jse	1					ALAE P	aid	ALAE In	ncurred
	C.	To	tal Modif	ied Prem	ium				*Und	Claim Num	nber	Acc. Date/	Incurre	ed Indemnity	Incui	rred Medical	Class	Injury	Status			1	Conditions		1	Jurisdic	Cat.	MCO
									*Upd Type			No. Claims		,			Code	, ,		Act	Тур		tecov	Cov	Settl	State	No.	Type
	D.																			1.			.					
	E.									Socia	al Security N	umber	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Deduc	t	Paid Inder	nnity	Paid M	ledical
										Claimant's Attor	rney Fees	Employer's Atto	rney Fees			,	Rever	sed for Future U	Ise	,					ALAE P	aid	ALAE In	ncurred
	F.								*Upd	Claim Num	nber	Acc. Date/	Incurre	ed Indemnity	Incui	rred Medical	Class	Injury	Status			Loss	conditions			Jurisdic	Cat.	MCO
									Туре			No. Claims					Code			Act	Тур		lecov	Cov	Settl	State	No.	Туре
	G.	Tota	l Standard Ex	posure		Total Standard P	remium																					
										Socia	al Security N	umber	Part	Nature	Cause	(	Occupation Des	scription		Voc.	Lump	Fraud	Deduc	t	Paid Inder	nnity	Paid M	ledical
	H.	0	06_	Premium	Discoun	t Amt.			-	Claimant's Attor	rnev Fees	Employer's Atto	rnev Fees				Rever	sed for Future U	lse						ALAE P	aid	ALAE In	ncurred
	I.	0	900	Expense	Constant	t Amt																		n				_
									*Upd Type	Claim Num	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss C	conditions			Jurisdic State	Cat. No.	MCO Type
									.,,											Act	Тур	e R	ecov	Cov	Settl			.,,,-
	J.									Socia	al Security N	umber	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Deduc	t	Paid Inder	nnity	Paid M	edical
	K.								_	Claimant's Attor	rnov Food	Employer's Atto	rnov Food				Dovor	sed for Future U	leo						ALAE P	nid	ALAE In	nourrod
	L.									Ciaimant S Attor	illey rees	Employer's Atto	illey rees				Revei	seu ioi ruiule c	ise						ALAE P	aiu	ALAE III	icuireu
																	OSS TO											
										Reserved for Fu	uture Use	Total No	o. Claims	Т	otal Incurred	1 Indemnity	Total Incu	rred Medical	Res	erved for F	uture Use		Total Pa	ııd Inder	mnity	Tota	Il Paid Medi	ıcal
									-	Tot. Claimant's A	Attny. Fees	Tot. Employer	r's Attny. Fee	es			Reserved for	r Future Use					Total	ALAE P	aid	Total	ALAE Incu	ırred

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## 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)

												POLICY IN																
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier	Code		Policy N	umber		Policy I	Effective Dat	e Policy Exp	iration Date	Expos.	State	State Effective Da	ate Certif	ficate No.	Caro	d Serial No	О.		Risk ID Nur	nber		Page No.	Last	Page No.
01	04	Т		999	98		WC54	4321		01/	/01/96			0	7													
ام میں سم ما	/a Nama	ΛDC	C Corp																	1		F.E.I	.N.	$\neg \tau$		Pending I	File No.	
	's Name		Corp	).																								
Mod Effect			ective Date				Policy Conditio	ns			Pr	olicy Type I D	Deduc	ct. Dec	luct I	Deductible Amou	unt Por [	eductible Amo	unt I	Reserve	d	Fo	r Carrier Us			For F	ureau Use	
mod Enout	.vo bato	nato En	ouve bate	3 Yr F/R	Multistate	Interstate	Estimated	Retro	Canceled	MCO	Туре	Plan Non-	Туре			Claim/Accide		Aggregate	an.	11050110			· ourrior o			10.5	aroud 050	
				Policy	Policy	Rating	Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. Std.	-															
			EXPOSU	RE INFO	RMATION			.					1 .				VFORMATI											
Upd Type	Exp. Cov	. Cla	ss Code	Exposure	Amount	Manual Rate	Pre	mium Rate	*Upd Type	Claim Num	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inci	ırred Medical	Class Code	Injury	Status				Conditions			Jurisdic State	Cat. No.	MCO Type
																				A	t .	Туре	Recov	Cov	Settl			İ
										Socia	I Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduc	ct	Paid Indem	nity	Paid M	edical
									_	Claimant's Attor	ney Fees	Employer's Attor	ney Fees				Revers	ed for Future L	Jse						ALAE Pai	id	ALAE In	curred
									*Upd Type	Claim Num	ber	Acc. Date/	Incurre	d Indemnity	Incu	rred Medical	Class	Injury	Status			Loss	Conditions		$\overline{}$	Jurisdic	Cat.	MCO
									Type			No. Claims					Code			Ac	t 1		Recov	Cov	Settl	State	No.	Type
	A.	To	tal Subje	ect Premi	um									1		_						,,,						
	B.	Ex Mo	perience d (XX.X)	XX)						Socia	I Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduc	:t	Paid Indem	nity	Paid M	edical
	C.	To	tal Modif	fied Prem	ium					Claimant's Attor	ney Fees	Employer's Attor	ney Fees				Revers	ed for Future L	lse						ALAE Pai	id	ALAE In	curred
	<u> </u>								*Upd	Claim Num	ber	Acc. Date/	Incurre	ed Indemnity	Incu	rred Medical	Class	Injury	Status			Loss	Conditions	 ;	$\neg \neg$	Jurisdic	Cat.	MCO
									Туре			No. Claims					Code			Ac	t 1	Туре	Recov	Cov	Settl	State	No.	Type
	D.																		1						لببيل			
	E.									Socia	I Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduc	it.	Paid Indem	nity	Paid M	edical
										Claimant's Attor	ney Fees	Employer's Attor	ney Fees				Revers	ed for Future L	Jse						ALAE Pai	id	ALAE In	curred
	<u>F.</u>								*Und	Claim Num	hor	Acc. Date/	Incurre	ed Indemnity	Inci	rred Medical	Class	Injury	Status							Jurisdic	Cat.	MCO
									*Upd Type	Ciaiiii Nuiii	ibei	No. Claims	incurre	u muemmity	IIICC	ired wedical	Code	injury	Status	Ac	. 1 1		Conditions Recov	Cov	Settl	State	No.	MCO Type
	G.	Tota	I Standard Ex	cposure		Total Standard F	Premium													710		Турс	RCCOV	COV	Sciii			
	J.									Socia	I Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduc	ct	Paid Indem	nity	Paid M	edical
	Н.	0	06_	Premium	n Discour	nt Amt.																						
										Claimant's Attor	ney Fees	Employer's Attor	ney Fees				Revers	ed for Future L	Jse						ALAE Pai	id	ALAE In	curred
	I	0	900	Expense	Constar	nt Amt			*Line d	Claim Num	h	Ass Date/	l la avena	d la damait.	l les	rred Medical	Class	1 12	Ctatus							lunia dia	Cat	МСО
									*Upd Type	Claim Num	Der	Acc. Date/ No. Claims	incurre	ed Indemnity	inct	irrea wedicai	Class Code	Injury	Status				Conditions		T	Jurisdic State	Cat. No.	MCO Type
	ı																			Ac		Туре	Recov	Cov	Settl			
	<u> </u>									Socia	I Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduc	ct	Paid Indem	nity	Paid M	edical
	K.								_	Claimant's Attor	nov Foos	Employer's Attor	nov Foos				Povors	ed for Future L	leo.					_	ALAE Pai	aid	ALAE In	ncurred
	L.									Cidillant 3 Attor	ncy rees	Employer 3 Autor	ncy rees				Revers	icu ioi i uture e	130						ALACTO		ALAL III	curreu
																	LOSS TOT											
										Reserved for Fu	iture Use		. Claims	To		d Indemnity		red Medical	Res	erved for	Future U	se		aid Inden		Tot	tal Paid Medi	cal
										Tot. Claimant's A	ttny Foos	Tot. Employer		og l	1360	J33	70 Reserved for							5471 I ALAE Pa		Tot	6775 al ALAE Incu	irred
										. or. Gairnant S A							NOSOI VEU IUI	. ature 036								1012	ALAL IIICU	. Su
												150	JUU										1.	2500				

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## 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.

REPOR	RT P	OLICY NUMBER	STATE	STATE NO.		CARRIER		CARRI NO		CEIVED	ADM FILE	NO.	
1	\	NC12345	DE	07				9999	99				
	ECTIVE DATE	TERM EXPIRATION DATE	N INSU	RED ABC	CORP.				4		1		
	20/95	10/26/9	6	7.50									
CON		92 93 94 95	96 97	7 98									
EXP COV	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM	CLAIM NUMBER	ACCIDENT DATE OR	CLASS CODE	INJ	INCURRED	LOSSES	OPEN OR	LOSS COV.	CAT.
	CODE		RATE		NUMBER	NO. OF CLAIMS	CODE		INDEMNITY	MEDICAL	CLOSED	COV.	NO.
11	0953	175485	0.49	860		3	0953	6		875	1	11	00
11	0951	83368	0.96	800	23456	02/05/96	0951	6		1000	1	11	00
					34567	07/03/96	0953	4	4750	1225	0	11	00
					45678	10/25/96	0951	5	2950	595	0	21	00
A - TO	TAL SUBJEC	T PREMIUM	•	1660									
B - EXF	PERIENCE N	ODIFICATION		.850									
C - TO	TAL MODIFII	ED PREMIUM (A) X (B)		1411									
D													
E													
F													
G								1					
-	STD	258853	XXX	1411									
RISK	OTHER		XXX	XXX									
TOTALS	0064	PREMIUM DISCOUNT	XXX	(140)	TOTALS	6	XXXX	Х	7700	3695	Х	Χ	Х
	0900	EXPENSE CONSTANT											

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### 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.

											POLICY IN	FORMA	ATION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy No	umber		Policy	Effective Da	te Policy Exp	oiration Date	Expos.	State	State Effective Da	te Cer	tificate No.	Caro	d Serial No.		F	Risk ID Number	r	Page No.	Last	Page No.
01	01	M		99999		WC12	2345		12	2/20/95			07	7												
				77777		*****	-0 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,			<u> </u>													
. Location of	/- NI	4 D.C	Corn											L							F.E.I.	N.	+	Pending	File No.	
	's Name:		Corp	•																						
Mod Effect			ctive Date		Pol	licy Condition	ns			Po	olicy Type I D	Dedu	ıct. Ded	luct.	Deductible Amou	nt Per	Deductible Amo	ount	Reserved		Foi	r Carrier Use		For B	ureau Use	
				3 Yr F/R Multistate	Interstate	Estimated	Retro	Canceled	MCO	Туре	Plan Non-	Тур			Claim/Accide		Aggregate									
				Policy Policy	Rating	Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. Std.	1														
			YPOSHI	RE INFORMATION											MI 220 I	IFORMAT	ION									
Upd Type								*Upd	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Inc	curred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
Туре	Exp. Cov.	Clas	ss Code	Exposure Amount	Manual Rate	Pren	nium Rate	Type			No. Claims					Code			Act	Ту			Cov Sett	State	No.	Type
Р	11	0'	953	175485	.49		860	Р	2345		02/05/96				1000	0951	6	1	11	╝.						
R	11	0	953	233945	.49		1146		Soci	ial Security N	lumber	Part	Nature	Cause		Occupation De	scription		Voc. L	ump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
K		0	900	233943	.49		1140		Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Reve	rsed for Future	Use					ALA	E Paid	ALAE II	ncurred
												1 .														
								*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status				Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	tal Subie	ct Premium			1946	R	2345	66	02/05/96				1565	0951	6	1	Act 11	Тур	e I	Recov C	ov Settl			
		Ext	perience	-						ial Security N		Part	Nature	Cause		Occupation De	scription		Voc. L	ump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
	B.	Mo	d (XX.XX	X)			.850	-	Claimant's Atto	rnev Fees	Employer's Atto	rnev Fees				Reve	rsed for Future	llse					AI A	E Paid	ALAE II	ncurred
	C.	Tot	tal Modifi	ed Premium			1654			,		,														
								*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	ь							Р											Act	Туј	oe I	Recov C	ov Settl			
	D.							P	Soci	ial Security N	lumber	Part	Nature	Cause		Occupation De	scription	1	Voc. L	.ump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
	<u>E.</u>								Claimant's Atto	rney Fees	Employer's Atto	rney Fees	<u> </u>			Reve	rsed for Future	Use					ALA	E Paid	ALAE II	ncurred
	F.																							_		_
								*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
		Total	l Standard Exp	oosure	Total Standard Pre	mium			F/70	10	00/20/07		7025		4000	0050		0	Act	Туј	oe I	Recov C	ov Settl			
	G.	1014	i otanaara Exp	317313	Total otalidara i To	1	1654	R	5678	ial Security N	09/30/96	Part	7935 Nature	Cause	4000	0953 Occupation De	4	0	11 Voc. L	ump	Fraud	Deduct	Doid In	demnity	Paid N	lodical
	Н.	0	06	Premium Discoun	t Amt.				300	iai Security iv	lumber	rait	ivature	Cause		occupation be	scription		VOC.	unp	TTauu	Deduct	raiuii	ueninity	raiuiv	ieuicai
			_						Claimant's Atto	rney Fees	Employer's Atto	rney Fees	<u> </u>			Reve	rsed for Future	Use				1	ALA	E Paid	ALAE II	ncurred
	l.	0	900	Expense Constan	t Amt					_																
								*Upd Type	Claim Nun	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status				Conditions	1	Jurisdic State	Cat. No.	MCO Type
	1																		Act	Туј	oe   1	Recov C	ov Settl			
									Soci	ial Security N	lumber	Part	Nature	Cause	(	Occupation De	scription		Voc. L	ump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
	K.								Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Reve	rsed for Future	Use					ALA	E Paid	ALAE II	ncurred
	<u>L.</u>									,	, ,															
									Reserved for F	uturo Hea	Total N	o. Claims	т.	tal Incur-	ed Indemnity	OSS TO	TALS urred Medical	De-	erved for F	ituro He-		Total Paid I	ndompity	т.	tal Paid Med	ical
									reserved tot F	arate 056		o. Ciaims 7			635		260	Res	orveu IVI FI	ware 026		roidi Faiü I	nuchility	10	arraiu wed	rodi
									Tot. Claimant's F	Attny. Fees	Tot. Employer	,	es	130	333		r Future Use					Total ALA	AE Paid	Tota	al ALAE Incu	ırred
			1	Į.		1																				

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### **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.

											POLICY IN														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Dat	te Policy Exp	iration Date	Expos.	State	State Effective Dat	e Certif	ficate No.	Card S	Serial No.		Risk ID Nu	mber	Page No.	Last	Page No.
01				12345		1234	567		12	/01/00	12/0	1/01	07	7											
Insured	's Name:	123,	Inc.																	F	.E.I.N.		Pending	File No.	
Insured	's Addres	s:																		1234	156789				
Mod Effect	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		olicy Condition		Canceled	МСО		olicy Type I D	Dedu			Deductible Amour		Deductible Amo	unt	Reserved		For Carrier U	se	For I	ureau Use	
				Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Mid-Term	MCO Indicator	Type Cov.	Plan Non- Ind. Std.	Тур		cent	Claim/Accider	nt	Aggregate								
09/01	1/00	09/0		N Y		N	N	N	N	01	01 01	030	)1		1000										
Llod		E	XPOSUF	RE INFORMATION		_		*Upd	Claim Nun	nhor	Acc. Date/	lnour	ed Indemnity		LOSS IN	FORMATI Class		Status					Jurisdic	Cat.	MCO
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Pren	nium Rate	Туре	Ciaiiii Nuii	ilbei	No. Claims	IIICUII	eu muemmy	"	ilculred Medical	Code	Injury	Status	Act	Type	oss Condition Recov		State	No.	Туре
	01	00	609	20000	12.10		2420		1234	4	02/13/01		2000		1500	0609	5	0	01	01	01		00	00	00
	01	۸-	773	35000	55.37		19380		Socia	al Security N	umber	Part 40	Nature 03	Caus		ccupation Des	cription		oc. Lu	np Fra			d Indemnity	Paid M	
									Claimant's Attor	rney Fees	Employer's Attor		03	77		Revers	sed for Future L		IV I	1 0	J I	,	LAE Paid	ALAE Ir	ncurred
	01		951	5000	.96		48	*Upd	Claim Nun	nber	Acc. Date/	Incurr	ed Indemnity	l Ir	ncurred Medical	Class	Injury	Status	T		oss Conditions		Jurisdic	Cat.	MCO
	01	00	953	15000	.49		74	*Upd Type			No. Claims		,			Code	,,		Act	Туре	Recov		State	No.	Туре
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Effective Date: September 1, 2008 Section VI
Page 25 EXAMPLES

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

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/00 Date at Valuation - 06/01/02 Date of Accident - 04/20/01 Widow's Date of Birth - 05/09/35
Age at Widowhood - 65
Age at Valuation - 66
1st Level Report - Open
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 x 104 x .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 Wks) x \$192.78 = \$11,236

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\*SEE REVERSE FOR CODING

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#### 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.

												POLICY I	NFORM/	ATION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier	Code		Policy N	lumber		Policy	Effective Dat	te Policy E	piration Dat	е Ехро	s. State	State Effective Da	te Certif	icate No.	Card	Serial No.		Risk ID I	Number	Р	age No.	Last I	Page No.
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	<u>J.</u>		<u> </u>							Soci	al Security N	lumber	Part	Nature	Caus	е (	Occupation Des	cription	V	oc. Lur	np Frau	ıd De	educt	Paid Indemn	ity	Paid Me	dical
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#### Illustration 17a - Individual Case Report; Death, Widow Only; 2nd Report Level

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/00 Date at Valuation - 06/01/03 Date of Accident - 04/20/01 Widow's Date of Birth - 05/09/35 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open 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 x 104 x .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 Wks) x \$192.78 = \$21,261

			UNI	T ST	ATIST	ICAL	. PL	AN -	INDI	VIDU	IAL	CA	\SE	REI	POF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*		PE OF CODE*	CAR	RRIER NU	JMBER	2			CA	ARRIE	R NAN	ΛE			,	PAYRO STATE C			ADM.	FILE NUN	MBER
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6. CLAIMANT LEGAL I	EXPENSE												7. P	ENSIC	NI N	DEM. P	AID TO	VAL. D	ATE				21261
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DEFENSE MED. EVAL			DEATH										-		REMAR	_		-				391	
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TOTAL GROSS INCUF	RRED				AINING											D. PAID							0
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\*SEE REVERSE FOR CODING

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#### 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.

												POLICY	Y INFORM	IATION												ĺ
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier	Code		Policy	Number		Policy	Effective Da	ite Polic	cy Expiration D	ate Ex	pos. State	State Effective I	ate Ce	rtificate No.	Card	Serial No.		Risk ID Nu	ımber	Page No.	Last	Page No.
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	I.	0	900	Expense	e Constar	nt Amt				Ciainiant 3 Atto	illey i ees	Linployers	s Attorney i ees				Kev	erseu for i uture	USC					ALAL Falu	ALALI	ricuireu
				•					*Upd Type	Claim Nur	mber	Acc. Date No. Claim		ırred Indemn	ity	Incurred Medical	Class Code	Injury	Status		Los	ss Condition	s	Jurisdic State	Cat. No.	MCO Type
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#### Illustration 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma Average Weekly Wage - \$295 Effective Date - 07/01/00 Date at Valuation - 01/01/02 Date of Accident - 11/01/00 Widow's Date of Birth - 09/01/61 Age at Widowhood - 39 Age at Valuation - 40 1st Level Report - Open 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 x 104 x .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

				JNIT	STA	ATIST	TC.	AL I	PL/	AN -	IND	OIVIE	DU A	L C	ASE	RE	POF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. T	YPE	TYPE INJ. CO	OF			R NUM							IER NAI					PAYRO STATE C			ADM.	FILE NUN	MBER
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POLICY NUME	BER	CERT. N	NO.	POLIC		ECTIVE			CLA	IM NO.		S	TAT	D.	ATE AT	TNY D	DISC		LO	SS CONI	OITIONS	3		JURIS	MCO
	MO.	DATE	YR						CC	DDE*	М	D. D/	ΑY	YR	ACT	TYPE	RCO\	/ cc	OV	SETT L	STATE	TYPE			
111222				07	01	00	1		68	3235			0					01	01	01	0	)3	00	37	00
		INSURI	ED NAME									ACC.	. DATI	E	DATE	OF	DEATH	DAT	E REPO	RTED	DATE	OF B	IRTH	SURG	ATTNY
											M	10 D	AY	YR	МО	DAY	YR	MO	DAY	YR	MO	DAY	YR	CODE	CODE*
		Bob's	Roofing	J							1	1 (	01	00	11	01	00	11	01	00	12	01	50		
WORKER LAST	NAME	AVG. W	EEKLY				PAI	RT	NAT	URE	CAUS	SE			OCCUI	PATIC	N		DA	TE CLOS	SED	RESE	RVE	LUMP	FRAUD
		WA	GE		JURY D														М	) <u>\</u>	′R	COD	E*	SUM	
Harris		29	95		CODE*	•	9	0	1	3	25	5			Ro	ofer									
SOCIAL SECUR	ITY NUMBER		DATE SIN	_	MC	) DA	ΛY	YR		EMPLO					YEAR	LAST	Г				E OF	N	Ю	DAY	YR
			SUM PAI	D <b>←</b>						STAT	TUS ·	+			EXPO	SED	<del>(</del>			HIF	RE 🗲				
		BENEFI	TS OTHE	R THA	N PEI	NSION			,										PENS	ION BE	NEFIT	s		,	
KIND (	OF BENEFIT		%	DISAB.		OY MEM. CODE*		NO. WEE			IN	CURR	RED			BENI	EFICIA	RY DAT	Γ <b>A</b> *			CALC	CULAT	IONS	
1. TEMPORARY INDE	MNITY		Х	XXX		XXX									COI	DE	DA MO	TE OF BIF	RTH YR		Paid	d to \	/alua	tion Dat	e
2. SCHEDULED INDEN	INITY														2		09	01	61	]	206.	.50x6	0.85	7= 1256	67
															4		12	01	84				•	ments	
3. NON-SCHEDULED I					<b>X</b>	XXX		XXX	<b>(X</b>						4		05	01	86	(1				46=174	,
4. EMPLOYERS LIABIL																				_	+(9.8	82 x	478) :	= 17903	30
5. VOCATIONAL REHA  6. CLAIMANT LEGAL E		JIAL INCL	JKKED												7.5	ENC	IONI INI	DEM D	AID TO	VAL. D	<u> </u>	1			10505
PHYSICIAN PAID	APENSE			T	EMD I	DISABIL	ITV I	DAID												D., NOT					12567
HOSPITAL PAID			PARTIA														DEM. PN					170020			
APP. MED. EVAL. PAIL			TOTAL I												ALLOW/		JLIVI. PI	VII N 1 .				179030 3500			
DEFENSE MED. EVAL			PAID	, ,,,,	-										REMAI		<u> </u>					4324			
INDEP. MED. EVAL. PA			LUMP	SUM	1												- Л.,(SUM	1-11)				199421			
LEGAL EXP DEFENS		.R. PA													URRED		^	,				0			
ANNUITY PURCHASE	AMT.			V	.R. INI	DEM. IN	CUR	RED							14.	TOT	AL IND	EM. PA	ID TO \	/AL. DA	TE				6799
TOTAL GROSS INCUR	RED			V	.R. TR	AINING	INC	URRE	ED						15.	TOT	AL MEI	D. PAID	TO VA	L. DATE	•				0
				V	.R. EV	AL. INC	URR	RED							16.	SOC	. SEC.	OR OTI	HER OF	FSET A	AMT.				

\*SEE REVERSE FOR CODING

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#### **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).

										DOL 101	LINEODIA	A TION													
Donast	C	C===	Danlage	Coming Code		Delias Nombre		Delia: F	ffeetive De		Y INFORM		Chata	State Effective Da	Cart	ficate No.	Carr	d Serial No.			Diel. ID Normhan		Dana Na	1.00	Dana Na
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy E	ffective Dat	le Polic	cy Expiration Da	e Expos.	State	State Effective Da	ie Ceri	licate No.	Caro	a Seriai No.		r	Risk ID Number		Page No.	Las	Page No.
01				12345		123456789		01/	01/97		01/01/98	0	7												
				12010		120100707		017	01///	$\dashv$	71701770		_												
Insured	's Name:	DEE	'S FL	OWERS																F.E.I.	.N.		Pending	File No.	
Insured	's Addres	SS:																	103	215	6789				
Mod Effect	ve Date	Rate Effe	ctive Date		Poli	cy Conditions			Po	olicy Type I D	Ded	uct. De	duct.	Deductible Amou	nt Per	Deductible Amo	unt	Reserved			r Carrier Use		For B	Sureau Use	
				3 Yr F/R Multistate		stimated Retro	Canceled	MCO	Туре		Non- Ty		cent	Claim/Accide		Aggregate									
04/04	107	0410	4 107	Policy Policy	Rating E	xposure Policy	Mid-Term	Indicator	Cov.		Std.														
01/01	/9/	01/0	1/97	N Y		N N	N	N	01	01	01 00	00													
		E	XPOSUI	RE INFORMATION										LOSS IN	FORMAT	ION									
Upd	Fun Cou	Class	- C-d-	Function Amount	Manual Rate	Premium Rate	*Upd	Claim Num	ber	Acc. Dat		red Indemnity	Incu	ırred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
Туре	Exp. Cov.	Clas	ss Code	Exposure Amount	manuai kate	Premium Rate	Type			No. Clair	ns				Code			Act	Туре		Recov Cov	Settl	State	No.	Type
	01	00	661	40000	5.71	2284																			
								Social	I Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription		Voc. L	ump F	raud	Deduct	Paid Inde	mnity	Paid N	ledical
	01	98	807			91	_																		
								Claimant's Attorr	ney Fees	Employer's	s Attorney Fees				Rever	sed for Future I	Jse					ALAE F	Paid	ALAE I	ncurred
							*Upd	Claim Numb	hor	Acc. Dat	o/ Incur	red Indemnity	Incu	rred Medical	Class	Injury	Status						Jurisdic	Cat.	MCO
							Туре	Ciaiiii ivuiiii	Dei	No. Clain		red indemnity	IIIcu	rred wedicar	Code	injury	Status				Conditions		State	No.	Туре
	A.	Tot	al Cubia	ct Premium														Act	Туре	1	Recov Cov	Settl			
	Α.							Social	I Security N	lumber	Part	Nature	Cause		Occupation Des	crintion	-	Voc. L	.ump F	raud	Deduct	Paid Inde	mnity	Paid N	ledical
	B.	Mo	oerience d (XX.X)	(X)				300101	i occurry is	idilibei	l ait	Nature	Cause		occupation Des	cription		VOC.	ump i	iduu	Deduct	i did ilide	ty	T did i	icuicai
								Claimant's Attorr	ney Fees	Employer's	s Attorney Fees				Rever	sed for Future l	Jse					ALAE F	Paid	ALAE I	ncurred
	C.	Tot	al Modif	ied Premium																					
				Ī			*Upd Type	Claim Numb	ber	Acc. Dat No. Clain		red Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat. No.	MCO Type
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	D.	98	885		.05	119				1						1		Ц,						L	
	E.							Social	I Security N	lumber	Part	Nature	Cause		Occupation Des	cription		Voc. L	.ump F	raud	Deduct	Paid Inde	mnity	Paid N	ledical
	<u>L.</u>						-	Claimant's Attorr	ney Fees	Employer's	s Attorney Fees			- I	Rever	sed for Future I	Jse				1	ALAE F	Paid	ALAE I	ncurred
	F.																								
							*Upd Type	Claim Numb	ber	Acc. Dat No. Clain	e/ Incur	red Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat. No.	MCO Type
							Турс			No. Clair	113				Code			Act	Туре	-	Recov Cov	Settl	State	140.	Турс
	G.	Total	Standard Ex	40000	Total Standard Prem	1ium 2256																			
				40000		//50		Social	I Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription		Voc. L	ump F	raud	Deduct	Paid Inde	mnity	Paid N	ledical
	H.	00	06_	Premium Discoun	t Amt.																				
								Claimant's Attorr	ney Fees	Employer's	s Attorney Fees			•	Rever	sed for Future I	Jse	1			•	ALAE F	Paid	ALAE I	ncurred
	<u>l.</u>	09	900	Expense Constan	t Amt	160																			
			Ţ				*Upd Type	Claim Numb	ber	Acc. Dat No. Clain		red Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat. No.	MCO Type
							Type			IVO. CIdIII					Couc			Act	Туре	-	Recov Cov	Settl	State	140.	13 pc
	J.									1						1		Щ,			<u>, l , </u>				
	.,							Social	I Security N	lumber	Part	Nature	Cause		Occupation Des	cription		Voc. L	.ump F	raud	Deduct	Paid Inde	mnity	Paid N	ledical
	K.	-						Claimant's Attorr	ney Fees	Employer's	s Attorney Fees	<del> </del>			Rever	sed for Future I	Jse				1	ALAE F	Paid	ALAF I	ncurred
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								Reserved for Fu	ture Use	To	otal No. Claims	Т	otal Incurred			rred Medical	Res	erved for F	uture Use		Total Paid Inde	emnity	To	tal Paid Med	lical
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								Tot. Claimant's At	ttny. Fees	Tot. Emp	ployer's Attny. F	ees		<u> </u>	Reserved for	Future Use					Total ALAE	Paid	Tota	al ALAE Inc	urred
			1_			1																			

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#### 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.

											POLICY II															
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	ımber		Policy	Effective Da	te Policy E	xpiration Date	Expos.	State	State Effective Da	te Certi	ificate No.	Card	l Serial No			Risk ID Num	ber	Page No.	Last	Page No.
01				00200	V	VC1234	56789		10	/01/99	10/	01/00	0	7												
Insured	's Name:	A. B	. C. IN	IC.																	F.E.I	.N.		Pending	File No.	
Insured	's Addres	SS:																		1	2345	6789				
Mod Effect	tive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		licy Condition Estimated	ns Retro	Canceled	MCO	Type	olicy Type I D Plan Non-	Dedu Typ			Deductible Amou Claim/Accide		Deductible Amo Aggregate	ount	Reserve	d	Fo	or Carrier Use	9	For I	Bureau Use	
10/01	1/00	10/0	1/00	Policy Policy		Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. Std.			John	olalii vioolao		riggrogato									
10/01	1/99	10/0		N Y		N	N	N	N	01	01 01	000	)()		1,000,10	EODMAT	ION									
Upd				RE INFORMATION				*Upd	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Inc	LOSS IN	FORMAT Class	ION	Status			Loca	Conditions		Jurisdic	Cat.	MCO
Туре	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Pren	nium Rate	Туре			No. Claims		,			Code	,,		Ac	t 1		Recov	Cov Se	State	No.	Туре
	01	0	951	35000	.72		252				1							<u> </u>		$\perp$					<u> </u>	
	01	00	953	17950	.49		88	_	Soci	al Security N	lumber	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
	01		700	17700	. 17				Claimant's Atto	rney Fees	Employer's Att	orney Fees			•	Rever	sed for Future l	Jse					AL	AE Paid	ALAE I	ncurred
								*Upd	Claim Nun	nber	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
								Туре			No. Claims					Code			Act	Т	уре	Recov	Cov Se	State	No.	Туре
	Α.		al Subje perience	ct Premium			340		Soci	al Security N	lumber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
	B.	Mo	d (XX.XX	(X)			1.431				1															
	C.	Tot	al Modif	ied Premium			487		Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future l	Jse					AL	AE Paid	ALAE I	ncurred
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	D.	0,	277		.39		190												Act	T	уре	Recov	Cov Se	itl		
	<u>Б.</u> Е.	0.	211		.37		170		Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	١ ١	Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
	Е.								Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future l	Jse	l l				AL	AE Paid	ALAE I	ncurred
	F.							*lind	Claim Nun	nhor	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status						Jurisdic	Cat.	MCO
								*Upd Type	olulli ru		No. Claims	moun	ou muommity		aroa modical	Code	,,	otatas	Act	т т		Conditions	Cov Se	State	No.	Туре
	G.	Total	Standard Ex	posure 52950	Total Standard Pre	emium	677																			
			.,						Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	\	Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
	H.	00	06_	Premium Discour	nt Amt.				Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future l	Jse					AL	AE Paid	ALAE I	ncurred
	I.	0	900	Expense Constan	nt Amt					_		_													-	_
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status				Conditions		Jurisdic State	Cat. No.	MCO Type
	J.																		Act		ype	Recov	Cov Se	iti		
	ν								Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	scription	١	Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
	K.		+						Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future l	Jse				1	AL	AE Paid	ALAE I	ncurred
	L.															.0SS T01	ΓΔΙς									
									Reserved for F	uture Use	Total I	No. Claims	To	otal Incurre	ed Indemnity		rred Medical	Rese	erved for F	uture Us	ie	Total Pai	d Indemnity	To	tal Paid Med	ical
									Tot. Claimant's F	Attny, Fees	Tot. Employ	er's Attny Fo	es			Reserved for	Future Use					Total 4	ALAE Paid	Tot	al ALAE Inci	ırred
									Tot. Claimant S F	anity. 1 ccs	Tot. Employ	or 3 Auny. Fe	03			reserved IOI	i diule use					TOTAL	LAL Falu	101	ur ALAL IIICI	med
						1																				

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### Illustration 21 – Anniversary Rated Policy with the Premium Charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism)

In this illustration it is assumed that more than one experience modification applies during the policy period and the premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) 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 Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, 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 each code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and 9741.

As with most pricing programs in the state of Delaware, e.g., Construction Credit – Code 9046, Merit Rating Credit – Code 9885 and the premium charges for Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, are applicable, as of each risk's Anniversary Rating Date.

											POLIC	CY INFO	ORMAT	TION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Numb	ber		Policy	Effective Da	ite Po	olicy Expirati	ion Date	Expos. S	State 5	State Effective Da	te Cert	tificate No.	Can	d Serial No.			Risk ID Nu	mber	F	Page No.	Last	Page No.
01				00200	W	C12345	6789		<mark>12</mark>	/01/08		12/01/	<del>/09</del>	07	,											1		2
Insured	's Name:	A. B	C. IN	C.							ı			ı			l .					F.E.I	I.N.		ı	Pending F	ile No.	
Insured	's Addres	SS:																			12	2345	6789					
Mod Effect	ive Date	Rate Effec	tive Date			cy Conditions					olicy Type I D		Deduct			Deductible Amou		Deductible Amo		Reserved			or Carrier U	se		For B	ıreau Use	
				3 Yr F/R Multistate Policy Policy		stimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non- Std.	Туре	Perc	ent	Claim/Accide	nt	Aggregate	•									
11/01	1/08	11/0	1/08	N Y		N	N	N	N	01	01	01	030	1		1000												
		Е	XPOSUR	E INFORMATION												LOSS IN		_										
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Premiu	m Rate	*Upd Type	Claim Nun	nber	Acc. D No. Cla	Date/ aims	Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status	Act	Т.		S Condition Recov	S	Settl	Jurisdic State	Cat. No.	MCO Type
	01	06	65	255000	7.84		19992													ACI	1 19	pe	Recov	COV	Setti			
	01	00	NE 2		24				Socia	al Security N	lumber		Part	Nature	Cause	C	Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemr	nity	Paid N	ledical
	01	09	953	48000	.24		115		Claimant's Attor	rney Fees	Employe	er's Attorney	/ Fees			1	Reve	rsed for Future	Use						ALAE Pai	d	ALAE Ir	curred
	01	96	64				3277	*Und	Claim Nun	nhor	Acc. D	ata/	Incurred	I Indemnity	Inqui	rred Medical	Class	Injuni	Status	1					<u> </u>	Jurisdic	Cat.	MCO
								*Upd Type	Cidilli Null	ibei	No. Cla	aims	incurred	inidenninty	IIICu	rred wedicar	Code	Injury	Status	Act	Ту		Conditions	Cov	Settl	State	No.	Туре
	A.	Tot	al Subjec	t Premium			16830														',	pe			Jelli	1		
	B.	Exr Mod	erience I (XX.XX)	X)			0.930		Socia	al Security N	lumber		Part	Nature	Cause	C	Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemr	nity	Paid N	ledical
	C.	Tot	al Modifie	ed Premium			15652		Claimant's Attor	rney Fees	Employe	er's Attorney	/ Fees				Reve	rsed for Future	Use						ALAE Pai	d	ALAE Ir	curred
							10002	*Upd Type	Claim Nun	nber	Acc. D No. Cla		Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions	5		Jurisdic State	Cat. No.	MCO Type
	_	00	10.7				2012													Act	Ту	pe	Recov	Cov	Settl			,,,
	D.		887		10		3913		Socia	al Security N	Number		Part	Nature	Cause	(	Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemr	nity	Paid N	ledical
	E.		880		.10		1174		Claimant's Attor	rney Fees	Employe	er's Attorney	/ Fees				Reve	rsed for Future	Use						ALAE Pai	d	ALAE Ir	curred
	F.	90	)46		.25		2935	*Upd	Claim Nun	nber	Acc. D	Date/	Incurred	d Indemnity	Incu	rred Medical	Class	Injury	Status			Loca	Conditions		<u> </u>	Jurisdic	Cat.	MCO
								Туре			No. Cla						Code	'		Act	Ту		Recov	Cov	Settl	State	No.	Туре
	G.	Total	Standard Expo	osure	Total Standard Pren	nium																						
		- 00	, a	D			0/4		Socia	al Security N	Number		Part	Nature	Cause	(	Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemr	nity	Paid N	ledical
	H.	00	63_ F	Premium Discoun	t Amt.		261		Claimant's Attor	rney Fees	Employe	er's Attorney	/ Fees			1	Reve	rsed for Future	Use						ALAE Pai	d	ALAE Ir	curred
	I.	09	000 E	Expense Constan	t Amt		119			_																		
								*Upd Type	Claim Nun	nber	Acc. D No. Cla		Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status		-		Conditions		0.111	Jurisdic State	Cat. No.	MCO Type
	J.	97	40		.01		<mark>30</mark>													Act	Ту	pe	Recov	Cov	SettI			
	Κ.	O-	<mark>′41</mark>		01		<mark>30</mark>		Socia	al Security N	lumber		Part	Nature	Cause	(	Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indemr	nity	Paid M	edical
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Effective Date: September 1, 2008 Section VI
Page 33 EXAMPLES

### **SECTION VII**

# GLOSSARY OF TERMS

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: September 1, 2008 Section VII
Page 1 GLOSSARY

#### **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.

Effective Date: September 1, 2008 Section VII
Page 2 GLOSSARY

#### **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 manyear. 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.

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Page 3 GLOSSARY

#### 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.

Effective Date: September 1, 2008 Section VII
Page 4 GLOSSARY

#### **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

Effective Date: September 1, 2008 Section VIII
Page 1 SAMPLE FORMS

#### **SECTION VIII - SAMPLE FORMS**

Form <u>Number</u>	Description
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

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#### SUPPLEMENTAL LOSS REPORT

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USR LOSS FORM - 1/1/95 NC2913 (TC00053)

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

Transmittal No						
I am transmitting herewith, in accordance with the appr	roved Workers Compensation Statistical Plan, unit repo	orts shown below.				
represented. Such premiums, payrolls and losses are	bit of earned premiums, corresponding payrolls and incre properly assigned to the respective classifications a tries on these cards are true and correct to the best of m	and are in conformity with the				
Signature and Title		Date				
Carrier Name	Group Cod	de				
Address	No. of Reports Included:					
	No. of Cards Included:					
Check One Submission and Complete the F	Following:					
☐ 1. By State: State Name	State Code	Report Type				
☐ 2. Effective Month:	<u> </u>					
☐ 3. Underground Coal Mine	re From Serial # to Serial #					
☐ 4. Interstate Specials (MA, MN, NY, T	TX)					
NCCI	-RECEIPT OF UNIT REPORTS					
No. of Reports Received Received By		DATE RECEIVED				
No. of Cards Received						

NC2400(00261)

#### **SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES**

STATE \_\_\_\_\_ STATE NO. \_\_\_\_ EFFECTIVE YEAR \_\_\_\_ CLASS CODE \_\_\_\_

CA	RRIER			CARRIER	NO				
A.	A. NUMBER OF RISKS	LOSS EXHIBIT							
	THE GOVERNING CLASS)				NUMBER	TOTAL LOSS	INCURRED		
	,		CODE	INJURY	OF CLAIMS	INDEMNITY	MEDICAL		
В.	EXPOSURE TOTALS	1.		DEATH					
	4 PAYPOLL	2.		P.T.					
	1. PAYROLL	3.		MAJOR					
	2. PER CAPITA	4.		MINOR					
	3. OTHER	5.		TEMP					
_	<del>-</del>	6.		NON COMP MEDICAL		XXXX			
C.	STD. EARNED PREM			TOTAL					

NC-302

### **SECTION IX**

# **ELECTRONIC SUBMISSION**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: September 1, 2008 Section IX

Page 1 ELECTRONIC SUBMISSION

#### **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

Effective Date: September 1, 2008 Section X

Page 1 PREMIUM ALGORITHM

#### **SECTION X - ALGORITHM**

#### **Delaware Premium Algorithm Preface:**

#### Mandatory use for policies effective on or after January 1, 2006.

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.

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PREMIUM ALGORITHM

#### **Premium Calculation Algorithm**

		Associated		
Line	Item Name	Statistical	Line	Source & Derivation
#	nom rame	Code	#	Godioo di Bonvation
		0000		
(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	XXXX	(6)	Carrier value
	Limits Factor			
(7)	Employer Liability Increased		(7)	(5)x[(6) expressed as a decimal]
(=)	Limits Premium Charge		4->	
(8)	Minimum Premium Employer	9848	(8)	Carrier value
(0)	Liability Increased Limits	00.40	(0)	[(0) (7)];((7) (0)   1(0)   0   ii
(9)	Minimum Premium Employer	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
	Liability Increased Limits Premium Charge			
(10)	Subject Deductible Credit	9664	(10)	Carrier value
(10)	Percentage	3004	(10)	Carrier value
(11)	Subject Deductible Premium	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(11)	Credit	300 <sup>-1</sup>	(11)	[(O) ((/) (O)]X[( TO) EXPICES CO OS O OCCUPANT
(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		(23)	(16) if Experience-Rated,
	Modification or Merit Rating			[(14)+(18)+(20)+(22)] if Merit-Rated, (14) if
(6.1)	N. B. (H. Ol. 1971)		(6.1)	Non-Rated
(24)	Non-Ratable Classifications	XXXX	(24)	Carrier Value
(25)	Non-Ratable Classifications		(25)	Portion of payroll exposure subject to Non-
(20)	Exposure	vane.	(20)	Ratable Classifications
(26)	Non-Ratable Classification Rating Value	XXXX	(26)	Carrier Value
(27)	Non-Ratable Classification		(27)	(25)/100x(26) [based on applicable Non-
(21)	Premium		(21)	Ratable Classification exposure
(28)	Aircraft Seat Surcharge Exposure	9108	(28)	Actual number of seats for insured risk.
(20)	(# of seats)	5100	(20)	Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
\/		5.55	, - · · /	<u> </u>

Page 3

#### **Premium Calculation Algorithm**

	1		1	
Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(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]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value

Effective Date: September 1, 2008

Section X

Page 4

PREMIUM ALGORITHM

#### **Premium Calculation Algorithm**

Line	Item Name	Associated Statistical	Line	Source & Derivation
#		Code	#	
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x[(-52) 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)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) 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)]x[(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	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Catastrophe (other than Certified Acts of Terrorism)	9741	(71)	(Total payroll/100) x carrier rating value
(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70)+ <b>(71)</b>
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computer employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)]x(73) 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



United Plaza Building . Suite 1500 30 South 17th Street Philadelphia, PA 19103-4007 (302) 654-1435 (215) 568-2371 FAX (215) 564-4328

August 28, 2008

#### **BUREAU CIRCULAR NO. 839**

To All Members of the Bureau:

#### Re: MANUAL LANGUAGE, STATISTICAL PLAN AND ENDORSEMENT FORMS TERRORISM AND CATASTROPHES OTHER THAN CERTIFIED ACTS OF TERRORISM **EFFECTIVE SEPTEMBER 1, 2008**

The Bureau has previously submitted a filing of revised Basic Manual and Statistical Plan language, endorsement forms and rating values effective for new and renewal policies with anniversary rating dates of September 1, 2008 and later. That filing, Bureau Filing No. 0805, responded to countrywide developments since the enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) and subsequent to the Bureau's earlier filing, No. 0802, which adopted initial changes necessary to comply with provisions of that law. The September 1, 2008 effective date was coordinated with the intended implementation of similar changes in other jurisdictions across the country.

The Insurance Commissioner has approved Bureau Filing No. 0805. The filing approval authorizes the use of two endorsements as prepared by the National Council on Compensation Insurance, Inc. (NCCI), along with pertinent Manual and Statistical Plan language changes and the deletion of two existing endorsements made obsolete by the enactment of TRIPRA and/or the language contained in the proposed new endorsements.

#### **Approved Forms**

The approved endorsement forms are amended versions of existing approved forms in Delaware. These endorsements are as follow:

WC 00 04 21 C - Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

WC 00 04 22 A – Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

## **Carrier Filing Requirements:**

The Bureau has requested, and the Department of Insurance has granted, an exception to prevailing filing requirements for the purposes of adopting this filing's endorsement forms and rating values. Members are advised that Delaware carriers will be allowed to use this filing's forms and rating values without submitting separate adoption filings. This exception is limited only to this filing, and carriers are advised that separate adoption filings are expected to be required of carriers upon approval of subsequent Bureau filings.

Manual language is being revised consistent with new definitions of the scope of Statistical Codes 9740 and 9741, respectively, which are proposed to be defined as follow:

Code 9740 – Terrorism

Code 9741 – Catastrophe (Other than Certified Acts of Terrorism)

Manual language changes being proposed in this filing are shown in Exhibit 1 attached, with the portions being deleted shown with strike-throughs and with the added language appearing underlined.

In addition to such Manual language changes, two existing endorsement forms are being proposed to be eliminated and two others are proposed for amendment in this filing.

The endorsement forms proposed to be **eliminated** are as follow:

WC 00 01 13 A – Terrorism Risk Insurance Program Reauthorization Act Endorsement
 WC 07 04 09 – Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement

The endorsement forms proposed for **revision** are as follow:

**WC 00 04 21** <u>B</u> – Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement

#### revised to

WC 00 04 21 <u>C</u> - Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

WC 00 04 22 - Foreign Terrorism Premium Endorsement

#### revised to

**WC 00 04 22 A** – Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Copies of the revised endorsements are attached in Exhibit 1.

The changes to the Statistical Plan are shown with the language being deleted indicated with strike-throughs and with the added language appearing underlined. These changes are intended to conform that document with the most recent treatment of provisions of TRIPRA. These changes include revisions comparable to those of the Basic Manual and to various illustrative examples within the Statistical Plan, making those definitions and certain dates shown in the examples consistent with the effective date of TRIPRA. The new Statistical Plan language is attached as Exhibit 2.

Shown below is the section of our rating values table that will be affected by the revised values for Codes 9740 and 9741.

	APPROVED	APPROVED	APPROVED EX	RATING PLAN		
	LOSS COST	RESIDUAL	Expected	d Loss Facto	rs Table	HAZARD
		MARKET		GROUP		
		RATES				
CODE	EFF. 9/1/08	EFF. 9/1/08	A-1	A-2	A-3	
9740	\$0.01	\$0.02				
9741	0.01	0.01				

Questions regarding this circular may be directed to Betty Ann Campbell, Director of Rating Rules and Policy Information, at (215) 320-4425 or <a href="mailto:bcampbell@dcrb.com">bcampbell@dcrb.com</a>, Bruce Decker, Senior Vice President, at (215) 320-4411 or <a href="mailto:bdecker@dcrb.com">bdecker@dcrb.com</a>, Bonnie Piacentino, Director of Statistical Reporting, at (215) 320-4456 or <a href="mailto:bpiacentino@dcrb.com">bpiacentino@dcrb.com</a>, or me at (215) 320-4413 or <a href="mailto:twisecarver@dcrb.com">twisecarver@dcrb.com</a>.

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

Timothy L. Wisecarver President

Kg Attachments D Circ

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

## **Delaware Workers Compensation Manual**

Effective September 1, 2008

#### **PREFACE**

A. This Manual of risk classes, underwriting rules, Bureau rating values and rating plans has been filed with the Delaware Insurance Department as required by Delaware Law. It is effective 12:01A.M June 1, 2008 September 1, 2008 with respect to all policies, the effective date of which is June 1, 2008 September 1, 2008 or thereafter, subject to the following express conditions, for the insurance companies, corporations and associations listed herein and for no other insurance company, corporation or association.

The following portions of this Manual may, at the option of the insurance companies, corporations, associations and exchanges enumerated in the attached list, be applied to selected policies in force as of November 26, 2002:

- Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium-Endorsement WC 00 04 21A
- •Terrorism Risk Insurance Extension Act Endorsement WC 00 01 13
- •Foreign Terrorism Premium Endorsement WC 00 04 22

#### SECTION 1 – UNDERWRITING RULES

#### **RULE VI – RATING VALUES AND PREMIUM DETERMINATION**

#### A. BUREAU RATING VALUES

#### 3. Foreign-Terrorism

Premium for Foreign Terrorism is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications, including but not limited to premium discount, experience rating, schedule rating, or retrospective rating. Non-payroll exposures are not subject to premium charges for Foreign Terrorism. Policies issued on an "If Any" basis will not be charged a terrorism rate, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium for Foreign Terrorism.

Foreign Terrorism shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9740.

4. Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC)
Catastrophe (other than Certified Acts of Terrorism)

Premium for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism) is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications, including but not limited to premium discount, experience rating, schedule rating, or retrospective rating.

Non-payroll exposures are not subject to premium charges for Domestic Terrorism,

Earthquakes and Catastrophic Industrial Accidents—Catastrophe (other than Certified Acts
of Terrorism. Policies issued on an "If Any" basis will not be charged a terrorism rate this
premium, unless premium develops during the policy term or at audit. Per capita charges
are not subject to premium for Domestic Terrorism, Earthquakes and Catastrophic Industrial
Accidents—Catastrophe (other than Certified Acts of Terrorism).

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9741.

#### H. PREMIUM CALCULATION ALGORITHM

 Delaware and Pennsylvania
 workers compensation industry.

 Updates optional
 October 1, 2004.

# Pennsylvania and Delaware Workers Compensation 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]

# Pennsylvania and Delaware Workers Compensation Premium Algorithm Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(24)	Marit Bating Dabit Factor	9886	(24)	Zoro if Morit Dating Debit does not apply
(21)	Merit Rating Debit Factor Merit Rating Charge	9886	(21) (22)	Zero if Merit Rating Debit does not apply (14)x[(21) expressed as a decimal]
(23)	Premium After Experience	9000	(23)	(16) if Experience-Rated,
(23)	Modification or Merit Rating		(23)	[(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	XXXX	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	XXXX	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non- Ratable Classification exposure]
(28)	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

# Pennsylvania and Delaware Workers Compensation Premium Algorithm Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1-)			( >	
(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]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) 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)]x[(-52) 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)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) 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)]x[(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)	Foreign-Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Domestic Terrorism, Earthquakes	9741	(71)	(Total payroll/100) x carrier rating value

		and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism)			
	(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70) <b>+(71)</b>
-	(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computing employer assessments
	(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)]x(73) 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

#### RULE XIV - AGRICULTURAL, DOMESTIC WORKERS - RESIDENCES

#### E. BUREAU RATING VALUES AND PREMIUM

#### 1. Bureau Rating Values

The Bureau Rating Values for Codes 0908, 0909, 0912 and 0913 are per capita premium charges. All Agriculture code rates are per \$100 of payroll. Foreign-Terrorism (9740) and Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents—Catastrophe (other than Certified Acts of Terrorism (9741) do not apply to per capita classification premium charges.

#### **SECTION 2 – CLASSIFICATIONS & RATING VALUES**

#### 9740 Terrorism Premium Charge.

Statistical **Code 9740** relates to premium charged for losses covered under the Terrorism Risk Insurance Act of 2002 (TRIA 2002), as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the Act). Premium developed under **Code 9740** is not subject to experience, merit or retrospective rating.

9741 Domestic Terrorism, Earthquake and Catastrophic Industrial Accident Catastrophe (other than Certified Acts of Terrorism).

Premium developed under Code 9741 is not subject to experience, merit or retrospective rating.

#### **SECTION 3 – ENDORSEMENTS**

#### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

#### WC 00 01 13 A

#### TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

**DELETED IN ITS ENTIRETY** 

#### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 04 21 BC

# DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes and/or a catastrophic industrial accidenta Catastrophe (other than Certified Acts of Terrorism) as that term is defined below

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulationsa Catastrophe (other than Certified Acts of Terrorism).

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It This premium charge does not provide funding for acts Certified Acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

Domestic terrorism: All acts of terrorism certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses in excess of \$50 million.

Catastrophe (other than Certified Acts of Terrorism) Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.

Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation-losses in excess of \$50 million.

- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary
  of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all
  of the following criteria:
  - a. It is an act that is violent or dangerous to human life, property, or infrastructure:
  - b. The act results in damage within the United States, or outside of the United States in the case
    of the premises of United States missions or air carriers or vessels as those terms are defined
    in the Terrorism Risk Insurance Act of 2002 (as amended): and
  - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below:

#### **Schedule**

#### **Notes:**

- This endorsement is mandatory effective on or after January 1, 2008 for new and renewal policies.

  Each carrier should consider whether to attach this endorsement to new and renewal policies effective from December 26, 2007 through December 31, 2007.
- Each carrier should consider whether to attach this endorsement to outstanding policies in force as of

January 1, 2008.

State Rate **Premium** 

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#### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 04 22 A

## FOREIGN-TERRORISM PREMIUM-RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement is notification This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an act of foreign-terrorism.

Your policy provides coverage for workers compensation losses caused by acts of foreign-terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

For purposes of this endorsement, an "act of foreign terrorism" is defined as:

- Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

#### **Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined I the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereof resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, included an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning January 1, 2008 and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

#### **Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

#### **Policyholder Disclosure Notice**

- Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry
   Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
- 2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000.
- 3. The premium charge for the coverage your policy provides for workers compensation\_Insured Llosses\_ caused by an act of foreign terrorism is is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Sc	h	e	h	u	ı	e

#### Note:

This endorsement is mandatory effective on or after January 1, 2008 for new and renewal policies.

<u>State</u> <u>Premium</u>

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### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

#### WC 07 04 09

# TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

**DELETED IN ITS ENTIRETY** 

#### **SECTION 4 – RETROSPECTIVE RATING PLANS - DELAWARE**

# RULES AND PROCEDURE GOVERNING THE APPLICATION OF THE RETROSPECTIVE RATING PLANS – DELAWARE

# PART ONE DESCRIPTION OF THE PLAN

- II. DEFINITIONS
- E. STANDARD PREMIUM

For the purposes of this Plan, standard premium means the premium for the risk determined on the basis of carrier rating values, any experience rating modification, loss constant where applicable, and minimum premiums. Determination of standard premium shall exclude.

- 1. through 5 No Change
- **6.** Premium developed by the charge for Foreign Terrorism.
- Premium developed by the charge for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents. Catastrophe (other than Certified Acts of Terrorism located in the Basic Manual.

#### **SECTION 6 – EXPERIENCE RATING PLAN**

# SECTION IV APPLICATION OF EXPERIENCE MODIFICATION

#### **EXCEPTIONS:**

Premiums Not subject to Experience Rating: The following are not subject to experience rating:

- i. through vi. remain unchanged.
- vii. Premium developed under Code 9740 Foreign Terrorism.
- viii. Premium developed under Domestic Terrorism, Earthquakes and Catastrophic

  Industrial Accidents Code 9741 Catastrophe (other than Certified Acts of Terrorism).

#### **SECTION 7 - MERIT RATING PLAN**

#### **SECTION IV**

#### APPLICATION OF EXPERIENCE MODIFICATION MERIT RATING PLAN ADJUSTMENT

Experience Modification Merit Rating Plan.

Plan adjustment.

EXCEPTION (a):

Classifications.

non-rateable element.

#### **EXCEPTIONS:**

Premiums Not subject to Experience the Merit Rating Plan: The following are not subject to the Merit Rating Plan:

i. through ivi. remain unchanged.

ixy- The surcharge premium under Rule 2 of the Atomic Energy Procedure.

x.vi. The seat surcharge premium for Aircraft Operation.

xivii. Premium developed under Code 9740 — Foreign Terrorism

xiiviii. Premium developed under Domestic Terrorism, Earthquakes and Catastrophic Industrial

Accidents Code 9741 - Catastrophe (other than Certified Acts of Terrorism).

#### **DELAWARE STATISTICAL PLAN MANUAL**

Mandatory Effective September 1, 2008

#### **SECTION II – Reporting Requirements**

#### **B.** Exposure Information

#### 5. Exposure-Other Than Payroll

Items a. through f. remain unchanged.

Note: Premium for the Code 9740, Foreign Terrorism, and Code 9741, Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism), does not apply to these classifications.

Items Number 6 through 8. remains unchanged.

#### 9. Miscellaneous Statistical Codes

Items a. and b. remain unchanged.

c. Premium Not Subject to Experience Rating, to be Reported on line "H", "I" or "J" on the Hard Copy Unit Statistical Report.

Items Number 1. through 3. remain unchanged.

- (4) Foreign—Terrorism Code 9740. Premium charge for Foreign Terrorism 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 Foreign—Terrorism is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Foreign—Terrorism
- (5) Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)
  Catastrophe (other than Certified Acts of Terrorism) Code 9741.

  Premium charge for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism) 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 9741 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9741. Premium developed under Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism) is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Catastrophe (other than Certified Acts of Terrorism).

Item d. remains unchanged.

#### **SECTION IV - CODES**

#### **B.** Exposure Information Code

#### 3. Premium Codes

Items a. and b. remains unchanged.

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
(2)	Evnanca Canctant	Code 0064 Code 0900
(3)	Expense Constant Waiver of Subrogation – Flat Charge	Code 99115
	Foreign-Terrorism	Code 9740
<i>(</i> 5)	Domestic Terrorism, Farthquakes, and Catastrophic Industrial Accidents	Code 9741

#### **SECTION VI - EXAMPLES**

Illustrations 1 – 20 remain unchanged.

Illustration 21 – Anniversary Rated Policy with the Premium Charge Foreign Terrorism See attached.

Catastrophe (other than Certified Acts of Terrorism)

Illustration 22 – Anniversary Rated Policy with the Premium Charge Foreign Terrorism and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents See attached.

#### **SECTION X - PREMIUM ALGORITHM**

See attached. Line items (70) and (71) change.

#### DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: January September 1, 2006 2008 Section VI Page 32 EXAMPLES

# Illustration 21 – Anniversary Rated Policy with the Premium Charge for Foreign Terrorism and Catastrophe (other than Certified Acts of Terrorism)

In this illustration it is assumed that more than one experience modification applies during the policy period and the premium charge for Foreign-Terrorism and Catastrophe (other than Certified Acts of Terrorism) 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 Foreign Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, 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 Code 9740 - Foreign Terrorismeach code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and Code 9741.

As with most pricing programs in the state of Delaware, (e.g., Construction Credit - Code 9046, Merit Rating Credit - Code 9885) and the premium charges for Foreign Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, is are applicable, as of each risk's Anniversary Rating Date.

## **UNIT STATISTICAL REPORT**

										DOLICY	/ INFORMA	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Da		y Expiration Date		State	State Effective Dat	e Cert	tificate No.	Care	d Serial No			Risk ID Number		Page No.	Las	t Page No.
01		,	·	00200	W	C123456789		<mark>12</mark>	/01/08	1	2/01/09	07	7										1		2
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	C.	Tot	al Modif	ied Premium		15652		Claimant's Attor	rney Fees	Employer's	Attorney Fees				Reve	rsed for Future I	Jse					ALA	E Paid	ALAE	Incurred
							*Upd Type	Claim Nun	nber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
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	E.	98	880		.10	1174		Socia	al Security N		Part	Nature	Cause	0	ccupation De			Voc.	Lump	Fraud	Deduct		demnity		Medical
	F.	91	046		.25	2935		Claimant's Attor	rney Fees	Employer's	Attorney Fees				Reve	rsed for Future I	Jse					ALA	E Paid	ALAE	Incurred
							*Upd Type	Claim Nun	nber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
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							*Upd Type	Claim Nun	nber	Acc. Date No. Claim		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status	Act	Туј		Recov Co	ov Settl	Jurisdic State	Cat. No.	MCO Type
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	K.	9	741		.01	30	<u> </u>	Claimant's Attor								rsed for Future I							E Paid		Incurred
	L.							Claimant's Attor	rney rees	Employers	Attorney Fees						ose					ALA	E Pald	ALAE	incurred
								Reserved for F	uture Use	То	tal No. Claims	To	otal Incurred		OSS TO Total Incu	TALS urred Medical	Res	served for F	uture Use		Total Paid I	ndemnity	Te	otal Paid Me	dical
							-	Tot. Claimant's Attny. Fees Tot. Employer's Attny. Fees							Reserved fo	r Future Use					Total ALA	E Paid	Tot	al ALAE Inc	urred

## **UNIT STATISTICAL REPORT**

										DOLLOVI	UE O DA A	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Da	POLICY II	NFORIMA opiration Date		State	State Effective Da	te Certi	ificate No.	Caro	d Serial No.	).	R	Risk ID Num	ber	Page No.	Las	st Page No.
01	140.	Турс	rept. ind.	00200	W	C123456789		12	2/01/08	12/	01/09	07	7										2		2
Insured	's Name	: A. B	. C. IN	NC.																F.E.I.1	N.		Pending	File No.	
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4.4.10	u o o	4 4 10	1.100	Policy Policy		stimated Retro xposure Policy	Canceled Mid-Term	Indicator	Type Cov.	Plan Non- Ind. Std.			cent	Claim/Accide	nı	Aggregate									
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Hod			XPOSU	RE INFORMATION	I		Mind	Claim Nur	mhor	Ass Date/	Incur	ed Indemnity	Inci	LOSS IN urred Medical	IFORMAT	_	Status						luriodio	Cot	MCO
Upd Type	Exp. Cov	. Clas	s Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Cidilli ivui	ilibei	Acc. Date/ No. Claims	incui	eu muemmy	IIIC	urred wedicar	Class Code	Injury	Status	Act	:t		Conditions Recov	Cov	Jurisdic State ettl	Cat. No.	Туре
	01	0	565	255000	7.54	19227																			
	01	0'	953	48000	.20	96			ial Security N	Number	Part	Nature	Cause	(	Occupation Des	scription		Voc.	Lump	Fraud	Deduct	Pai	d Indemnity	Paid	Medical
	01	90	664			2126		Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use					4	LAE Paid	ALAE	Incurred
							*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subie	ct Premium		17197												Act		Гуре Б	Recov	Cov S	ettl		
	В.	Ext	perience d (XX.XX			0.953		Soci	ial Security N	Number	Part	Nature	Cause	(	Occupation Des	scription		Voc.	Lump	Fraud	Deduct	Pai	I Indemnity	Paid	Medical
	•							Claimant's Atto	rney Fees	Employer's Att	orney Fees			•	Rever	sed for Future	Use			•		-	LAE Paid	ALAE	Incurred
	C.	100	ai wouii	ied Premium		16389	*Upd	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Incu	urred Medical	Class	Injury	Status			Loss (	Conditions		Jurisdic	Cat.	MCO
	-	0	007			4007	Type			No. Claims					Code			Act				Cov S	State	No.	Туре
	<u>D.</u> E.		387 046		.30	4097 3688		Soci	ial Security N	Number	Part	Nature	Cause	(	Occupation Des	scription		Voc.	Lump	Fraud	Deduct	Pai	d Indemnity	Paid	Medical
	F.		740		.30	3000		Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use	<u> </u>					LAE Paid	ALAE	Incurred
	- ' '						*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat.	MCO Type
	G.	Total	Standard Ex	posure	Total Standard Prem	nium	Турс			No. Olainis					Couc			Act		Гуре Б	Recov	Cov S	ettl	NO.	Турс
	5			606000		16234		Soci	ial Security N	Number	Part	Nature	Cause		Occupation Des	scription	·	Voc. I	Lump	Fraud	Deduct	Pai	d Indemnity	Paid	Medical
	H.	00	63_	Premium Discour	nt Amt.	90																			
	I.	0	900	Expense Constar	nt Amt	41		Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use					<i>F</i>	LAE Paid	ALAE	Incurred
				•			*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat. No.	MCO Type
	J.	9	740		.01	<mark>30</mark>												Act	1	Гуре Б	Recov	Cov S	ettl		
	K.	9	<mark>741</mark>		<mark>.01</mark>	30		Soci	ial Security N	Number	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Deduct	Pai	d Indemnity	Paid I	Medical
	1.							Claimant's Atto	rney Fees	Employer's Att	orney Fees				Rever	sed for Future	Use	•				4	LAE Paid	ALAE	Incurred
								D				_			LOSS TO		-	16. =			T-1-15				
								Reserved for F	uture Use	Total N	No. Claims	To	otal Incurre	d Indemnity	Total Incu	rred Medical	Res	erved for F	-uture U	se	Total Pai	d Indemnity		otal Paid Me	edical
								Tot. Claimant's Attny. Fees Tot. Employer's Attny. Fees							Reserved for	r Future Use					Total A	ALAE Paid	То	tal ALAE Inc	curred

#### DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: January September 1, 2006 2008 Section VI Page 33 EXAMPLES

Illustration 22 – Anniversary Rated Policy with the Premium Charge for Terrorism Risk Insurance Act of 2002 – Certified Losses and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents

In this illustration it is assumed that more than one experience modification applies during the policy period and the premium charges for the Foreign Terrorism and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents are applicable.

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

The premium charges for Foreign Terrorism, Code 9740, and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents, Code 9741, are derived by adding up all payroll exposures for a given split period, dividing by \$100 and multiplying the result times the carrier's rating value for each of these codes. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and Code 9741.

As with most pricing programs in the state of Delaware (e.g., Construction Credit – Code 9046, Merit Rating Credit – Code 9885) premium charge for Foreign Terrorism, Code 9740, and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents, Code 9741, are applicable as of the individual risk's Anniversary Rating Date.

UNIT STATISTICAL REPORT – (Deleted - Effective September 1, 2008)

								STIONE REFO	POLICY IN						,	,									
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effective Dat		piration Dat		State St	tate Effective Da	te Certi	ficate No.	Card	Serial No.		Ri	sk ID Nu	mber		Page No.	Last	Page No.
01				00200	W	C123456789		01/01/06	01/	01/07	0	7											1		2
Insured	l's Name	e: A. E	3. C. II	VC.															F.E.I.N	l.			Pending I	File No.	
Insured	I's Addre	ess:																1	23456	789					
Mod Effec	tive Date	Rate Eff	ective Date	3 Yr F/R Multistate		cy Conditions			olicy Type I D	Dedu			eductible Amou	nt Per 1	Deductible Am	ount	Reserved	d	For	Carrier U	se		For B	ureau Use	
40/0	1 105	401	04/05	Policy Policy		xposure Policy	Mid-Tern	In ator Cov.	an Non- d. Std.	191		cent	craim// rue		jyreyate										
12/0	1/05		01/05	N Y		N N	N	01	1 01	02/	11		10												
ı			EXPOSU	RE INFORMATION	V									IFORMAT	IC										
Upd Type	Exp. Cov	r. Cli	ass Code	Exposure Amount	Manual Rate	Premium Rate	Туре		No. Claims		nity	turr	red Medic	Code		status				Condition		6.111	Jurisdic State	Cat. No.	MCO Type
	01	(	0665	255000	7.84	19992											Act	t	Гуре F	Recov	Cov	Settl			
	01		953	48000	.24	115		Social Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	'	/oc. I	Lump	Fraud	Dedu	ct	Paid Inden	inity	Paid N	Medical
	01		9664	40000	.24	3277		Claimant's Attorney Fees	Employer's Atto	orney Fees			l	Revers	sed for Future	Use				l		ALAE Pa	id	ALAE II	ncurred
	01	-	7004			3211	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incur	red Indemnity	Incurr	red Medical	Class Code	Injury	Status			Loss C	ondition	s	П	Jurisdic State	Cat. No.	MCO Type
	A.	Т	tal Subi	ect Premium		14020	. , , , ,		No. Glamb					oodo			Act	1	ype R	ecov	Cov	SettI	Otato		.,,,,,
			nai Subje perience od (XX.X			16830		Social Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	١ ١	/oc. I	Lump	Fraud	Dedu	ct	Paid Inden	inity	Paid N	Medical
	В.					0.930		Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use									ALAE Pa	id	ALAE II	ncurred					
	C.	To	tal Modi	fied Premium		15652	*Upd	Claim Number	Acc. Date/	Incur	red Indemnity	Incurr	red Medical	Class	Injury	Status	1		Loss C	ondition		I	Jurisdic	Cat.	MCO
							Туре		No. Claims		•			Code			Act	1		ecov	Cov	SettI	State	No.	Туре
	D.		9887			3913		Social Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription		/oc. I	Lump	Fraud	Dedu	ct	Paid Inden	inity	Paid N	Medical
	E.	Ç	0880		.10	1174		Claimant's Attorney Fees	Employer's Atto	ornev Fees				Revers	sed for Future	Use						ALAE Pa	id	ALAE II	ncurred
	F.	Ç	046		.25	2935				_															
							*Upd Type	Claim Number	Acc. Date/ No. Claims	Incur	red Indemnity	Incurr	ed Medical	Class Code	Injury	Status				ondition			Jurisdic State	Cat. No.	MCO Type
	G.	Tot	al Standard E	xposure	Total Standard Prem	nium											Act		ype R	ecov	Cov	SettI			
								Social Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription	١ ١	/oc. I	Lump	Fraud	Dedu	ct	Paid Inden	inity	Paid N	Medical
	H.	0	063_	Premium Discou	nt Amt.	261		Claimant's Attorney Fees	Constante Att					Davis	sed for Future	Uaa						ALAE Pa	: 4	ALAE II	
	l		900	Expense Consta	nt Amt	119		Claimant's Attorney Fees	Employer's Atto	orney rees				Revers	sea for Future	use						ALAE P	ia .	ALAE II	icurrea
						117	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incur	red Indemnity	Incurr	red Medical	Class Code	Injury	Status			Loss C	ondition	s		Jurisdic State	Cat. No.	MCO Type
			7.40		00	0.1	Туре		NO. Ciainis					Code			Act	1	ype R	ecov	Cov	SettI	State	NO.	Туре
	J.	9	740		.03	91		Social Security N	umber	Part	Nature	Cause	(	Occupation Des	cription	\	/oc. I	Lump	Fraud	Dedu	ct	Paid Inden	inity	Paid N	ledical
	K.	-						Claimant's Attorney Fees	Employer's Atto	ornev Fees				Rever	sed for Future	Use						ALAE Pa	id	ALAE II	ncurred
	L.								implojo: 3 Att													TENET C		TILTIE II	
								Reserved for Future Use	Total N	lo. Claims	Т	otal Incurred I		LOSS TOT Total Incur	TALS red Medical	Rese	erved for F	uture Us	se	Total P	aid Indemr	nity	To	tal Paid Med	lical
								Tot Claimant's Attau F	mant's Attoy Foos					Dogor : d ( :-	Euturo Un-					T=1-	IALAED	id	т		urrod
								Tot. Claimant's Attny. Fees Tot. Employer's Attny. Fees						Reserved for	ruture Use					Tota	I ALAE Pai	u	Tota	I ALAE Incu	nrea

UNIT STATISTICAL REPORT- (Deleted - Effective September 1, 2008)

								OTIONE REF	POLICY IN					,		,									
Report No.	Corr. No.	Согг. Туре	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effective Date		piration Dat		State Sta	ate Effective Date	e Certif	icate No.	Card	Serial No.		Ri	isk ID N	lumber		Page No	. L	ast Page No.
01	NO.	туре	Kpt. IIIu.	00200	W	C123456789		01/01/06	01/0	01/07	0	7											2		2
				00200		0120100707		01/01/00		, , , , ,		,											_		_
Insure	d's Name	A	B. C. IN	NC					<u> </u>										F.E.I.N	I.			Pend	ing File No.	
	d's Addre		<u> </u>															1	23456	5780	)				
Mod Effec	ctive Date	Rate E	Effective Date		Polic	cy Conditions		Po	olicy Type I D	Dedu	uct. De	duct. De	eductible Amoun	t Per D	eductible Am	ount	Reserved			Carrier		$\Box$	F	or Bureau Us	ie
				3 Yr F/R Multistate Policy Policy		stimated Retro xposure Policy	Cane. Mid-Tern	In ator Cov.	an Non- d. Std.	ıyı	pe Per	cent	Craim// raen	1	jgregate										
12/0	1/06	12	/01/06	N Y		N N	N	01	1 01	02/	01		10												
			EXPOSU	RE INFORMATION	N									FORMATI	C										
Upd Type	Exp. Cov	v. (	Class Code	Exposure Amount	Manual Rate	Premium Rate	Туре		No. Claims		nity	curre	ed Medic	Code		status			Loss C				Jurisd State		MCO Type
	01		0665	255000	7.54	19227											Act	T	ype R	Recov	Cov	Settl			
								Social Security N	lumber	Part	Nature	Cause	0	ccupation Desc	cription	١ ١	oc. L	ump	Fraud	Dec	duct	Paid In	demnity	Pa	d Medical
	01		0953	48000	.20	96		Claimant's Attorney Fees	Employer's Atto	rney Fees				Revers	ed for Future	Use						ALAE	Paid	ALA	E Incurred
	01		9664			2126																			
							*Upd Type	Claim Number	Acc. Date/ No. Claims	Incur	red Indemnity	Incurre	ed Medical	Class Code	Injury	Status			Loss C				Jurisdi State	c Cat. No.	MCO Type
	A.	Т	otal Subje	ect Premium		17197											Act	Ту	pe R	ecov	Cov	SettI			
			xperience lod (XX.X)					Social Security N	umber	Part	Nature	Cause	0	ccupation Desc	cription	١	oc. L	ump	Fraud	Dec	duct	Paid In	demnity	Pa	d Medical
	B.					0.953		Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use								ALAE	Paid	ALA	E Incurred						
	C.	T	otal Modif	ied Premium		16389	***	OL: No. hou	A. Dild		red Indemnity			01		Ci.i.	1						1 1 1 1		1 4400
		_					*Upd Type	Claim Number	Acc. Date/ No. Claims	incun	ed indemnity	incurre	ed Medical	Class Code	Injury	Status	Act	Tv	Loss C	onditio ecov	Cov	Settl	Jurisdi State	c Cat. No.	MCO Type
	D.		9887			4097												.,							
	E.		9046		.30	3688		Social Security N	umber	Part	Nature	Cause	0	ccupation Desc	cription	\	oc. L	ump	Fraud	Dec	duct	Paid Inc	demnity	Pai	d Medical
			7010		.00	0000		Claimant's Attorney Fees	Employer's Atto	rney Fees		I		Revers	ed for Future	Use						ALAF	Paid	ALA	E Incurred
	F.	-					*Upd	Claim Number	Acc. Date/	Incur	red Indemnity	Incurre	ed Medical	Class	Injury	Status			Loss C	onditio	ins		Jurisdi		MCO
							Туре		No. Claims					Code			Act	Ty		ecov	Cov	Settl	State	No.	Туре
	G.	To	otal Standard Ex	posure 606000	Total Standard Prem	nium . 16234																			
			0042	Premium Discou	nt Amt			Social Security N	umber	Part	Nature	Cause	0	ccupation Desc	cription	١	oc. L	ump	Fraud	Dec	duct	Paid Inc	demnity	Pai	d Medical
	H.		0063_	Premium discou	III AIIII.	90		Claimant's Attorney Fees	Employer's Atto	rney Fees				Revers	ed for Future	Use						ALA	Paid	ALA	E Incurred
	I.		0900	Expense Consta	nt Amt	41																			-
							*Upd Type	Claim Number	Acc. Date/ No. Claims	Incur	red Indemnity	Incurre	ed Medical	Class Code	Injury	Status		1 -	Loss C			1 0.00	Jurisdi State	C Cat. No.	MCO Type
	J.		9740		.03	91											Act	,,	pe R	ecov	Cov	Settl			
	1/							Social Security N	lumber	Part	Nature	Cause	0	ccupation Desc	cription	١	oc. L	ump	Fraud	Dec	duct	Paid Inc	demnity	Pai	d Medical
	K.		9741		.02	61		Claimant's Attorney Fees	Employer's Atto	rney Fees				Revers	ed for Future	Use		J				ALA	Paid	ALA	E Incurred
	L.												1	OCC TOT	ALC.										
								Reserved for Future Use	Total N	o. Claims	Т	otal Incurred Ir		OSS TOT Total Incur	ALS red Medical	Rese	rved for Fu	ture Use	9	Total	Paid Inde	emnity		Total Paid I	Medical
								Tot. Claimant's Attny. Fees	ees			Reserved for	Future Use					Tot	tal ALAE	Paid		Total ALAE I	ncurred		

Effective Date: January September 1, 20062008

Section X

Page 1 PREMIUM ALGORITHM

## **Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	VVVV	(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
(4)	Olassineation Manual Fremium		(4)	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]

Section X PREMIUM ALGORITHM

# Premium Calculation Algorithm

	1		1	
		Associated	l	
Line	Item Name	Statistical	Line	Source & Derivation
#		Code	#	
(28)	Aircraft Seat Surcharge Exposure	9108	(28)	Actual number of seats for insured risk.
	(# of seats)			Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium	9108	(30)	(28) x (29)
	Charge			
(31)	Workfare Program Employees	0982	(31)	Number of person weeks. A partial workweek
, ,	Exposure (PA)		, ,	for any worker to be counted as 1 person
				week.
(32)	Workfare Program Employees	0982	(32)	Carrier Value
, ,	Rating Value (PA)		, ,	
(33)	Workfare Program Employees	0982	(33)	(31) x (32)
(,	Premium (PA)		(,	
(34)	Non-Ratable Classification		(34)	Sum of all (27)+(30)+(33) premiums
(- /	Premium Total		(- /	
(35)	Non-Ratable Classification	XXXX	(35)	Carrier value
(00)	Increased Limits Factor	7000	(00)	
(36)	Non-Ratable Classification	XXXX	(36)	(34)x [ (35) expressed as a decimal]
(,	Increased Limits Premium		()	(6.7)[(6.6) 6.4
	Charge			
(37)	Minimum Premium Non-Ratable	9848	(37)	Carrier value
(0.)	Classification Increased Limits	00.0	(0.)	
(38)	Minimum Premium Non-Ratable	9848	(38)	[(37)-(36)] if $(36) < (37)$ and $(35) > 0$ ,
(,	Classification Increased Limits	00.0	(00)	otherwise zero
	Premium Charge			
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment	9887/9889	(40)	Carrier value - use 9887 for schedule credits
(10)	Factor		( ' ' '	and 9889 for schedule debits
(41)	Schedule Rating Plan Premium	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For
( ,	Adjustment	000170000	( ,	schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit	9890	(42)	Credit applies if insured is certified.
(/	Factor (PA)	0000	(/	Great applies if meares to continue.
(43)	Certified Safety Committee	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(40)	Premium Credit (PA)	5050	(40)	
(44)	Workplace Safety Program Credit	9880	(44)	Credit applies if insured qualifies
(-1-7)	Factor (DE)	5500	(-1-7)	Ground applied if indured qualified
(45)	Workplace Safety Program	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(10)	Premium Credit (DE)	0000	(10)	יון אין אין אין אין אין אין אין אין אין אי
(46)	Construction Classification	9046	(46)	Based on wage level(s), application to rating
(40)	Premium Adjustment Program	50-10	(40)	organization
	Credit Factor			0.94.1124.1011
(47)	Construction Classification	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
( '' )	Premium Adjustment Program	0070	(")	וניסיו. (יויןאני יסי סאטיסטטט עט ע עסטווועון
	Premium Credit		1	
(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
(-13)	2.49 1 100 Workplace Great (DE)	5570	(-13)	decimal
ļ				acomaij

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Section X PREMIUM ALGORITHM

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## **Premium Calculation Algorithm**

		Associated		
Line	Item Name	Statistical	Line	Source & Derivation
#		Code	#	
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) 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)]x[(-52) 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)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) 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)]x[(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)	Foreign Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC) Catastrophe (other than Certified Acts of Terrorism)	9741	(71)	(Total payroll/100) x carrier rating value

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Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70)+(71)
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computing employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)]x(73) 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