DELAWARE STATISTICAL PLAN MANUAL

WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

Effective July 1, 2004

ISSUED BY

DELAWARE COMPENSATION RATING BUREAU, INC.

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INTRODUCTION

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

INTRODUCTION

- 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 1995. During 1996. During 1998, eighth reports will be required for all policies for which seventh reports would have been due during Calendar Year 1998. During 1998, eighth reports will be required for all policies for which seventh reports would have been due during Calendar Year 1997. During 1999, ninth reports will be required for all policies for which eighth reports would have been due during Calendar Year 1998. During 2000, tenth reports will be required for all policies for which ninth reports would have been due during Calendar Year 1998.

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

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

SECTION I

GENERAL RULES/DEFINITIONS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the Delaware Compensation Rating Bureau Inc., The Widener Building, 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577.

B. Recording of Statistics

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

C. Fine System for Late Unit Reports

Companies will receive a notice of overdue unit reports, to be mailed to the company by the Bureau at the end of the month when units are finally due. Failure to respond to this notice will result in the following fines:

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

SCHEDULE OF STATISTICAL PLAN FINES

D. Multiple Year Policies

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

Examples:

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

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

E. Uncollectible Premiums and Corresponding Losses

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

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

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

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

G. Reinsurance

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

H. Excess Insurance

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

I. Experience Under the National Defense Projects Rating Plan

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

J. Admiralty and Federal Employers Liability

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

K. Loss Rules

1. Occupational Disease Incurred Losses

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

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

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

2. Interest on Awards

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

3. Medical on Compensable Cases

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

4. Subrogation Claims

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

			% 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

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

For additional examples, see Section VI.

5. Commuted Cases

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

6. Aircraft Operation Losses

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

7. Employers Liability Claims

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

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

- 1. Attorney's fees for claim in suit
- 2. Court and other specific items of expense such as:

Medical examination to determine the extent of company's liability Expert medical or other testimony Laboratory and x-ray Autopsy Stenographic Witnesses and summonses Copies of documents

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

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

8. Correction and Subsequent Reports

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

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

- b. Correction Reports
 - (1) A correction report must be filed when any of the following occur between valuation dates:
 - (a) Loss values are found to have been included or excluded through mistake other than error of judgment.
 - (b) The claim, or any part thereof, is declared non-compensable (as defined in an experience rating plan).
 - (c) The carrier or claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from a Second Injury or similar type fund.

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field.

- (2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.
- (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.
- c. Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Reports.
 - (1) A revised loss card, Form NC2913, shall be filed on each risk 12, 24, 36, 48, 60, 72, 84, 96 or 108 months, respectively, after the first reporting date when:
 - (a) there was an open claim on the previous report
 - (b) there are reopened claims, claims previously unreported or any other change in the valuation of losses.

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

9. Medical or Legal Expense

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

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

- 1. Medical examination of a claimant on behalf of the carrier to determine liability
- 2. Cost of securing birth and death certificates
- 3. Cost of performing autopsies
- 4. Impartial examinations by industrial board
- 5. Expert testimony of physicians on behalf of the carriers or fees paid to the claimant's physician called in by the carrier

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

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

10. Incurred Losses

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

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

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

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

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

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

When such an anticipated recovery becomes known by the carrier or when a recovery is paid to the carrier subsequent to the first reporting of the claim on the 18th month valuation date of the policy, a correction report must be filed with the Bureau reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item L.8. of this Section for additional instructions on correction reports.) If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed.

L. Special Reportings

1. Three-Year Fixed Rate Policies

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

- a. Second through tenth reports on three-year fixed rate policies or per capita policies reported in accordance with this Section are not required.
- b. Individual Case Reports are not required.
- c. Optional methods of reporting this experience are provided as set forth in Options A, B and C.

- d. The rules of the Delaware Workers Compensation Statistical Plan apply to the reporting of the experience, except
 - where the Statistical Plan rules are obviously inappropriate because of the form of reporting for these risks to be described below. (For example, a reporting of Policy Number, Insured, etc., required by Section II may not be applicable.)
 - (2) as supplemented by the following rules in this Section.

2. Option A. Schedule Z Basis

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

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

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

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

- (5) Loss and expense constant premium shall be assigned to the applicable Statistical Code 0900.
- (6) A canceled policy shall be counted as one risk, and penalty premium shall be assigned to Code 0931.
- d. Correction Reports. An error discovered by the carrier or the Bureau within 12 months after submitting the original report shall be revised by submitting a correction report. Where the original report was submitted on Form NC-302, the correction shall consist of two NC-302 forms carrying the necessary identifying information including the Manual classification. One form shall show only the amounts previously reported incorrectly as negative amounts, and the second form shall show the corresponding revised amounts as positive values. In cases where experience has been assigned to an incorrect Manual classification, the correction shall show the original code number with all amounts designated as negative items and the corresponding revised code number with the same amounts designated as positive values.

3. Option B. Unit Report Basis

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

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

4. Option C. Magnetic Tape Reporting

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

M. General Rules and Definitions

1. Standard Type of Coverage

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

2. Voluntary Plan

A policy written voluntarily by a carrier.

3. Delaware Workers Compensation Insurance Plan

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

4. Vocational Rehabilitation

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and 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
 - (2) Expensional to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

14. Expenses -- Included in Losses

- a. *Medical or Legal Expenses Incurred for the Benefit of the Claimant.* Medical or legal court expenses incurred for the benefit of the claimant or that the carrier is required to produce for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.
- b. *Employers Liability Loss Adjustment Expenses.* Employers liability losses include allocated loss adjustment expenses as defined above. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses on the unit report.
- c. *Impartial Examinations by Industrial Board.* Expenses for impartial examinations ordered by an industrial board are to be considered as incurred losses and reported on the unit report.
- d. Awards. When an award to a claimant includes the cost of witness fees, attorney fees and other court costs, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the indemnity reported. With respect to claims brought by persons against whom an employee has brought a third-party common law action, such special costs shall be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.
- e. Vocational Rehabilitation Evaluation/Testing Expense. Evaluation expenses (which are defined as costs incurred in testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement) shall be reported as incurred indemnity loss if such evaluation services are purchased from outside vendors.

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

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

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

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

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

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

SECTION II

REPORTING REQUIREMENTS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

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

Unit report data may be submitted on magnetic tape in lieu of the above hard copy reports. For further information regarding magnetic tape reporting, please contact the Bureau.

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

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy Condition Field "Estimated Exposures" shall be marked with the symbol "Y".

3. Fraction of Dollars

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

4. Method of Transmittal

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

5. Dates

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

6. Policy Information

- a. *Report Number*. In the space provided in the upper left-hand corner of Form NC2957 or NC2913 report the 2-digit numeric code that corresponds to the loss valuation date.
 - First Reports are valued as of the 18th month after the month in which the policy became effective, and the report shall be filed not later than 20 months after the effective date of the policy.
 - Subsequent Reports
 - Second reports are valued exactly 30 months from the policy effective date. Third reports are valued exactly 42 months from the policy effective date. Fourth reports are valued exactly 54 months from the policy effective date. Fifth reports are valued exactly 66 months from the policy effective date. Sixth reports are valued exactly 78 months from the policy effective date. Seventh reports are valued exactly 90 months from the policy effective date. Eighth reports are valued exactly 102 months from the policy effective date. Ninth reports are valued exactly 114 months from the policy effective date. Tenth reports are valued exactly 126 months from the policy effective date.
- b. *Correction Report Number*. Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.

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

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

- c. *Correction Type.* Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.
 - H Header Record Correction
 - E Exposure Record Correction (First Reports Only)
 - L Loss Record Corrections
 - T Total Record Correction
 - M Correction to Multiple Record Types
- d. *Carrier Code*. The carrier code shall be inserted in the space provided. Refer to the National Council on Compensation Insurance, Inc. for the appropriate 5-digit code number.
- e. *Policy Number.* The complete policy number must be shown on the unit report AND MUST AGREE WITH THE POLICY NUMBER SHOWN ON THE POLICY INFORMATION PAGE. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. Policy Effective Date. The effective date should correspond exactly with that shown on the policy information page or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Delaware, the effective date shown on the risk report for Delaware shall be the effective date of the interstate policy. The effective date of the coverage for Delaware shall be indicated in the space captioned State Effective Date.
- g. *Policy Expiration Date.* The expiration date shall be the expiration date shown on the policy information page unless the policy is canceled. In that event, the cancellation date shall be recorded as the expiration date.

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

Delaware -- 07

- i. State Effective Date. The date coverage begins in Delaware on a multistate policy where Delaware is added mid-term. Otherwise leave blank.
- j. *Risk ID Number.* The Risk ID Number is not required by the Bureau.
- k. Page Number. The Page Number is not required by the Bureau.
- I. *Insured Name*. Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy information page or as endorsed.
- m. Insured Address. The Insured Address is not required by the Bureau.
- n. *Federal Employer ID Number.* Report the Federal Employer Identification Number as shown on the policy information page.
- o. Modification Effective Date. Report the Modification Effective Date only when different from the policy effective date. If the modification changes in accordance with Experience Rating Plan rules, report the effective date of the modification, which applies, to the reported exposure(s). If the anniversary rating date is different from the policy effective date, then the modification effective date equals the anniversary rating date.
- p. Rate Effective Date. Report the Rate Effective Date only when the Modification Effective Date is different from the policy effective date. If the rating value changes in accordance with manual rules, or due to the application of an anniversary rating date, report the effective date, which applies to the reported class code(s) and Exposure(s). The rate effective date should reflect the effective date of the rating value being applied.

7. Policy Conditions

Report the 1-position code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicator, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

8. Policy Type ID Code

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

Type of Coverage **Code Description**

- 01 Standard Workers Compensation Policy
- 09 Non-Standard Policy

Plan Type Code Description

- 01 Voluntary Policy
- 02 Normal Assigned Risk Policy

Non-Standard Type **Code Description**

- 01 Non-Standard Code Does Not Apply
- **Exclusion of Executive Officers** 80
- 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
- Per Claim 01
- 02 Per Accident
- 03 Per Policy
- 04 Percent of Claim Cost
- Percent of Premium 05
- 06 **Coinsurance Only**
- 07 Benefits Coinsurance
- 08 Per Accident Coinsurance
- 09 Per Policy & Accident
- 10
- Per Claim and Policy Aggregate Coinsurance Percent With Claim and Policy Aggregate Limits 11
- 12 Variable

10. Deductible Percent

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

11. Deductible Amount Per Claim/Accident

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

12. Deductible Amount Aggregate

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

B. Exposure Information

1. Update Type

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

Code Description

- P Previously Reported
- R Revised

2. Exposure Coverage

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

Code Description

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

3. Class Code

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

4. Exposure Amount

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

- a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Exposures should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.
- b. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
- c. The total payroll for all classifications is to be shown in the appropriate space provided on the line captioned Total Standard Exposures. In cases where more than one unit card is required for filing the experience under a given policy, it is important that the risk totals be shown on the last unit card.
- d. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.

- e. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the Bureau Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the Bureau Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **0066**, **0133**, **9985**, **0176**, **or 0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported on one of the lines captioned "D," "E" or "F."
- f. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the Bureau Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
4773	Manufacturing of high explosives	0773
4774	Manufacturing of high explosives	0774
4775	Handling of explosives or mixing of fulminate	0775
4776	Handling of explosives or mixing of fulminate	0776
4779	Mixing and/or loading of charges	0779
7323	Stevedoring - handling of ammunition	0763
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

5. Exposure-Other Than Payroll

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

- a. Per Capita Classifications. Experience on per capita classifications shall be reported on the regular experience card, showing in the Exposure Amount column the number of persons exposed. An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 1.0. Similarly, if coverage is terminated before the expiration of a year, the exposure reported per person shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage was in effect. For example, an employee covered for four months should be reported as an exposure of 0.3. Exposure shall be governed by the duration of the coverage and not by the number of days worked.
- b. Aircraft Operation-Passenger Seat Surcharge. Passenger seat surcharge premiums shall be reported separately on the basis of each aircraft owned or operated by the risk during the policy period and shall be assigned to Code 9108. The number of seats shall be reported as 1.0 per seat. The exposure and premium shall be entered on lines "D," "E" or "F."

Note: Premium for the Terrorism Risk Insurance Act of 2002 – Certified Losses does not apply to these classifications.

6. Carrier Rating Values

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

7. Premium

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

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

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

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

- (1) Miscellaneous premium shall be reported on one of the lines designated "D," "E" or "F" if it is required by the Manual rules to be determined after application of the experience modification.
- (2) All items of miscellaneous premium which do not fall under Item 1 above shall be reported on any of the blank lines above the line designated A-Total Subject Premium. For further details on the reporting of Miscellaneous Premium, refer to Item B.9. of this Section.
- c. Premium Totals on Risks not Subject to Experience Modification. For a risk, which is not subject to experience modification, DISREGARD line A-Total Subject Premium, line B-Experience Modification and line C-Total Modified Premium. The sum of the premiums by classification shown above line A-Total Subject Premium and/or on lines "D," "E" and "F" shall be shown on the line captioned Total Standard Exposure.

8. Exposure Total Record

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

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

- (3) Line C-Total Modified Premium. The product of the premium as shown on the line A-Total Subject Premium and the experience modification as shown on line B-Experience Modification shall be entered on line C-Total Modified Premium.
- (4) Line G-Total Standard Exposure. Report the sum of all dollar value exposures to be included in standard exposure.

(5) Line G-Total Standard Premium. Report the sum of all premium dollars, both subject and not subject to modification, which are to be included in standard premium.

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

9. Miscellaneous Statistical Codes

- a. Premium Subject to Experience Modification to be reported on any of the blank lines above the line designated A-Total Subject Premium on the Hard Copy Unit Statistical Report.
 - (1) Premium for Increased Limits under Part II Codes 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816 to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits and percentages.

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

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

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

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

- (2) Additional Premium Resulting From Flat Increase on Outstanding Policies Code 0998. For policies where the effect of a law amendment has been applied during the term of the policy as a flat increase on total premium for the unexpired portion, the additional aggregate premium resulting from the flat increase shall be reported on a carrier's Manual rate basis and shall be assigned to Code 0998 and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
- (3) Premium Credit Resulting From Flat Decrease on Outstanding Policies Code 0994. For policies where the effect of a law amendment has been applied during the term of the policy as a flat decrease on total premium for the unexpired portion, the premium credit resulting from the flat decrease shall be reported on a carrier's Manual rate basis and shall be assigned to Code 0994 and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
- (4) Waiver of Subrogation Premium Code 0930. For Policies where the carrier waives subrogation rights, the premium charge associated with such waiver of subrogation shall be assigned to Code 0930 and entered in the "Premium" column. The "Exposure" and "Rate" columns shall be left blank.

- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.
 - (1) Aircraft Operation Passenger Seat Surcharge Code 9108 Refer to Item B.5.b. of this Section.
 - (2) Short Rate Penalty Premium Code 0931

Where policies are canceled prior to normal expiration, the cancellation date shall be entered in the block captioned Policy Expiration Date and the symbol "Y" entered in the Policy Condition Field Canceled Mid-Term. When a policy is canceled short rate, the payroll and Manual premium by classification shall be reported on the basis of the actual exposure. Any deviation applied to Manual premium and the experience modification, if any, shall then be applied to the Manual premium to determine the total modified premium. The additional premium resulting from application of the short rate cancellation table to such modified premium extended to full annual basis shall be assigned to **Code 0931** and reported in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank. (For an example, see Section VI.)

(3) Delaware Construction Classification Premium Adjustment Program (DCCPAP) Credit - Code 9046

For carriers using an approved DCCPAP credit, the premium adjustment resulting from the application of the credit factor to the Manual Premium (after the application of the experience modification) shall be reported under **Code 9046**.

- (4) Delaware Workplace Safety Program (DWSP) Code 9880 For carriers using an approved DWSP credit, report the premium adjustment resulting from the application of the credit factor to the Manual premium (after application of experience modification) shall be reported under Code 9880.
- (5) Schedule Rating Plan Adjustments Schedule Rating Plan Adjustments must be applied as a percentage factor applicable to manual premium after application of experience/merit rating but prior to any other credit (i.e., Delaware Safety Committee credit, Delaware Construction Classification Premium Adjustment Program) Code 9887 Schedule Rating Credit - to be subtracted when calculating standard premium Code 9889 Schedule Rating Debit - to be added when calculating standard premium NOTE: USE ONLY POSITIVE VALUES
- (6) Deductibles- Code 9663. When a deductible has been elected, the premium on the policy shall be reduced by the deductible credit factor in accordance with the deductible table Section 1 of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance. Such credit amount shall be reported under Code 9663.
- (7) Merit Rating Plan Adjustments Applicable on lines "D," "E" or "F" (on the paper copy of the unit statistical report) in lieu of experience modification.

Code 9884 - Neutral Adjustment - no credit or debit

Code 9885 - 5% Credit Adjustment - to be subtracted when calculating standard premium

Code 9886 - 5% Debit Adjustment - to be added when calculating standard premium

Merit Rating Adjustments are applicable to manual premium before application of any schedule rating, Delaware Safety Committee Credit or Delaware Construction Classification Premium Adjustment Program.

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

- (2) Expense Constant Code 0900. On each policy where an expense constant has been charged, the amount so charged shall be assigned to Code 0900 for all industry groups. Do not include the expense constant in the Total Standard Premium.
- (3) Flat Charge Waiver of Subrogation Code 9115. For policies where a flat charge has 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 Risk Insurance Act of 2002 Certified Losses Code 9740
- Premium debit earned under the Terrorism Risk Insurance Act of 2002 Certified Losses is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable, but prior to employer assessment. The premium charge for Code 9740 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9740. Premium developed under the Terrorism Risk Insurance Act of 2002- Certified Losses is not included in Total Standard Premium. Non-payroll exposures are not subject to premium under the Terrorism Risk Insurance Act of 2002 Certified Losses.
- d. **Assigned Risk Surcharge Code 0277.** Premium Not Subject to Experience Rating, to be reported on line "K" on the hard copy Unit Statistical Report.

10. Correction Reports-Method of Reporting

- a. Conditions Requiring a Correction Report
 - (1) A correction report shall be filed whenever there is an error of any kind on a report previously filed, whether such error is discovered by the carrier or by the Bureau.
 - (2) If the error involves a change on a case, which in the previous reporting required an Individual Case Report, a revised or corrected Individual Case Report shall be submitted with the revised risk exposure.
 - (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.
- b. Method of Reporting
 - (1) Correction for any month of issue shall be filed on NC2957 or NC2913 during the period when original reportings for the same year are being filed. All corrections must be clearly marked as corrections by inserting the 2-digit correction code that corresponds to the number of corrections submitted within a particular report level. Also the 1-position alphabetic correction type that indicates the type of correction being submitted should be entered in the Correction Type field.
 - (2) Where the classification code or type of injury requires correction, the corrected report shall show all of the data previously reported for the classification in question, as well as all of the data (including those items which do not change) on a corrected basis. (For examples, refer to Section VI.)
- c. If revision of payrolls and premiums are required, Form NC2957 shall be used.
- d. Correction reports should be forwarded to the Bureau as soon as possible after the changes are known.
- e. All correction reports should, in the Correction Type field indicate the type of correction being submitted. For example, due to an audit where the previous report was an estimate, the correction type would be "E" exposure. (For a list of Correction Type see Section II Item A.6.c.)

- f. Where the exposure previously reported has been changed by reason of an audit, or by a re-audit or any other adjustment affecting classifications, exposure or premiums, a revised report, **Form NC2957** shall be filed showing the amounts reported previously, as well as revised amounts for those classifications where there have been changes.
- g. The lines captioned A-Total Subject Premium, B-Experience Modification and C-Total Modified Premium, (if these lines have been used on the prior report), together with the Total Standard Exposure and Total Standard Premium, shall be shown as revised only.
- h. If the exposure does not change but the risk total standard premium previously reported is revised due solely to a change in the experience modification, it shall be necessary to submit a revised report showing only each item affected by the modification change on a previously reported and revised basis.
- i. Previous premium discounts and revised discounts also shall be reported in the space provided.

C. Loss Information

1. Update Type

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

Code Description

- P Previously Reported
- R Revised

2. Claim Number

- a. Report the alphanumeric code that uniquely identifies the claim excluding blanks, punctuation marks and special characters. The complete claim number, including suffixes and prefixes, if used, must remain the same throughout the life of the claim.
- b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.
- c. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification.

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

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

3. Accident Date/Number of Claims

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

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

4. Incurred Indemnity

Report the whole dollar amount of incurred indemnity expenses as of the loss valuation. These losses consist of all paid and outstanding reserve benefits due to an employee's lost wages or inability to work, including compensation paid to the deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses. Note: Allocated Loss Adjustment Expenses for other than Employers Liability coverage must be excluded from indemnity losses.

5. Incurred Medical

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

6. Class Code

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

7. Injury Type

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

- a. Death Cases Code 01
 - (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered, as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state.

If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the loss is to be reported on the basis of the injury for which payments have been previously made. In valuing a surviving spouse's benefits in death cases the Surviving Spouse's Pension Table, Table I, shall be used. (For example, see Section VI.) In valuing the portion of reserves in death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table II shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table III shall be used. (Refer to Section V for the Tables.)

- (2) U.S.L. & H.W. Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under U.S.L. & H.W. Coverage, Table U.S.L.-I shall be used. In valuing, the portion of reserves in death cases under U.S.L. & H.W. Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table U.S.L.-II shall be used. In valuing the portion of reserves certain death cases under U.S.L. & H.W. Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL-III shall be used.
- b. Permanent Total Disability Code 02
 - (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial. In establishing reserves on permanent total cases Table III, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V. (For examples, see Section VI.)
 - (2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV shall be used. (For an example, see Section VI.)
- c. Temporary Total or Temporary Partial Disability Code 05 Enter as Temporary every case, which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.
- d. *Medical Only Claims Code 06* When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.

e. Contract Medical Code - 07

Contract medical costs, which cannot be allocated to individual claims, shall be reported in the aggregate in the column captioned Medical Incurred. Such medical shall be assigned to the governing classification of the risk. Contract medical costs allocated to individual claims shall be reported in connection with these claims and shall not be included in the amount reported as contract medical. The amount reported, as contract medical shall be the actual incurred cost to the company for such medical contracts, including payments to physicians and hospitals under contract.

- f. Permanent Partial Disability Code 09
 - (1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b) or 306(c) respectively of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.
 - (2) Cases involving total disability, other than permanent total disability, if either of the following holds true:
 - (a) The duration of the disability benefits exceeds, or is expected to exceed, one year.
 - (b) In the judgment of the carrier, the extent of liability for future payments is indeterminate. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. (For examples, see Section VI.)

8. Claim Status

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

Code Description

- 0 Open (final payment not made)
- 1 Closed

9. Loss Conditions

Report the 2-digit code for each loss condition.

Act Code

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

Type of Loss

Code Description

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

Type of Recovery

Code Description

- 01 No Recovery
- 02 Second Injury Only
- 03 Subrogation Only (Third Party)
- 04 Injury

REPORTING REQUIREMENTS

Type of Coverage Code Description

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

Type of Settlement

Code Description

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

10. Jurisdiction State

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

11. Catastrophe Number (Cat. No.)

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

EXCEPTION: Report Catastrophe Code No. 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.

Note: Catastrophe Code No. 48 will apply to both single and multiple claims.

12. Managed Care Organization Type

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

Code Description

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

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13. Social Security Number (Optional)

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

14. Injury Description Code

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

15. Occupation Description

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

16. Vocational Rehabilitation Indicator

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

Indicator Description

- Y Claim includes Vocational Rehabilitation Costs
- N Claim does not include Vocational Rehabilitation Costs

17. Fraudulent Claim Code

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

Code Description

- 00 Not Fraudulent
- 01 Partially Fraudulent
- 02 Fully Fraudulent

18. Paid Indemnity

Report the whole dollar amount of paid indemnity expenses for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wage or inability to work, including compensation paid to a deceased prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.

19. Paid Medical

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

20. Claimant's Attorney Fees Incurred (Optional)

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

21. Employer's Attorney Fees

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

22. Allocated Loss Adjustment Paid (ALAE)

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

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

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

D. Loss Totals

1. Total Number of Claims

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.

2. Total Incurred Indemnity

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

3. Total Incurred Medical

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

4. Total Paid Indemnity

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

5. Total Paid Medical

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

6. Total Claimant's Attorney Fees (Optional)

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

7. Total Employer's Attorney Fees

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

8. Total ALAE Paid

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

9. Total ALAE Incurred (Optional)

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

SECTION III

INDIVIDUAL CASE REPORTS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

- 1. Claims on Which Required. Individual Case Reports shall be filed for the following:
 - a. All death claims
 - b. All permanent total claims

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

- 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.
- Loss Conditions. This field is not required since the information is on the Unit Statistical Report. However, if reported, this entry should be identical with the entry in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.
- p. *Jurisdiction State.* This field is not required if it is identical to the Exposure State. However, if different, report the 2-digit state code of the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process.
- q. Managed Care Organization (MCO). This field is not required since the information is on the Unit Statistical Report. However, if reported, the code corresponds to the type of organization, which will administer the applicable medical losses of the particular claim. Refer to Section IV, Item C.4.
- r. *Insured Name.* Enter the full name of the insured as shown on the policy information page and the corresponding unit report.
- s. Accident Date. Enter the date of the accident in this space coded as MM/DD/YY.
- t. Date of Death. (Death Claims Only) Enter the date of death coded as MM/DD/YY.
- u. Date Reported. Enter the date at which the application for benefits was filed coded as MM/DD/YY.
- v. Date of Birth. Enter the injured worker's date of birth coded as MM/DD/YY.
- w. Surgery Code. Report the 1-digit code indicating whether the claimant's injury required surgery. Refer to Section IV, Item D.6
- x. *Attorney Code.* Report a 1-digit code indicating any attorney involvement on this claim. Refer to Section IV, Item D.7.
- y. Worker's Last Name. Enter the last name of the injured worker.
- z. Average Weekly Wage. Enter the average weekly wage as computed in accordance with the statutory provisions regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation. Report amount rounded to the nearest whole dollar.
- aa. Injury Description Code. This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the 6-digit code from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

- bb. Occupation. Give the regular occupation of the worker as precisely as possible and not the specific activity that the employee was engaged in at the time of the accident.
- cc. Date Closed. Enter the date the claim was closed, if applicable, coded MM/YY.
- dd. *Reserve Type Code.* Report the type of reserve on which this claim is based. Refer to Section IV, Item D.8.
- ee. Lump Sum Indicator. Report whether or not the claim was settled with a payment of a specified amount to the claimant. Report "Y" for a lump sum payment and "N" for other than a lump sum payment.
- ff. *Fraud.* Report the code that indicates whether the claim was declared fraudulent. Refer to Section IV, Item D.10.
- gg. Social Security Number. This field is not required by Delaware. However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.
- hh. Date Single Sum Paid. Enter the date single sum settlement was paid coded MM/DD/YY.
- ii. *Employment Status.* Report the employment status of the claimant at the date the claim was first reported to the carrier. Refer to Section IV, Item D.11.
- jj. Year Last Exposed. Report the year in which the claimant was last exposed to disease to determine benefit.
- kk. Date of Hire. (Not applicable in Delaware)

3. Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.

- a. Temporary Indemnity.
 - (1) Number of Weeks. Report the number of weeks upon which the temporary indemnity benefits is based.
 - (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all benefits to the injured worker related to temporary loss of earnings due to loss time from work as a result of an injury or disease.
- b. Scheduled Indemnity.
 - (1) Percent Disability. Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. In Delaware, the percentage MUST be 100.
 - (2) Body Member Code. Report the 2-digit numeric code corresponding to the part of body on which the benefit is based. Body member codes are to be used only with scheduled indemnity cases. Refer to Section IV for the code list and schedule.
 - (3) Number of Weeks. Report the number of weeks upon which the scheduled indemnity benefit is based.
 - (4) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding)as of the valuation date of all scheduled benefits. Report dollars only.

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

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

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

5. Totals

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

- c. *Total Indemnity and Total Medical Paid to Valuation Date.* Enter the totals of indemnity and medical that been paid as of the valuation date.
- d. Social Security or Other Offset Amount. Enter the whole dollar amount of any social security or other offset paid as of the valuation date.
- e. Calculations. Use this space to show any pertinent calculations or remarks.
- f. *Physician Paid.* This field is not required in Delaware. Enter the whole dollar amount of benefits paid as of the valuation date to treating physicians, including the cost of all clinic and office visits.
- g. *Hospital Benefits Paid.* This field is not required in Delaware. Enter the whole dollar amount for all benefits paid as of the valuation date to a hospital.
- h. Applicants Medical Evaluation Paid. This field is not required in Delaware. Enter the amount paid as of the valuation date for medical evaluations procured by the applicant or the applicant's attorney, excluding evaluations performed by the treating physician or by a qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- i. Defense Medical Evaluation Paid. This field is not required in Delaware. Enter the amount as of the valuation date for medical evaluations procured by the insurance carrier, excluding evaluations performed by the treating physician or by qualified medical evaluator (QME) selected from a panel for a non-represented worker.
- j. Independent Medical Evaluation Paid. This field is not required in Delaware. Enter the amount paid as of the valuation date for medical evaluations procured by agreement of the parties or by appointment by the governmental agency, including the cost of an evaluation performed by the treating physician acting in the capacity of an agreed medical evaluator.
- k. Legal Expense Defense. Report any legal expenses paid on behalf of the defense. This element shall not be included in the incurred losses. See Section I, Item L.9. of this Plan.
- 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).
- t. Vocational Rehabilitation Indemnity Incurred. This field is not required in Delaware. Enter the temporary disability indemnity incurred as a maintenance benefit subsequent to the date the claimant's medical condition is permanent and stationary. This does not include the amount of the advance from permanent disability that may be elected to supplement the maintenance allowance benefit up to the regular temporary disability weekly benefit.
- u. Vocational Rehabilitation Training Incurred. This field is not required in Delaware. Enter direct training costs, including, but not limited to, tuition, books, tools, transportation and additional living expense.
- v. Vocational Rehabilitation Evaluation Incurred. This field is not required in Delaware. Enter the expense of evaluation, testing and counseling (provided by either the carrier's own personnel or outside vendors), including those expenses associated with a claimant for which no training or educational program was conducted.

SECTION IV



DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION IV - CODES

A. Codes Common to Premium and Losses

1. Report Number and Valuation Date

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

2. Correction Type

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

Code Description

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

3. Exposure State

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

4. Policy Type ID Code

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

Type of Coverage

Code Description

- 01 Standard Workers Compensation Policy
- 09 Non-Standard Policy

Plan Type

Code Description

- 01 Voluntary Policy
- 02 Normal Assigned Risk Policy

Non-Standard Type

Code Description

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

5. Deductible Type

Identifies the type of deductible being reported.

First Two Positions

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

Second Two Positions

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

6. Policy Conditions

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

- a. Three Year Fixed Rate Indicator
 - "Y" = Policy is a three-year fixed rate policy.
 - "N" = Policy is not a three-year fixed rate policy.
- b. Multistate Policy Indicator
 - "Y" = Policy is a multistate policy.
 - "N" = Policy is not a multistate policy.
- c. Interstate Rated Indicator
 - "Y" = Policy is interstate rated.
 - "N" = Policy is not interstate rated.
- d. Estimated Exposure Indicator
 - "Y" = Exposures expressed on unit report are estimated.
 - "N" = Exposures expressed on unit report are result of the audit.
- e. Retrospective Rated Indicator
 - "Y" = Policy is retrospective rated.
 - "N" = Policy is not retrospective rated.

- f. Canceled Mid-Term Indicator
 - "Y" = Policy has been canceled mid-term.
 - "N" = Policy has not been canceled mid-term.
- g. Managed Care Organization Indicator
 - "Y" = Policy has provisions for the administration of losses under an approved managed care organization.
 - "N" = Policy does not have provisions for the administration of losses by an approved managed care organization.

B. Exposure Information Code

1. Update Type.

Code	Description
COUE	Description

- P Previously Reported
- R Revised

2. Exposure Coverage.

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

Code Description

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

3. Premium Codes

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

Table for Increased Limits Effective 01/01/88

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

	 Amount Required to Balance to Increased Limits Minimum Premium Additional Premium From Flat Increase on Outstanding Policies Premium Credit Resulting From Flat Decrease on Outstanding Policies Deductible Applied to Manual Premium Before Experience Modification Waiver of Subrogation 	Code 9848 Code 0998 Code 0994 Code 9664 Code 0930
b.	Premium Not Subject to Experience Modification (Reported on lines "D", "E" or "F")	
	 Loss Constant Seat Surcharge Short Rate Penalty Premium Risk Minimum Premium Optional Supplemental Loadings 	Code 0032 Code 9108 Code 0931 Code 0990
	For Class 447 For Class 445 For Class 513 For Carcinogen Experience For Radiation Experience	Code 0066 Code 0067 Code 0176 Code 0133 Code 9985
	 (6) Mandatory Supplemental Loadings For Class 615 For Class 615 For Class 810 For Class 4773 For Class 4774 For Class 4775 For Class 4776 	Code 0152 Code 0164 Code 0162 Code 0773 Code 0774 Code 0775 Code 0776
	For Class 4779 For Class 7323 For Class 7405 For Class 7413 (7) Delaware Construction Credit Premium Adjustment Program (DCCPAP)	Code 0779 Code 0763 Code 7445 Code 7453 Code 9046
	 (8) Certified Safety Committee Credit Program (DWSP) (9) Assigned Risk Surcharge (10) Deductible Applied to Manual Premium After Experience Modification Deductible 	Code 9880 Code 0277 Code 9663
	 (11) Merit Rating Plan Adjustment Neutral (12) Merit Rating Plan Adjustment - 5% Credit Adjustment (13) Merit Rating Plan Adjustment - 5% Debit Adjustment (14) Schedule Rating Plan Credit (15) Schedule Rating Plan Debit 	Code 9884 Code 9885 Code 9886 Code 9887 Code 9889

c. Premium Not Subject to Experience Modification and Not to be Included in Standard Premium (Reported on lines "H", "I" or "J")

(1)	Premium Discount	Code 0063/Code 0064
(2)	Expense Constant	Code 0900
(3)	Waiver of Subrogation – Flat Charge	Code 9115
(4)	Terrorism Risk Insurance Act of 2002 – Certified Losses	Code 9740

C. Loss Information Codes

1. Injury Type

Code Description

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

2. Claim Status

Code Description

- 0 Open
- 1 Closed

3. Loss Conditions

Report the 2-digit code for each loss condition.

Act

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

Type of Loss

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

Type of Recovery

Code Description

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

Type of Coverage

Code Description

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

Type of Settlement

Code Description

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

4. Managed Care Organization Type

Code Description

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

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

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

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

6. Vocational Rehabilitation Indicator

Indicator Description

Y	Claim includes Vocational Rehabilitation Costs	

Ν Claim does not include Vocational Rehabilitation Costs

7. Fraudulent Claim Codes



- Not Fraudulent
- **Partial Fraudulent**
- Fully Fraudulent

D. Individual Case Report Codes

1. Report Number

<mark>0</mark>1

<mark>0</mark>2

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

2. Transaction Type

Code Description

- Initial Report 1
- 2 Subsequent Report
- 3 Revised Report
- 4 **Correction Report**

3. Report Type

Code Description

- Claim involving Life Pension Benefits 1
- 2 Claim not involving Life Pension Benefits

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

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

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

5. Status

Code	Description
0	Open Claim

- 1 **Closed Claim**
- 6. Surgery Code

Code	Description
1	Surgery

2 No Surgery

7. Attorney Code

Code	Description
oouc	Description

- 2 Attorney involved
- 3 No Attorney involved

8. Reserved Type

Code Description

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

9. Lump Sum Indicator

Indicator	Description
Y	Lump Sum
N	Other than Lump Sum

10. Fraudulent Claim Code

Code	Description
00	Not Fraudulent
00 01 02	Partially Fraudulent
<mark>0</mark> 2	Fully Fraudulent

11. Employment Status

Code	Decorintion
Code	Description

1	Regular	

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

12. Beneficiary

Code

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

Injury Description Coding Part of Body

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

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

Part of Body

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

Code	Narrative Description
I. Specific Injury	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface. Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxtion, MD Dislocation
19. Electric Shock	Electrocution
22. 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

Code	Narrative Description
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, 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 <mark>or Tear</mark>	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain <mark>or Tear</mark>	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

Code	Narrative Description
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
II. Occupational Disease or Cumulative Injury	
60. Dust Disease, NOC	All Other Pneumoconiosis
61. Asbestosis	Lung Disease, A Form Of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles.
62. Black Lung	The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners
63. Byssinosis	Pneumoconiosis of Cotton, Flax and Hemp Workers.
64. Silicosis	Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust.
65. Respiratory Disorders	Gases, Fumes, Chemicals, Etc.
66. Poisoning - Chemical, (Other Than Metals)	Man Made or Organic
67. Poisoning - Metal	Man Made
68. Dermatitis	Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals Which May be in the Form of Solids, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures or Inflammation or Irritation Resulting from Friction or Impact.

Code	Narrative Description
69. Mental Disorder	A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e. Acute Anxiety, Neurosis, Stress, Non-Toxic Depression
70. Radiation	All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71. All Other Occupational Disease Injury, NOC	
72. Loss of Hearing	
73. Contagious Disease	
74. Cancer	
75. AIDS	
76. VDT - Related Diseases	Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77. Mental Stress	
78. Carpal Tunnel Syndrome	Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it Goes Through the Carpal Tunnel of the Wrist
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

Injury Description Coding Cause of Injury

	Code	Narrative Description
Ι.	Burn or Scald - Heat or Cold Exposures - Contact With	
01.	Chemicals	
02.	Hot Objects or Substances	
03.	Temperature Extremes	
04.	Fire or Flame	
05.	Steam or Hot Fluids	
06.	Dust, Gases, Fumes or Vapors	
07.	Welding Operation	
08.	Radiation	
09.	Contact With, NOC.	
11.	Cold Objects or Substances	
14.	Abnormal Air Pressure	
84.	Electrical Current	
П.	Caught In, Under or Between	
10.	Machine or Machinery	
12.	Object Handled	
13.	Caught In, Under or Between, NOC.	
20.	Collapsing Materials (Slides of Earth)	Either Man Made or Natural
Ш.	Cut, Puncture, Scrape Injured By	
15.	Broken Glass	
16.	Hand Tool, Utensil; Not Powered	
17.	Object Being Lifted or Handled	
18.	Powered Hand Tool, Appliance	
19.	Caught, Puncture, Scrape, NOC.	

Injury Description Coding Cause of Injury

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

Cause of Injury

Code	Narrative Description
56. Lifting	
57. Pushing or Pulling	
58. Reaching	
59. Using Tool or Machinery	
60. Strain or Injury By, NOC.	
61. 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.
VIII.Struck or Injured By74. Fellow Worker; Patient	Includes Kicked, Stabbed, Bit, Etc. Not in Act of a Crime
74. Fellow Worker; Patient	
74. Fellow Worker; Patient 75. Falling or Flying Object	
74. Fellow Worker; Patient75. Falling or Flying Object76. Hand Tool or Machine in Use	
 74. Fellow Worker; Patient 75. Falling or Flying Object 76. Hand Tool or Machine in Use 77. Motor Vehicle 	
 74. Fellow Worker; Patient 75. Falling or Flying Object 76. Hand Tool or Machine in Use 77. Motor Vehicle 78. Moving Parts of Machine 	
 74. Fellow Worker; Patient 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 	
 74. Fellow Worker; Patient 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 	Not in Act of a Crime
 74. Fellow Worker; Patient 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. 	Not in Act of a Crime
 74. Fellow Worker; Patient 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. 85. Animal or Insect 	Not in Act of a Crime
 74. Fellow Worker; Patient 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. 85. Animal or Insect 86. Explosion or Flare Back 	Not in Act of a Crime

Cause of Injury

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

SCHEDULED INDEMNITY - MAXIMUM WEEKS

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 Effective Date: July 1, 2004 Page 1

Section V Tables

TABLE I-A Surviving Spouse Pension Table*										
Age at Widowhood (X)	 [x]	a [x]+1	a [x]+2	 [x]+3	a [x]+4	a [x]+5	Attained Age** (X+5)			
16	11.510	11.837	13.022	13.691	14.240	14.742	21			
17	11.579	11.915	13.115	13.796	14.358	14.873	22			
18	11.654	12.000	13.216	13.911	14.486	15.015	23			
19	11.735	12.091	13.324	14.034	14.624	15.168	24			
20	11.823	12.189	13.442	14.167	14.772	15.334	25			
21	12.012	12.365	13.611	14.330	14.941	15.512	26			
22	12.224	12.551	13.781	14.489	15.108	15.691	27			
23	12.453	12.746	13.952	14.643	15.269	15.866	28			
24	12.688	12.955	14.140	14.825	15.446	16.036	29			
25	12.924	13.166	14.328	15.015	15.626	16.204	30			
26	13.157	13.371	14.507	15.199	15.804	16.374	31			
27	13.387	13.568	14.675	15.370	15.977	16.548	32			
28	13.616	13.758	14.835	15.532	16.149	16.729	33			
29	13.851	13.952	14.997	15.694	16.324	16.920	34			
30	14.101	14.162	15.177	15.872	16.512	17.120	35			
31	14.376	14.404	15.393	16.086	16.722	17.326	36			
32	14.685	14.692	15.660	16.353	16.961	17.534	37			
33	15.049	15.052	15.982	16.677	17.226	17.735	38			
34	15.450	15.461	16.347	17.041	17.505	17.920	39			
35	15.863	15.888	16.721	17.408	17.771	18.079	40			
36	16.255	16.286	17.059	17.725	17.993	18.204	41			
37	16.602	16.623	17.327	17.952	18.150	18.291	42			
38	16.879	16.867	17.495	18.060	18.215	18.338	43			
39	17.107	17.046	17.593	18.083	18.221	18.344	44			
40	17.291	17.174	17.640	18.047	18.186	18.309	45			
41	17.442	17.272	17.655	17.979	18.115	18.234	46			
42	17.556	17.356	17.655	17.904	18.021	18.121	47			
43	17.646	17.440	17.657	17.841	17.920	17.972	48			
44	17.721	17.516	17.652	17.781	17.809	17.791	49			
45	17.776	17.570	17.629	17.708	17.679	17.583	50			
46	17.790	17.580	17.570	17.602	17.518	17.350	51			
47	17.751	17.534	17.464	17.449	17.319	17.097	52			
48	17.643	17.414	17.295	17.233	17.066	16.827	53			
49	17.503	17.257	17.099	16.992	16.797	16.544	54			
50	17.333	17.067	16.880	16.733	16.517	16.252	55			
51	17.134	16.852	16.642	16.460	16.228	15.954	56			
52	16.907	16.615	16.388	16.177	15.932	15.650	57			
53	16.656	16.356	16.119	15.887	15.631	15.342	58			
54	16.389	16.082	15.836	15.590	15.325	15.029	59			
55	16.109	15.796	15.543	15.286	15.014	14.711	60			
56	15.821	15.502	15.242	14.976	14.696	14.388	61			
57	15.525	15.201	14.934	14.660	14.374	14.060	62			
58	15.223	14.893	14.620	14.338	14.047	13.729	63			
59	14.914	14.579	14.299	14.011	13.715	13.392	64			
60	14.599	14.258	13.974	13.679	13.377	13.051	65			

1999 United States Life Table for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 0.0%

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

Tables

	TABLE I-A (Continued) Surviving Spouse Pension Table*										
Age at Widowhood (X)	 [X]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age** (X+5)				
61	14.279	13.934	13.645	13.344	13.035	12.704	66				
62	13.956	13.607	13.312	13.004	12.688	12.351	67				
63	13.634	13.279	12.977	12.661	12.336	11.992	68				
64	13.310	12.948	12.637	12.312	11.978	11.628	69				
65	12.980	12.611	12.290	11.958	11.616	11.259	70				
66	12.638	12.264	11.937	11.598	11.248	10.884	71				
67	12.294	11.916	11.578	11.231	10.873	10.502	72				
68	11.939	11.559	11.213	10.859	10.492	10.116	73				
69	11.579	11.197	10.842	10.480	10.107	9.727	74				
70	11.214	10.829	10.466	10.097	9.720	9.338	75				
71	10.844	10.456	10.086	9.712	9.332	8.949	76				
72	10.467	10.077	9.703	9.326	8.944	8.559	77				
73	10.086	9.696	9.319	8.939	8.555	8.170	78				
74	9.702	9.312	8.933	8.551	8.167	7.783	79				
75	9.316	8.927	8.546	8.163	7.780	7.401	80				
76	8.930	8.540	8.159	7.778	7.399	7.026	81				
77	8.543	8.153	7.773	7.397	7.025	6.659	82				
78	8.156	7.769	7.393	7.022	6.658	6.303	83				
79	7.771	7.389	7.019	6.656	6.303	5.963	84				
80	7.391	7.016	6.654	6.301	5.962	5.639	85				
81	7.019	6.652	6.299	5.961	5.639	5.330	86				
82	6.654	6.299	5.960	5.638	5.330	5.036	87				
83	6.301	5.960	5.638	5.330	5.035	4.756	88				
84	5.961	5.638	5.330	5.035	4.755	4.489	89				
85	5.638	5.329	5.035	4.755	4.489	4.238	90				
86	5.329	5.035	4.755	4.489	4.238	4.000	91				
87	5.035	4.755	4.489	4.238	4.000	3.775	92				
88	4.755	4.489	4.237	4.000	3.775	3.564	93				
89	4.489	4.237	3.999	3.775	3.563	3.364	94				
90	4.237	3.999	3.775	3.563	3.364	3.176	95				
91	3.999	3.775	3.563	3.364	3.176	2.998	96				
92	3.775	3.563	3.364	3.176	2.998	2.828	97				
93	3.563	3.364	3.175	2.997	2.828	2.665	98				
94	3.364	3.175	2.997	2.828	2.665	2.506	99				
95	3.175	2.997	2.828	2.665	2.506	2.345	100				
96	2.997	2.828	2.665	2.506	2.345	2.215	101				
97	2.828	2.665	2.505	2.345	2.214	2.088	102				
98	2.665	2.505	2.345	2.214	2.088	1.962	103				
99	2.505	2.345	2.214	2.088	1.962	1.840	104				
100	2.345	2.214	2.088	1.962	1.840	1.719	105				
101 102 103 104 105 * 1999 United	2.213 2.086 1.960 1.837 1.715 States Life Table	2.086 1.960 1.837 1.715 1.584 for Female Popula	1.960 1.837 1.715 1.584 1.433	1.837 1.715 1.584 1.433 1.250	1.715 1.584 1.433 1.250 0.955	1.584 1.433 1.250 0.955 0.500	106 107 108 109 110				

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

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** 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.

Age at Widowhood (X)	_ a [x]			e Pension Tal a [x]+3	 [x]+4	a [x]+5	Attained Age** (X+5)
106 107 108 109 110	1.584 1.433 1.250 0.955 0.500	1.433 1.250 0.955 0.500	1.250 0.955 0.500	0.955 0.500	0.500		111 112 113 114 115
1000 United	Statao Life Table	for Female Popula Railroad Retirem	tion				

TABLE I-A (Continued)

1980 United States of America Railroad Retirement Board Remarriage Table Annual Rate of Interest = 3.5% Annual Rate of Escalation = 0.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. **

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Section V Tables

TABLE II-A Present Value of Remarriage Dowry*										
Age at Widowhood (X)	A´ [X]	A´ [x]+1	A´ [x]+2	A´ [x]+3	A´ [x]+4	A´ [x]+5	Attained Age** (X+5)			
16	0.5698	0.5548	0.5072	0.4787	0.4544	0.4315	21			
17	0.5650	0.5495	0.5009	0.4715	0.4464	0.4226	22			
18	0.5599	0.5437	0.4940	0.4638	0.4377	0.4130	23			
19	0.5543	0.5375	0.4866	0.4554	0.4284	0.4027	24			
20	0.5484	0.5309	0.4787	0.4464	0.4183	0.3915	25			
21	0.5383	0.5209	0.4684	0.4359	0.4071	0.3794	26			
22	0.5270	0.5103	0.4578	0.4253	0.3957	0.3671	27			
23	0.5148	0.4991	0.4469	0.4145	0.3841	0.3544	28			
24	0.5020	0.4870	0.4350	0.4022	0.3716	0.3416	29			
25	0.4888	0.4744	0.4227	0.3893	0.3585	0.3284	30			
26	0.4755	0.4618	0.4103	0.3762	0.3451	0.3147	31			
27	0.4619	0.4491	0.3981	0.3633	0.3314	0.3004	32			
28	0.4479	0.4364	0.3858	0.3503	0.3174	0.2854	33			
29	0.4333	0.4231	0.3731	0.3369	0.3028	0.2695	34			
30	0.4177	0.4087	0.3592	0.3224	0.2872	0.2527	35			
31	0.4005	0.3925	0.3433	0.3058	0.2701	0.2351	36			
32	0.3813	0.3738	0.3246	0.2865	0.2513	0.2169	37			
33	0.3591	0.3514	0.3030	0.2641	0.2308	0.1986	38			
34	0.3347	0.3262	0.2789	0.2392	0.2090	0.1803	39			
35	0.3091	0.2995	0.2537	0.2135	0.1872	0.1627	40			
36	0.2837	0.2734	0.2294	0.1894	0.1667	0.1462	41			
37	0.2597	0.2495	0.2077	0.1687	0.1487	0.1308	42			
38	0.2384	0.2292	0.1901	0.1530	0.1344	0.1168	43			
39	0.2188	0.2114	0.1752	0.1408	0.1225	0.1043	44			
40	0.2006	0.1954	0.1622	0.1310	0.1120	0.0932	45			
41	0.1834	0.1803	0.1503	0.1223	0.1029	0.0836	46			
42	0.1674	0.1652	0.1385	0.1135	0.0944	0.0754	47			
43	0.1517	0.1495	0.1261	0.1036	0.0857	0.0685	48			
44	0.1361	0.1335	0.1134	0.0930	0.0770	0.0628	49			
45	0.1208	0.1178	0.1009	0.0824	0.0688	0.0582	50			
46	0.1069	0.1037	0.0897	0.0729	0.0616	0.0543	51			
47	0.0951	0.0918	0.0804	0.0654	0.0560	0.0512	52			
48	0.0864	0.0832	0.0739	0.0608	0.0529	0.0485	53			
49	0.0788	0.0761	0.0683	0.0571	0.0502	0.0461	54			
50	0.0722	0.0702	0.0634	0.0539	0.0477	0.0439	55			
51	0.0667	0.0652	0.0592	0.0511	0.0453	0.0417	56			
52	0.0623	0.0609	0.0554	0.0484	0.0430	0.0395	57			
53	0.0587	0.0574	0.0520	0.0458	0.0406	0.0371	58			
54	0.0556	0.0543	0.0489	0.0432	0.0382	0.0347	59			
55	0.0528	0.0515	0.0462	0.0407	0.0357	0.0323	60			
56 57 58 59 60	0.0502 0.0476 0.0451 0.0426 0.0402	0.0489 0.0463 0.0438 0.0413 0.0388 for Female Popula	0.0436 0.0410 0.0384 0.0359 0.0333	0.0382 0.0357 0.0332 0.0307 0.0282	0.0332 0.0307 0.0281 0.0256 0.0231	0.0297 0.0272 0.0246 0.0220 0.0194	61 62 63 64 65			

 00
 0.0402
 0.0330
 0.0282
 0.0231
 0.0194

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

 Annual Rate of Escalation = 0.0%
 For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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Section V Tables

TABLE II-A (Continued) Present Value of Remarriage Dowry*										
Age at Widowhood (X)	A´ [x]	A´ [x]+1	A´ [x]+2	A´ [x]+3	A´ [x]+4	A´ [x]+5	Attained Age** (X+5)			
61	0.0377	0.0363	0.0307	0.0256	0.0206	0.0169	66			
62	0.0350	0.0336	0.0280	0.0230	0.0181	0.0145	67			
63	0.0319	0.0306	0.0252	0.0203	0.0157	0.0122	68			
64	0.0285	0.0275	0.0223	0.0176	0.0134	0.0101	69			
65	0.0253	0.0244	0.0195	0.0151	0.0112	0.0084	70			
66	0.0225	0.0218	0.0169	0.0128	0.0094	0.0069	71			
67	0.0195	0.0188	0.0146	0.0109	0.0079	0.0057	72			
68	0.0171	0.0164	0.0127	0.0093	0.0066	0.0048	73			
69	0.0148	0.0142	0.0109	0.0079	0.0056	0.0040	74			
70	0.0128	0.0122	0.0093	0.0067	0.0048	0.0034	75			
71	0.0110	0.0104	0.0078	0.0056	0.0040	0.0028	76			
72	0.0094	0.0088	0.0066	0.0047	0.0033	0.0023	77			
73	0.0080	0.0075	0.0056	0.0039	0.0028	0.0019	78			
74	0.0069	0.0064	0.0047	0.0033	0.0023	0.0015	79			
75	0.0060	0.0055	0.0040	0.0027	0.0018	0.0012	80			
76	0.0051	0.0047	0.0033	0.0022	0.0015	0.0010	81			
77	0.0044	0.0041	0.0028	0.0018	0.0012	0.0008	82			
78	0.0038	0.0035	0.0024	0.0015	0.0010	0.0007	83			
79	0.0033	0.0030	0.0020	0.0013	0.0008	0.0005	84			
80	0.0027	0.0025	0.0017	0.0011	0.0007	0.0005	85			
81	0.0022	0.0020	0.0014	0.0009	0.0006	0.0004	86			
82	0.0016	0.0015	0.0010	0.0007	0.0005	0.0003	87			
83	0.0011	0.0010	0.0008	0.0006	0.0004	0.0003	88			
84	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	89			
85	0.0007	0.0007	0.0005	0.0004	0.0003	0.0002	90			
86	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	91			
87	0.0006	0.0005	0.0004	0.0003	0.0002	0.0001	92			
88	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	93			
89	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	94			
90	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	95			
91	0.0004	0.0003	0.0003	0.0002	0.0001	0.0001	96			
92	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	97			
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	98			
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99			
95	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	100			
96	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	101			
97	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	102			
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103			
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104			
100	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	105			
101 102 103 104 105 * 1000 United	0.0001 0.0001 0.0001 0.0001 0.0001 States Life Table	0.0002 0.0002 0.0001 0.0001 0.0001 for Female Popula	0.0002 0.0001 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	106 107 108 109 110			

 105
 0.0001
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 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Page 6 Tables

(Present Value of \$1 per Annum Payable Until Death) Male												
Age	Present Value	Age	Present Value	Age	Present Value							
Age 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40		Age 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70		Age 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100								

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

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Page 7 Tables

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						

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

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

Surviving Spouse Pension Table*										
Age at Widowhood (X)	_ [x]	 [x]+1	 [x]+2	 [x]+3	 [x]+4	_ [x]+5	Attained Age** (X+5)			
16	26.047	27.027	29.921	31.560	32.873	34.031	21			
17	26.221	27.215	30.137	31.796	33.127	34.302	22			
18	26.402	27.411	30.362	32.041	33.390	34.584	23			
19	26.591	27.615	30.596	32.296	33.664	34.876	24			
20	26.787	27.826	30.838	32.561	33.949	35.180	25			
21	27.222	28.214	31.192	32.880	34.263	35.496	26			
22	27.697	28.611	31.531	33.175	34.553	35.791	27			
23	28.196	29.012	31.855	33.437	34.813	36.059	28			
24	28.701	29.435	32.202	33.749	35.087	36.296	29			
25	29.193	29.847	32.534	34.060	35.350	36.507	30			
26	29.659	30.227	32.827	34.337	35.588	36.700	31			
27	30.098	30.567	33.074	34.567	35.796	36.883	32			
28	30.516	30.875	33.282	34.753	35.978	37.059	33			
29	30.929	31.171	33.477	34.919	36.146	37.232	34			
30	31.360	31.487	33.692	35.100	36.319	37.400	35			
31	31.834	31.861	33.968	35.340	36.517	37.556	36			
32	32.372	32.323	34.341	35.674	36.751	37.688	37			
33	33.021	32.926	34.814	36.106	37.016	37.779	38			
34	33.732	33.615	35.355	36.598	37.281	37.809	39			
35	34.440	34.312	35.886	37.063	37.491	37.761	40			
36	35.063	34.909	36.301	37.386	37.580	37.621	41			
37	35.541	35.329	36.528	37.490	37.508	37.385	42			
38	35.819	35.510	36.511	37.316	37.228	37.053	43			
39	35.957	35.520	36.323	36.949	36.815	36.630	44			
40	35.974	35.404	36.012	36.450	36.311	36.120	45			
41	35.902	35.208	35.624	35.881	35.730	35.529	46			
42	35.740	34.974	35.204	35.299	35.107	34.865	47			
43	35.525	34.737	34.785	34.743	34.474	34.140	48			
44	35.274	34.480	34.354	34.193	33.826	33.363	49			
45	34.976	34.173	33.887	33.626	33.149	32.545	50			
46	34.593	33.779	33.354	33.000	32.424	31.696	51			
47	34.098	33.272	32.732	32.293	31.639	30.826	52			
48	33.467	32.625	31.997	31.478	30.769	29.943	53			
49	32.781	31.915	31.225	30.633	29.889	29.054	54			
50	32.048	31.157	30.424	29.771	29.005	28.167	55			
51	31.272	30.365	29.604	28.902	28.125	27.287	56			
52	30.458	29.549	28.771	28.034	27.250	26.418	57			
53	29.615	28.708	27.928	27.171	26.385	25.559	58			
54	28.761	27.859	27.080	26.314	25.531	24.711	59			
55	27.901	27.007	26.232	25.464	24.685	23.872	60			
56 57 58 59 60	27.043 26.191 25.346 24.507 23.676 States Life Tables	26.157 25.314 24.478 23.648 22.827	25.387 24.550 23.719 22.897 22.086	24.621 23.787 22.962 22.147 21.342	23.848 23.022 22.205 21.398 20.602	23.044 22.227 21.420 20.625 19.839	61 62 63 64 65			

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

1999 United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. **

Age at Widowhood (X)	a [x]		 [x]+2	_ a [x]+3	_ a [x]+4	_ a [x]+5	Attained Age** (X+5)			
61	22.856	22.019	21.286	20.548	19.815	19.063	66			
62	22.049	21.223	20.498	19.767	19.038	18.295	67			
63	21.261	20.443	19.723	18.997	18.272	17.537	68			
64	20.488	19.676	18.959	18.237	17.516	16.788	69			
65	19.722	18.918	18.203	17.486	16.770	16.049	70			
66	18.956	18.161	17.454	16.743	16.033	15.319	71			
67	18.204	17.421	16.713	16.009	15.304	14.598	72			
68	17.453	16.683	15.981	15.283	14.584	13.887	73			
69	16.711	15.957	15.259	14.567	13.876	13.191	74			
70	15.980	15.240	14.547	13.861	13.181	12.511	75			
71	15.259	14.532	13.846	13.170	12.503	11.847	76			
72	14.547	13.833	13.157	12.494	11.841	11.199	77			
73	13.844	13.147	12.484	11.834	11.194	10.567	78			
74	13.155	12.475	11.826	11.189	10.563	9.954	79			
75	12.480	11.817	11.181	10.559	9.950	9.362	80			
76	11.821	11.173	10.552	9.947	9.359	8.792	81			
77	11.177	10.545	9.941	9.356	8.791	8.247	82			
78	10.548	9.935	9.351	8.788	8.246	7.728	83			
79	9.937	9.346	8.784	8.243	7.727	7.240	84			
80	9.349	8.780	8.240	7.725	7.239	6.784	85			
81	8.783	8.238	7.723	7.237	6.783	6.354	86			
82	8.241	7.723	7.236	6.782	6.354	5.951	87			
83	7.725	7.236	6.782	6.353	5.951	5.573	88			
84	7.238	6.782	6.353	5.950	5.573	5.219	89			
85	6.782	6.353	5.950	5.573	5.219	4.889	90			
86	6.353	5.950	5.572	5.219	4.889	4.580	91			
87	5.950	5.572	5.219	4.889	4.580	4.293	92			
88	5.572	5.218	4.888	4.580	4.293	4.025	93			
89	5.218	4.888	4.580	4.292	4.025	3.775	94			
90	4.888	4.580	4.292	4.024	3.774	3.541	95			
91	4.580	4.292	4.024	3.774	3.541	3.322	96			
92	4.292	4.024	3.774	3.541	3.322	3.116	97			
93	4.024	3.774	3.540	3.322	3.116	2.920	98			
94	3.774	3.540	3.322	3.116	2.919	2.730	99			
95	3.540	3.322	3.116	2.919	2.730	2.542	100			
96	3.322	3.116	2.919	2.729	2.542	2.387	101			
97	3.116	2.919	2.729	2.541	2.387	2.240	102			
98	2.919	2.729	2.541	2.387	2.240	2.093	103			
99	2.729	2.541	2.387	2.240	2.093	1.951	104			
100	2.541	2.387	2.239	2.093	1.951	1.812	105			
101	2.387	2.240	2.093	1.951	1.812	1.662	106			
102	2.240	2.093	1.951	1.812	1.662	1.487	107			
103	2.093	1.951	1.812	1.662	1.487	1.275	108			
104	1.951	1.812	1.662	1.487	1.275	0.964	109			
105	1.812	1.662	1.487	1.275	0.964	0.500	110			

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

1999 United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. **

	Surviving Spouse Pension Table*										
Age at Widowhood (X)	a [x]	 [x]+1	_ [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age** (X+5)				
(X)	[x] 1.662 1.487 1.275 0.964 0.500	[x]+1	[x]+2	[x]+3 0.964 0.500	[x]+4	[x]+5	(X+5) 111 112 113 114 115				
		for Fomalo Popu									

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

1999 United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. **

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Page 11 Tables

Table USLH-II-B Present Value of Remarriage Dowry*										
Age at Widowhood (X)	_ a [x]	a [x]+1	ant value of R a [x]+2	a [x]+3		_ a [x]+5	Attained Age** (X+5)			
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	21			
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	22			
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	23			
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	24			
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	25			
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	26			
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	27			
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	28			
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	29			
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	30			
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	31			
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	32			
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	33			
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	34			
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	35			
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	36			
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	37			
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	38			
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	39			
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	40			
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	41			
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	42			
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	43			
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	44			
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	45			
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	46			
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	47			
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	48			
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	49			
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	50			
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	51			
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	52			
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	53			
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	54			
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	55			
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	56			
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	57			
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	58			
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	59			
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	60			
56 57 58 59 60	0.0654 0.0613 0.0574 0.0536 0.0499	0.0622 0.0582 0.0544 0.0506 0.0470 s for Female Popu	0.0552 0.0513 0.0475 0.0438 0.0402	0.0483 0.0446 0.0409 0.0373 0.0339	0.0420 0.0383 0.0347 0.0312 0.0279	0.0374 0.0338 0.0302 0.0267 0.0234	61 62 63 64 65			

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

1999 United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0%

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Page 12 Tables

Table USLH-II-B (Continued) Surviving Spouse Pension Table*										
Age at Widowhood (X)	_ a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age** (X+5)			
61	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			
101 102 103 104 105 * 1000 United	0.0001 0.0001 0.0001 0.0001 0.0001 States Life Tables	0.0002 0.0002 0.0001 0.0001 0.0001	0.0002 0.0002 0.0002 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	106 107 108 109 110			

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

1999 United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age.

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

Present Present Value Age Age Value 56 57 11 5.31_{-} 24.303 73.964 23.412 12 13 72.624 58 22.538 14 59 21.681 71.301 15 **69.995** 60 20.840 16 61 20.014 19.205 17 67.438 62 18.414 18 66.183 63 19 64.940 64 17.641 20 65 63.706 16.887 21 66 62.482 16.15022 61.268 67 15.430 23 60.061 68 14.728 24 58.860 69 14.047 25 70 13.387 57.661 26 71 56.465 12.74 27 72 12.123 55.273 28 54.083 73 11.516 10.926 29 74 52.900 10.353 75 30 51.722 31 76 50 55 32 49.387 77 9.25 33 48.229 78 8.724 34 47.080 79 8.21⁻ 35 80 45.937 7.718 36 81 44.803 .24 37 82 43.67 6.806 38 42.559 83 6.392 39 84 6.003 41.450 40 40.351 85 5.635 41 86 5 29 42 38.184 87 4.968 43 88 4.666 37.115 44 36.059 89 4.38 45 35.013 90 4.122 91 46 33.98⁻ 3.87 47 32.96° 92 3.65° 48 31.954 93 3.439 49 30.957 94 3.242 50 29.97 95 3.058 51 96 ga 52 28.030 97 .72 53 27.076 98 2.568 54 26.136 99 2.419 55 25.21 100 .268

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

Annual Rate of Escalation = 4.0%

UNITE	ED STATES LONGSH	ORE & HARBOR WO USLH-III-F-C	RKERS ACT
(D)	Pension Table* (Oth	er than Surviving Sp	
(Pi	resent Value of \$1 pe I	r Annum Payable Un Female	til Death)
Age	Present Value	Age	Present Value
11 12 13 14 15 16 17 18 19 20 21 22 23	82.580 81.196 79.819 78.453 77.098 75.755 74.422 73.099 71.783 70.474 69.170 67.871 66.580	56 57 58 59 60 61 62 63 64 65 66 67 68	28.472 27.495 26.533 25.585 24.651 23.732 22.829 21.942 21.071 20.216 19.376 18.551 17.742
24 25 26 27 28 29 30 31 32	65.294 64.015 62.742 61.476 60.217 58.965 57.720 56.482 55.251	69 70 71 72 73 74 75 76 77	16.950 16.176 15.418 14.675 13.948 13.239 12.549 11.877 11.222
33 34 35 36 37 38 39 40	54.029 52.815 51.611 50.415 49.228 48.049 46.880 45.719	78 79 80 81 82 83 84 85	10.585 9.967 9.372 8.800 8.252 7.733 7.243 6.786
41 42 43 44 45 46 47 48 49 50	44.566 43.423 42.289 41.164 40.048 38.942 37.845 36.760 35.684 34.619	86 87 88 90 91 92 93 94 95	6.356 5.952 5.574 5.220 4.889 4.580 4.292 4.024 3.774 3.539
51 52 53 54 55	33.564 32.521 31.490 30.470 29.464 able for Eemale Reputation	96 97 98 99 100	3.320 3.113 2.916 2.725 2.535

 55
 29.464

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

Annual Rate of Escalation = 4.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Page 15 Tables

	ONTE		Table USLH-IV-E	Bolt WolthEl		
	A .co	Present Valu Difference (Spo	ue of Survivors		ao)**	
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

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

 60
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 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest applied prior to claimant's death = 3.5%

 Annual Rate of Interest applied after claimant's death = 3.5%
 Annual Rate of Escalation applied prior to claimant's death = 4.0%

 Annual Rate of Escalation applied after claimant's death = 4.0%
 When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

**

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 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)**

1	Аус	Difference (Spu	use s Age Millit		90)	
Claimant's						
Age	-5	-4	-3	-2	-1	-0
61	9.856	9.201	8.571	7.967	7.391	6.841
62 63 64 65	9.668	9.020	8.397	7.800 7.628	7.230 7.065	6.687
63	9.475 9.277	8.834	8.218 8.034	7.628	7.065	6.529 6.367
04 65	9.074	8.643 8.448	7.847	7.451 7.271	6.896 6.723	6.367 6.200
66 67 68	8.868 8.659	8.250 8.048	7.656 7.462	7.088 6.901	6.546 6.367	6.031 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
69 70	8.001	7.631 7.414	6.851	6.314	5.804	5.321
71	7.771	7.193	6.638	6.110	5.609	5.135
71 72	7.538 7.303	6.969	6.424 6.207	5.905 5.698	5.413	5.013
73 74	7.303	6.743	6.207	5.698	5.291	<mark>4.906</mark>
74 75	7.064	6.514	5.988	5.577	5.186	4.724
	<mark>6.822</mark>	<mark>6.282</mark>	5.868	5.473	<mark>4.994</mark>	4.542
76 77 78	6.577	6.164 6.071	5.768 5.558	5.271 5.072	4.802 4.614	4.361 4.183
78	6.464 6.381	5.851	5.349	4.875	4.014	4.163
79	6.150	5.851 5.633	5.142	4.679	4.242	3.834
79 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	<u>3.167</u>
81 82 83 84 85	4.962 4.716	4.511 4.283	4.090 3.879	3.699 3.506	3.338 3.164	3.007 2.853
86 87	4.472 4.232	4.057 3.838	<mark>3.673</mark> 3.474	3.320 3.142	2.998 2.838	2.704 2.560
88 88	3 999	3.626	3.285	2.971	2.684	2.423
88 89 90	3.999 3.775	3.626 3.425	3.102	2.807	2.537	2.291
90	3.562	3.232	<mark>2.928</mark>	2.650	<mark>2.396</mark>	<mark>2.165</mark>
91	3.358	3.047	2.761	2.500	2.262	2.045
92	3.163 2.978	3.047 2.871 2.703	2.603 2.452	2.500 2.358 2.223	2.135 2.014	1.931 1.824
93	2.978	2.703	2.452	2.223	2.014	1.824
91 92 93 94 95	2.802 2.635	2.545 2.395	2.310 2.175	2.095 1.974	1.899 1.791	1.721 1.623
96 97 98 99 100	2.479 2.332	2.254	2.048	1.860 1.752	1.688	1.530 1.440
98	2,196	1,999	1.929 1.818	1 652	1.590 1.498	1.354
99	2.071	2.122 1.999 1.886	1.716	1.558 1.473	1.411	1.273
100	1.960	1.786	1.624	1.473	<mark>1.331</mark>	1.197
101	1.842	<mark>1.677</mark>	1.523	1.378	<mark>1.241</mark>	<mark>1.127</mark>
102	1.842 1.730	1.573	<mark>1.425</mark>	1.378 1.285	1.168	1.058
103	1.624	1.473	1.329	1.210	1.097	0.988
104 105	1.520 1.420	1.373 1.295	1.252 1.178	1.136 1.063	1.025 0.953	0.918 0.845
		Total Population and		1.000	0.000	0.040

1999 United States Life Tables for Total Population and Female Population Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest applied prior to claimant's death = 3.5% Annual Rate of Interest applied after claimant's death = 3.5% Annual Rate of Escalation applied prior to claimant's death = 4.0% Annual Rate of Escalation applied after claimant's death = 4.0% When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used. **

SECTION VI



DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION VI - EXAMPLES

Section VI contains illustrations of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should <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").

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.

Illustration 1

UNIT STATISTICAL REPORT

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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 \mathbf{P} in the Update Type field. The second line of exposure information is the revised information indicated by a \mathbf{R} in the Update Type field.

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

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Illustration 2

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Illustration 2

Page 3	3.2
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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".

Illustration 3

SUPPLEMENTAL LOSS REPORT

Report No. Corr. No. Corr. Type Repice Rpl. Ind. Carrier Code Policy Number Policy Effective Date Policy Expiration Date 01 02 L 99998 WC4444 01/01/96 01/01/97 Insured's Name: PDQ Refining Company Insured's Address: F.E.I.N. 123456789 Insured's Address: Incured Indemnity Incured Medical Class Code Injury Status Cov Settl Site P 15000 04/22/96 125083 900 0581 9 0 01 01 03 00 37 Social Security Number Pat Nature Cause Occupation Description N N 312271 Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use Loss Conditions State State Qf Claimant's Attorney Fees Incured Indemnity Incured Medical Class Code Injury State State Qf Claimant's Attorney Fees Incured Indemnity Incured Medical Class Code	Expos. State 07 Card Serial No. Cat. MCO Type 00 00 Paid Medical 800 ALAE Incurred Cat. MCO Type 00 00 Paid Medical MCO Type 00 00 Paid Medical MCO Type	
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Claim Number Acc. Date/ No. Claims Incurred Indemnity Incurred Medical Class Code Injury Status Loss Conditions Jurisdic State Typ Incurred Indemnity Incurred Medical Class Code Injury Status Act Type Recov Cov Settlet	Cat. MCO No. Type	
Social Security Number Part Nature Cause Occupation Description Voc. Lump Fraud Deduct Paid Indemnity	Paid Medical	
Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use ALAE Paid	ALAE Incurred	
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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.

Illustration 4 UNIT STATISTICAL REPORT

										<u> 31 A 11 3 1</u>															
										POLICY IN	FORMA	TION													
Report No.	Corr. No.			Carrier Code		Policy Number		Policy	Effective Date				State Sta	te Effective Date	Certif	icate No.	Card	Serial N).	Ris	sk ID Numl	ber	Page N	D.	Last Page No.
01				11223		WC14579		01	/01/96	01/0	1/97	0	7												
Insure	d's Nar	ne: A	BC, Inc.																	F.E.I.N.			Per	ding File No	
Insure	d's Ado	ress:																	123	3456	789				
Mod Effe	ctive Date	Rat	e Effective Date		Poli	cy Conditions			Poli	cy Type I D	Deduc	t. Dec	duct. De	ductible Amount	Per D	eductible Amo	unt	Reserve				3		For Bureau l	Jse
							Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Non- Ind. Std.	Туре	e Per	rcent	Claim/Accident		Aggregate									
				N Y				N			030	1		\$1,000											
			FYDOSU		N									-		ON									
Upd							*Upd	Claim Nu	nber	Acc. Date/	Incurre	d Indemnity					Status			Loss	onditions		Juris	dic Ca	t. MCO
Туре	Exp. (Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Туре			No. Claims		,			Code	, ,							Sta		
	01	1	0928	155121	3.68	5708																			
	Ŭ					0700		Soci	al Security Nu	mber	Part	Nature	Cause	Oc	cupation Des	cription	'	Voc.	Lump F	raud	Deduct	F	Paid Indemnity	P	aid Medical
01 11223 WC14579 0101/96 01/01/97 07 11/11 1223 11/11 1223 11/11 1223 11/11 1223 11/11 1223 11/11 1223 1233 <td></td> <td>_</td> <td>AL AE Doid</td> <td>A1</td> <td>AE Incurred</td>				_	AL AE Doid	A1	AE Incurred																		
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							*Upd	Claim Nur	nber	Acc. Date/	Incurre	d Indemnity	Incurre	d Medical		Injury	Status			Loss Co	onditions				t. MCO
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	A																					$-\perp$			
	в							Soci	al Security Nu	mber	Part	Nature	Cause	Oc	cupation Des	cription	`	Voc.	Lump F	raud	Deduct	. P	Paid Indemnity	P	aid Medical
	Б	•		^^)			F	Claimant's Atto	rney Fees	Employer's Attor	ney Fees				Revers	ed for Future U	se						ALAE Paid	AL	AE Incurred
	С		Total Modi	fied Premium							-														
							*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurre	d Indemnity	Incurre	d Medical	Class Code	Injury	Status			Loss Co	onditions				t. MCO b. Type
																		Ac	t Type	Re	ecov	Cov	Settl		
	D							Soci	al Security Nu	mber	Part	Nature	Cause	Qci	cupation Des	ription		Voc.	Lump F	raud	Deduct		Paid Indemnity	P	aid Medical
	E								-						-	-							-		
	Е							Claimant's Atto	rney Fees	Employer's Attor	ney Fees				Revers	ed for Future U	se						ALAE Paid	AL	AE Incurred
	Г	·					*Upd	Claim Nur	nber	Acc. Date/	Incurre	d Indemnity	Incurre	d Medical	Class	Injury	Status			Loss Co	anditions	_	Juris	lic Ca	t. MCO
							Туре			No. Claims					Code			Ac				Cov		e No	o. Type
	G		Total Standard Ex	cposure	Total Standard Prer	nium																			
								Soci	al Security Nu	mber	Part	Nature	Cause	Oci	cupation Des	cription	١	Voc.	Lump F	raud	Deduct		Paid Indemnity	P	aid Medical
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	1																	AC	т Туре	Re	ecov	Cov	Settl		
								Soci	al Security Nu	mber	Part	Nature	Cause	Oci	cupation Des	cription	١	Voc.	Lump F	raud	Deduct	F	Paid Indemnity	P	aid Medical
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<u> </u>		-												LC	DSS <u>TO</u> T	ALS									
								Reserved for F	uture Use	Total No.	. Claims	T	otal Incurred In				Rese	erved for	Future Use		Total Pai	d Indemni	ty	Total Paid	l Medical
								Tot. Claimant's	Attny. Fees	Tot. Employer'	s Attny. Fee	es			Reserved for	Future Use					Total A	LAE Paid		Total ALAE	Incurred

Illustration 4

UNIT STATISTICAL REPORT

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									PC	DLICY INF	ORMA	TION													
Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy Effective	ve Date	Policy Expir	ration Date	Expos.	State	State Effective Date	te Cert	ificate No.	Car	rd Serial N	0.	R	isk ID Numb	er	Page No.	La	st Page No.
No.	No.	Туре	Rpt. Ind.																						
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																				F.E.I.N		-	Dendin	g File No.	
Insured'	s Name:	ABC	C, Inc.																	F.E.I.I	N.		Pendin	g File NO.	
Insured'	s Addres	SS:																	103	2154	5789				
Mod Effectiv	vo Dato	Dato Eff	ective Date		Po	licy Conditions			Policy Ty	noID	Deduc	ct. Dec	luct	Deductible Amou	nt Dor	Deductible Amo	ount	Reserve			Carrier Use		For	Bureau Use	
MOU Encom	ve bale	Nuc En	Cuve Date	3 Yr F/R Multist		Estimated Retro	Canceled	MCO Ty										Reserve	,u	101	Garrier 03c		10	Durcau 030	
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			28050		ON																			-	-
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																		A	ct Type	• I	Recov	Cov S	ettl		
Policy Policy Rating Exposure Policy Mid.Term Indicator Co.v. Ind. Std. Arrow Std. Arrow N Y N N N N N 01 01 01 0301 \$1,000 EXPOSURE INFORMATION Upd Exp.cov. Class Code Exposure Amount Manual Rate Premium Rate Type Claim Number Acc. Date/ Incurred Indemnity Incurred Medical Class Code Injury 01 9807 - - 187 -																									
								Social Secu	irity Number		Part	Nature	Cause	0	Occupation De	scription		Voc.	Lump F	raud	Deduct	Pai	d Indemnity	Paid	Medical
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	А.				_	10309											l								
	D					0.0/0		Social Secu	irity Number		Part	Nature	Cause	C	Occupation Des	scription		Voc.	Lump F	raud	Deduct	Pai	d Indemnity	Paid	Medical
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	D.	9	663			534		Social Secu	irity Number		Part	Nature	Cause		Occupation Des	scription	I	Voc.	Lump F	raud	Deduct	Pai	d Indemnity	Paid	Medical
	E.								,																
								Claimant's Attorney Fe	ees Em	ployer's Attorn	ney Fees				Rever	sed for Future I	Use					A	LAE Paid	ALAE	Incurred
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							*Upd Type	Claim Number		Acc. Date/ lo. Claims	Incurre	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status	;		Loss C	onditions		Jurisdic State	Cat. No.	MCO
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																		Ac	t Type	R	lecov	Cov S	ettl		
	J.	_						Social Socu	rity Number		Dart	Nature	Causo		counstion Do	cription		Voc.	Lump F	raud	Doduct	Pai	d Indemnity	Daid	Medical
	v							Social Secu	any number		Part	Nature	Cause		Occupation De	Solbrou		100.	Lump F	auu	Deduct	r di	a machinity	ralu	mourodi
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								Reserved for Future U	lse	Total No.	Claims	Т	otal Incurr	ed Indemnity		rred Medical	Re	served for	Future Use		Total Paic	Indemnity	1	otal Paid M	edical
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		_					-	Tot. Claimant's Attny. F	ees	Tot. Employer's	s Attny. Fee	es			Reserved fo	r Future Use					Total A	AE Paid	To	otal ALAE In	curred
					1	1																			

Illustration 5 - Deductible; Rated Risk with Construction Credit

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

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

Illustration 5 UNIT STATISTICAL REPORT

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Report	Corr.	Con	Replace	Carrie	r Code		Policy Nun	nhor		Policy	Effective Da	POLICY I	NFORMA biration Date	ATION Expos.	State	State Effective Date	C	ertificate No.	Card	Serial No.		Risk ID	Number		Page No.	Las	t Page No.		
No.	No.	Type Rpt. Ind.				Policy Number		-			Lifective Da			-		State Encenve Bate		ocrimente no.		Card Serial No.		Risk ID Number		i ugo no.		Ldo	i raye no.		
01				123	345		WC99	49		01	/01/96	01/0)1/97	07	7														
Insured	's Nam	ne: X'	/Z Indu	stries																	F.I	.I.N.			Pendin	g File No.			
nsured	's Addr	ess:																			1234	5678	9						
Mod Effect	ive Date	Rate	Effective Date				licy Conditions	•				olicy Type I D	Deduct			Deductible Amount F	Per	Deductible Amo	ount	Reserved	I	or Carrie	r Use		For	Bureau Use			
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Cancel ed Mid-	MCO Indicator	Type Cov.	Plan Non- Ind. Std.	Туре	Pero	cent	Claim/Accident		Aggregate											
							N		Term		01	01 01				#4 000													
				Ν	Y		Ν	Ν	Ν	N	01	01 01	0301	1		\$1,000													
			EXPOSL	re info	RMATION											LOSS IN	FORN	ATION									ļ		
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	01		0609		742345	12.1	0 9	39824												Act	Туре	Recov	Cov	Settl					
	01					12.1				Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation (Description	۱ ۱	/oc. Lum	p Frau	d De	educt	Paid In	demnity	Paid	Medical		
	01		0951	1169584		1169584		34 .96		11228	-	Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Re	versed for Future I	Use				_	ALA	E Paid	ALAF	Incurred
	01		0953		835267	.4	9	4093			,	1.5																	
	01		9207					1002	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurred	d Indemnity	Incu	Irred Medical	Class Code	Injury	Status		Lo	ss Condit	ions		Jurisdic State	Cat. No.	MCO Type		
	A.		Fotal Subj	act Dram	ium															Act	Туре	Recov	Cov	Settl					
	Π.		Evnoriono		lum					Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation (Description	<u>ا</u> ۱	/oc. Lum	p Frau	d De	educt	Paid Ir	demnity	Paid	Medical		
	В.		Mod (XX.X	od (XX.XXX)				-	01-1		E						16-51-1							5 D.11	ALAE Incurred				
	C.		Fotal Mod	fied Pren	nium					Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Re	versed for Future I	Use					ALA	E Paid	ALAE	Incurred		
									*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurred	d Indemnity	Incu	Irred Medical	Class Code	Injury	Status		Lo	ss Condit	ions		Jurisdic State	Cat. No.	МСО Туре		
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	D.		9046			.2	3 2	24692		Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation I	Description	<u>ا</u>	/oc. Lum	p Frau	d De	educt	Paid Ir	demnity	Paid	Medical		
	Ε.		9663					4547	. –	Claimant's Atto	mey Fees	Employer's Atto	rnev Fees				Re	versed for Future I	lse				_		E Paid	ALAF	Incurred		
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									*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurred	d Indemnity	Incu	Irred Medical	Class Code	Injury	Status		Lo	ss Condit	ions		Jurisdic State	Cat. No.	MCO Type		
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	G.				747196	Total Otalidara I		78118		Soci	al Security N	lumber	Part	Nature	Cause	000	runation (Description		/oc. Lum	p Frau	d De	educt	Paid Ir	demnity	Paid	Medical		
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			_							Claimant's Atto	rney Fees	Employer's Atto	rney Fees		<u> </u>	1	Re	versed for Future I	Use	1	I			ALA	E Paid	ALAE	Incurred		
	<u> </u>		0900	Expens	e Constan	t Amt			*l Ind	Claim No.	abor	Acc. Data/	Ipourre	Indomnity	la	Irred Medical	Class	lainar	Statuc						Juricelia	Cat	мсо		
									*Upd Type	Claim Nun	IID GI	Acc. Date/ No. Claims	mourred	d Indemnity	INCL	ined medical	Class Code	Injury	Status	Act	Lo: Type	ss Condit Recov		Settl	Jurisdic State	Cat. No.	Туре		
	<u>J</u> .																			nu	, The	NCCOV	COV						
	V									Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation (Description	١	/oc. Lum	p Frau	d De	educt	Paid Ir	demnity	Paid	Medical		
	К.									Claimant's Atto	rney Fees	Employer's Atto	rney Fees			1	Re	versed for Future I	Use	I		-		ALA	E Paid	ALAE	Incurred		
	L.														_		CC T												
										Reserved for F	uture Use	Total N	o. Claims	To	otal Incurre	d Indemnity		OTALS	Rese	rved for Futu	re Use	Tota	al Paid Ind	emnity		fotal Paid Me	dical		
																reserveu IOI Fullite US													
										Tot. Claimant's A	Attny. Fees	Tot. Employe	r's Attny. Fees	s		ſ	Reserved	for Future Use				T	otal ALAE	Paid	Т	otal ALAE In	curred		

Page 6.1

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.

Rate

1.04

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
- Payroll extended to an annual basis 180,559 x <u>12 mos</u> = 361,118

6 mos

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

3) Annual Premiums

a)	Rated				l	b) Non-ra	ted
	Class	Payroll	Rate	Premium		Class	Payroll
	0813	361,118	8.75	\$31,598		0176	361,118
	0953	7,788	0.49	<u>\$38</u>			
	Total S	ubject Prei	mium	\$31,636			
	Experie	nce Modifi	cation	.968			
	Total M	odified Pre	emium	\$30,624			
	Total St	tandard Pr	emium	\$30,624 +	\$3,756 = \$34,3	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

Illustration 6

							UNIT	STATIS	<u>FICAL</u>	REPO	ORT										
								POLICY IN	FORMAT	ION											
Report No.	Corr.	Corr. Rep Type Rpt.	ace Carrier Code		Policy Number		Policy Effective Date	e Policy Exp	iration Date	Expos.	State State Effective	Date	Certificate No.	Card Se	rial No.	F	Risk ID Numl	ber	Page No.	Las	t Page No.
01	No.	Type Rpt.			10///		01/01/96 07/01/96		07	,											
01			78972		60666		01/01/96	07/0)1/96	07											
Insured	l's Name	AZA Co	mpany								•					F.E.I.	N.		Pendin	g File No.	
	l's Addre		inpuny													10045	(700				
Mod Effec		Rate Effective Da	1. I	Dall	icy Conditions		De	icy Type I D	Deduct.	Ded	uct. Deductible An	aunt Des	Deductible Am	aunat Di	eserved	12345	6789 Carrier Use		Г	Bureau Use	
WOU Ellec	live Date	Rate Effective Da	3 Yr F/R Multista		Estimated Retro	Canceled		Plan Non-	Туре	Perc			Aggregate		eserveu	FUI	Carrier Use	:	FUI	Buleau Use	
			Policy Policy		Exposure Policy	Mid-Term	Indicator Cov.	Ind. Std.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1010		luon	riggiogato								
			N N		N N	Y	N 01	01 01													
		EXPO	SURE INFORMATIO	ON							LOSS	INFORM	ATION								
Upd						*Upd	Claim Number	Acc. Date/	Incurred	Indemnity	Incurred Medical	Class		Status		Loss	Conditions		Jurisdic		MCO
Туре	Exp. Cov	. Class Code	Exposure Amount	Manual Rate	Premium Rate	Туре		No. Claims				Code	9		Act				State	No.	Туре
	01	0513	180559	8.75	15799											51					
	01	0010	100007	0.75	10///		Social Security Nu	imber	Part	Nature	Cause	Occupation	Description	Voc	. Lump	Fraud	Deduct	Pa	aid Indemnity	Paid I	Medical
	01	0953	3894	.49	19																
							Claimant's Attorney Fees	Employer's Attor	rney Fees			R	eversed for Future	Use					ALAE Paid	Incurred	
				+		*Upd	Claim Number	Acc. Date/	Incurred	Indemnity	Incurred Medical	Class	i Injury	Status			o #/:		Jurisdic	Cat.	МСО
						Туре	Claim Number	No. Claims	incurreu	indemnity	incurred medical	Code		Sidius			Conditions		State	No.	Туре
	A.	Total Si	bject Premium		15818										Act	Туре	Recov	Cov	Settl		
	- .	Evnorio			10010		Social Security Nu	imber	Part	Nature	Cause	Occupation	Description	Voc	. Lump	Fraud	Deduct	Pa	aid Indemnity	Paid	Vedical
	В.	Mod (X)			0.968		, , , , , , , , , , , , , , , , , , , ,												,		
							Claimant's Attorney Fees	Employer's Attor	rney Fees			R	eversed for Future	Use					ALAE Paid	ALAE	Incurred
	C.	Total Mo	odified Premium	_	15312				1				Class Injury Status								1
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred	Indemnity	Incurred Medical	Class		Status			Conditions		Jurisdic State	Cat. No.	MCO Type
	_		100550		1070										Act	Туре	Recov	Cov	Settl		
	D.	0176	180559	1.04	1878		Social Security Nu	mber	Part	Nature	Cause	Occupation	Description	Voc	. Lump	Fraud	Deduct	Pa	aid Indemnity	Paid	Vedical
	E.	0931			3438														-		Í
							Claimant's Attorney Fees	Employer's Attor	rney Fees			R	eversed for Future	Use					ALAE Paid	ALAE	Incurred
	F.			-							la como d Maralta el										
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred	Indemnity	Incurred Medical	Class		Status		Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
		Total Standa	rd Evpoquro	Total Standard Prer	mium	_									Act	Туре	Recov	Cov	Settl		
	G.		184453		20628																
							Social Security Nu	imber	Part	Nature	Cause	Occupation	Description	Voc	. Lump	Fraud	Deduct	Pa	aid Indemnity	Paid	Vedical
	H.	006_	Premium Disco	unt Amt.	ļ																
		0000	Exporte Correl	ont Amt			Claimant's Attorney Fees	Employer's Attor	rney Fees			R	eversed for Future	Use					ALAE Paid	ALAE	Incurred
	<u> </u>	0900	Expense Const	ant Amt		*J.Ind	Claim Number	Acc. Date/	Incurred	Indemnity	Incurred Medical	Class	lat.a.	Status					Jurisdic	Cat.	МСО
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	J.						Social Security Nu	Imber	Part	Nature	Cause	Occupation	Description	Voc	. Lump	Fraud	Deduct	Pa	aid Indemnity	Paid I	Nedical
	К.						,					•							2		
							Claimant's Attorney Fees	Employer's Attor	rney Fees		•	R	eversed for Future	Use					ALAE Paid	ALAE	Incurred
	<u> </u>																				
							Reserved for Future Use	Total No.	. Claims	т.	tal Incurred Indemnity	LOSS T	OTALS ncurred Medical	Docorr	ed for Future	llso	Total D-	d Indemnity		otal Paid Me	dical
							Neserveu für Future USE	TOTALING		10	ai incurreu inueninity	TUIAL	ncarrea wealcal	reselve	a ioi rutule	0.30	rotal Pal	a maennilly	,	otai r diu ivie	urodi
							Tot. Claimant's Attny. Fees			Reserve	d for Future Use				Total ALAE Paid Total ALAE Incurred						
					. Le claimain 5 Alury, 1965	Reserved for Future Use						. otal A									
	<u> </u>				<u> </u>																

Illustration 7 - Ratable Class; Mandatory Non-Ratable Element

Effective 10/01/87, for class codes 4773, 4774, 4775, 4776, 4779, 7323F, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the Bureau and shown on the Bureau Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit. ---

UNIT STATISTICAL REPORT

							UNIT	STATIS														
								POLICY IN	Forma	TION												
Report No.	Corr. No.	Corr.	Replace Rpt. Ind.	Carrier Code		Policy Number	Policy Effective Dat	te Policy Exp	iration Date	Expos.	State S	State Effective Date	e Certi	ificate No.	Card	Serial No.		Risk ID Numbe	r	Page No.	Las	Page No.
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	01		7405	82351	55.37	45598																
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						*Up	d Claim Number	Acc. Date/	Incurre	d Indemnity	Incur	rred Medical	Class	Injury	Status		L.	ss Conditions		Jurisdic	Cat.	MCO
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	A.	Т	tal Subje	ct Premium		45606										AU	туре	RECOV	ov Setti			
			norionco				Social Security N	umber	Part	Nature	Cause	0	ccupation Des	scription	١	oc. Lu	mp Fra	ud Deduct	Paid In	demnity	Paid I	Nedical
	В.	M	od (XX.XX	X)		0.915		1								<u> </u>						
	C.	Т	tal Modifi	ed Premium		41729	Claimant's Attorney Fees	Employer's Atto	rney Fees				Rever	sed for Future	Use				ALA	E Paid	ALAE	ncurred
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	υ.			02331	0.07	5015	Social Security N	umber	Part	Nature	Cause	0	ccupation Des	scription	١	oc. Lu	mp Fra	ud Deduct	Paid Ir	demnity	Paid I	Aedical
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	G.	Tot	al Standard Exp		Total Standard Prer												5.					
				82038		46744	Social Security N	umber	Part	Nature	Cause	0	ccupation Des	scription	١	oc. Lu	mp Fra	ud Deduct	Paid Ir	demnity	Paid I	Aedical
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			_				Claimant's Attorney Fees	Employer's Atto	rney Fees				Rever	sed for Future	Use				ALA	E Paid	ALAE	ncurred
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	v						Social Security N	umber	Part	Nature	Cause	0	ccupation Des	scription	`	oc. Lu	mp Frai	ud Deduct	Paid Ir	demnity	Paid I	ledical
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							Reserved for Future Use	Total No	o. Claims	Το	otal Incurred	Indemnity	Total Incu	rred Medical	Rese	rved for Fut	ure Use	Total Paid	Indemnity	То	ital Paid Me	lical
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							Tot. Claimant's Attny. Fees	Tot. Employer	rs Attny. Fee	es			Reserved for	r Future Use				Total AL	AE Paid	To	al ALAE Inc	urred

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. ---

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										POLICY IN	Forma	TION													
Report No.	Corr. No.	Согг. Туре	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Eff	ective Date	Policy Exp	iration Date	Expos.	State S	State Effective Da	te Certif	icate No.	Card	Serial No.		Risk I	D Number		Page No.	Last	Page No.
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				10920		970Z3A		01/0	1/90	01/0	11/97	07	/												
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	01	0	10	200070	00.07	110000		Social S	ecurity Nun	nber	Part	Nature	Cause	(Occupation Des	cription		Voc. Lu	mp Fra	ud	Deduct	Paid Ir	demnity	Paid N	Nedical
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	С.	Tota	al Modifi	ed Premium		131159																			
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				7611198		148451		Social S	ecurity Nun	nber	Part	Nature	Cause	(Occupation Des	cription		Voc. Lu	mp Fra	iud	Deduct	Paid Ir	demnity	Paid N	Nedical
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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.

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										Reserved for F	uture Use	Total No	. Claims	Т	otal Incurre	d Indemnity		Irred Medical	Rese	rved for	Future l	Jse	Tot	al Paid Ind	lemnity	Т	otal Paid Me	dical
	L											1			484	602)384						2790			9957	
										Tot. Claimant's A	ttny. Fees	Tot. Employer	's Attny. Fe	es			Reserved fo	r Future Use					T	otal ALAE	Paid	To	tal ALAE Inc	curred
												350												2000				

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 - $65.285 \times 306 = 19,977$ First Reprint

Illustration 9a

			UNIT	STA	FISTI	CAL	PL	AN - I	NDI	VIDU		CASE	RE	POF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CO		CARR	IER NU	MBER				CAR	RIER NA	ME			:	PAYR STATE C			ADM.	FILE NUM	/ BER
0101	1	1	2		ę	94999)										07	7				
POLICY NUME	BER	CERT. NO.	POLICY E	FFECTIV	'E DATE		CLA	AIM NO.		STAT	[DATE AT	TNY D	DISC		LO	SS CON	DITION	S		JURIS	MCO
			MO.	DAY	YR					CODE*	Ν	10. E	AY	YR	ACT	TYPE	RCO	v c	OV	SETT L	STATE	TYPE
WC5432	1		07	01	00		46	6122		0					01	01	01	(03	00	37	00
		INSURED N	AME						МО	ACC. DAT DAY	Е YR	DAT MO		DEATH	DAT MO	E REPO DAY	RTED YR	DAT MO	E OF B		SURG CODE	ATTNY CODE*
		Z Industries C	amoration									IVIO	DAT								CODE	
		1	· ·			PART	NIAT		10	01	00	0001			10	01	00	04	01	55		3
WORKER LAST	NAME	AVG. WEEKI WAGE		URY DES		PARI	NAT	URE	CAUSE			Ουυυ	IPATIC	NN		M	TE CLOS C	YR	RESEF COD		LUMP SUM	FRAUD
Jones		459	C	CODE* 🖡		30	1	3	10			М	iller									
SOCIAL SECUR	ITY NUMBER	DATE	SINGLE	MO	DAY		· · · ·	EMPLO	YMENT				R LAST	Г			DAT	TE OF	N	٨O	DAY	YR
l		SUN	I PAID 🖡					STAT	US 🖡			EXP	OSED	٠			н	IRE 🖡	C)9	01	80
		BENEFITS O	THER THAI	N PENS	ION											PENS	ION BE	NEFIT	s			
KIND (OF BENEFIT		% DISAB.	BODY COI		NC WEE			INC	URRED			BEN	EFICIA	RY DA	TA*			CALC	CULAT	IONS	
1. TEMPORARY INDE	MNITY		ХХХ	Χ)			-					CC	DE	DA MO	TE OF BI DAY	RTH YR		Pai	d to ∖	/aluat	tion Dat	te
2. SCHEDULED INDEN	INITY												1	04	01	55	T	65.	285 x	306	= 1997	7
																		F	uture	Pay	ments	
3. NON-SCHEDULED I	NDEMNITY			X>	(X	XX	ΧХ										3	306 x	52 x ′	17.71	0 = 281	802
4. EMPLOYERS LIABIL																						
5. VOCATIONAL REHA		OTAL INCURR	ED																			
6. CLAIMANT LEGAL E	EXPENSE											7.	PENS	ION IN	DEM. F	PAID TO) val. [DATE				19977
PHYSICIAN PAID				EMP. DIS			D									EV. RSV)			
HOSPITAL PAID			PE	ERM. PA	RTIAL	PAID										URE INI	DEM. P	MNT.				281802
APP. MED. EVAL. PAI	D		PE	ERM. TC	DTAL PA	AID						10.	FUN	ERAL /	ALLOW	ANCE						0
DEFENSE MED. EVAL	PAID		DE	EATH P	AID							11.	LUM	P SUM	REMA	RRIAG	E					0
INDEP. MED. EVAL. PA			SI	NGLE L	UMP SI	JM												1 1-11)				301779
LEGAL EXP DEFENS				R. PAID												D MEDIO						13000
ANNUITY PURCHASE	AMT.		V.	r. Inde	M. INC	URREE	D					14.	TOT	AL IND	EM. PA	AID TO Y	VAL. DA	ATE				19997
TOTAL GROSS INCUR	RED			R. TRAI			RED					15.	TOT	AL ME	D. PAID	Ο ΤΟ VA	L. DAT	E				6000
			V.	R. EVAL	. INCU	RRED						16.	SOC	. SEC.	OR OT	HER O	FFSET	AMT.				

*SEE REVERSE FOR CODING

Illustration 10 - Individual Risk Experience with USL & HW Coverage

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

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

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

								I STATIS														_
								POLICY I														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number	Policy Effective	Date Policy E	xpiration Date	e Expos.	. State	State Effective Date	e Certi	ficate No.	Card	Serial No.		Risk ID Numl	per	Page No.	Las	t Page No.
01		1,160		16928		99887	07/01/0	0 07	/01/01	0	7											
				10720		77007	0//01/0	0 071	101/01	0	/											
		_															F	E.I.N.		Pending	File No.	
			eve Ho	Corporation	on												1.	L.I.IV.		rending	THE NO.	
Insured	's Addre	ess:															1234	56789				
Mod Effect	ive Date	Rate E	Effective Date			licy Conditions		Policy Type I D	Dedu		duct.	Deductible Amoun		Deductible Amo	unt	Reserved		For Carrier Use		For	Bureau Use	
				3 Yr F/R Multi Policy Pol		Estimated Retro Canc Exposure Policy Mid-1		Plan Non Ind. Std		e Per	rcent	Claim/Accider	it	Aggregate								
				N ľ	l l	N N N	I N 01	01 01														
			EXPOSU	RE INFORMAT	TION							LOSS IN	FORMAT	ION								
Upd	F					*Up	d Claim Number	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status		Lo	ss Conditions		Jurisdic	Cat.	MCO
Туре	Exp. Cov	v. (Class Code	Exposure Amount	Manual Rate	Premium Rate Typ	e	No. Claims					Code			Act	Туре		Cov S	State	No.	Туре
	02		6843	12789	23.90	30567	789803	10/01/00) 23	39897		25000	6843	2	0	02	01	01		00	00	00
	0.4		0740	0704/		00054	Social Securit	y Number	Part	Nature	Cause		ccupation Des			oc. Lu	np Frau	d Deduct		I Indemnity		Aedical
	01		0718	27913	32 11.77	32854	Claimant's Attorney Fees	s Employer's At	42 torney Fees	49	36		Iron Wor Reven	KEL sed for Future L					A	8008 LAE Paid	ALAE I	000 ncurred
						*Up Тур	d Claim Number	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State	Cat. No.	MCO Type
		-			Ī											Act	Туре		Cov S	ettl		
	Α.		otal Subje	ct Premium		63421	6 Social Securi	a Number	Part	Nature	Cause	1287	0718 ccupation Des	6	1 v	01 c. Lu	np Frau	01	03 C	0 I Indemnity	00	00 Aedical
	B.		Nod (XX.X)			0.975	Social Securit	y Number	Pall	Nature	Cause	0	ccupation bes	cription		N Lu	пр глас	u Deduci	Fai	rindeninity		287
	_	_					Claimant's Attorney Fees	s Employer's At	torney Fees	1			Rever	sed for Future L	lse	<u> </u>			A	LAE Paid		ncurred
	C.	1	otal Modif	ied Premium		61835	d Claim Number	Acc. Date/	Incurre	ed Indemnity	Inci	urred Medical	Class	laiuar	Status	1				Jurisdic	Cat.	MCO
						*Up Typ		No. Claims	incure	eu muenniny	mcu	urred medical	Code	Injury	Sidius	Act		ss Conditions	Cov S	State	No.	Туре
	D						789749	08/01/00	1 23	33755		0	0718	1	0	01	Type O1			0	00	00
	D.						Social Securit		Part	Nature	Cause		ccupation Des			pc. Lu	np Frau		Pai	Indemnity	Paid N	Aedical
	Ε.	_				——————————————————————————————————————	Claimant's Attorney Fees	s Employer's At	90 torney Fees	13	75		Ship Bui Rever	Ider sed for Future L		N			A	3346 LAE Paid) Incurred
	F.																					
						*Up Тур	Claim Number	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State	Cat. No.	MCO Type
								NO. CIAINS					Code			Act	Туре	Recov	Cov S		NO.	Type
	G.	Т	otal Standard Ex	posure 10701	Total Standard Pre	mium 61835																
							Social Securit	y Number	Part	Nature	Cause	0	ccupation Des	cription	v	oc. Lu	np Frau	d Deduct	Pai	Indemnity	Paid N	Aedical
	H.		006_	Premium Dise	count Amt.		Claimant's Attorney Fees	s Employer's At	tornov Foor	<u> </u>			Dours	sed for Future L	150					LAE Paid	AL A.	ncurred
	ı		0900	Expense Con	stant Amt		Claimant S Attorney Fees	, Employer's Al	torney rees				Rever	sca for nuture t	130				A	LAC Falu	ALAE	nouneu
	I.			Expense our	Stant Junt	*Up Тур	d Claim Number	Acc. Date/	Incurre	ed Indemnity	Incu	urred Medical	Class	Injury	Status		10	ss Conditions		Jurisdic	Cat.	MCO
						Тур	e	No. Claims					Code			Act	Туре		Cov S	State	No.	Туре
	J.																					
	к						Social Securit	y Number	Part	Nature	Cause	0	ccupation Des	cription	v	oc. Lu	np Frau	d Deduct	Pai	Indemnity	Paid N	Nedical
	К.	-				<u> </u>	Claimant's Attorney Fees	s Employer's At	torney Fees	<u> </u>	I	-	Reven	sed for Future L	lse				A	LAE Paid	ALAE I	ncurred
	L.																					
							Reserved for Future Use	Tatal	No. Claims	Ŧ	otal Ingress	d Indemnity	OSS TOT	ALS red Medical	Dorr	ved for Futu		Total De:	d Indemnity	т	otal Paid Me	dical
							Reserved for Fullure USe		No. Claims		473	,		7ed Medical 287	Rese	veu iur Full	16 026		354	10	16287	
		-				├┨	Tot. Claimant's Attny. Fee	es Tot. Employ	ð /er's Attny. Fe	es	4/3	UJZ	ZO Reserved for				_		JD4 LAE Paid	То	I OZO / al ALAE Inc	
					1												_					

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 x 52 x 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.

First Reprint

Page	13.1
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			UNIT	STA	TISTI	CAL	PLA	N - II		/IDUA		ASE	R	EPOF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CO		CARR	IER NU	IMBER				CARF	RIER NA	ME			S	PAYR STATE C			ADN	. FILE NUI	MBER
6843	1	1	2		1	16928	3										07	,				
POLICY NUME	BER	CERT. NO.	POLICY E	FFECTI	VE DATE		CLAIN	I NO.		STAT	D	ATE AT	TNY	DISC		LOS	SS CON	DITION	٧S		JURIS	MCO
			MO.	DAY	YR					CODE*	M	0. D	AY	YR	ACT	TYPE	RCO	V C	COV	SETT L	STATE	TYPE
99887			07	01	00		7898	303		0					02	01	01		03	00	37	00
		INSURED N	AME						A	CC. DAT	E	DAT	E OF	DEATH	DAT	E REPO	RTED	DAT	TE OF	BIRTH	SURG	ATTNY
									MO	DAY	YR	MO	DA	Y YR	MO	DAY	YR	MO	DA	Y YR	CODE	CODE*
	S	Steve Ho Corp	ooration						10	01	00				10	01	00	03	15	33		
WORKER LAST		AVG. WEEKI	1		1	PART	NATUF	RE C	AUSE			OCCL	PATI	ON		DAT	TE CLOS	· · · · ·		ERVE	LUMP	FRAUD
		WAGE	IN.	IURY DE	SC.											MC) `	YR	CC	DE*	SUM	
Vee		459		CODE*		42	49		56	1		Iron \	Norl	ker								
SOCIAL SECUR	ITY NUMBER	DATE	SINGLE	MO	DAY	YI	R E	MPLOY	MENT				R LAS				DAT	TE OF		МО	DAY	YR
123-45-	9876	SUN	1 PAID					STAT	US			EXP	DSED	1			н	RE		01	01	80
		BENEFITS O	THER THA		SION											PENS	ION BE	NEFI	тѕ			
KIND (OF BENEFIT		% DISAB.		Y MEM. DDE*		O. EKS		INCL	JRRED			BEN	IEFICIA	RY DA	ΓA*			CA	LCULAT	IONS	
1. TEMPORARY INDE	MNITY		ххх		XX	VVL	LNO					со	DE	DA MO	TE OF BI	RTH YR		Pa	id to	Valua	tion Da	te
2. SCHEDULED INDEM	INITY													03	15	33		65	.285	x 306	= 1997	7
																			Futu	re Pay	ments	
3. NON-SCHEDULED I	NDEMNITY			X	хх	ХХ	XX										3				28 = 234	4352
4. EMPLOYERS LIABIL	ITY OR OTHER	R INDEMNITY																				
5. VOCATIONAL REHA	BILITATION TO	OTAL INCURR	ED																			
6. CLAIMANT LEGAL E	XPENSE											7.	PENS	SION IN	DEM. F	AID TO	VAL. D	DATE				19977
PHYSICIAN PAID			T	EMP. D	ISABILIT	Y PAI	D					8.	PENS	. INDE	M. PRE	V. RSV	D., NO		D			
HOSPITAL PAID			Р	ERM. P	ARTIAL	PAID						9.	PRES	S. VALU	E FUTI	JRE IN	DEM. P	MNT.				234352
APP. MED. EVAL. PAIL	D		Р	ERM. T	OTAL PA	١D						10.	FUN	IERAL A	ALLOW	ANCE						0
DEFENSE MED. EVAL	PAID		D	EATH I	PAID							11.	LUN	IP SUM	REMA	RRIAGE						0
INDEP. MED. EVAL. PA	AID		S	INGLE I	LUMP SI	JM						12.	тот	AL INC	URRED	INDEM	1.,(SUN	1 1-11))			254329
LEGAL EXP DEFENS	SE		V	.R. PAII	D							13.	тот	AL INC	URRED	MEDIC	CAL					25000
ANNUITY PURCHASE	AMT.		V	.R. IND	EM. INCU	JRREI	D					14.	тот	AL IND	EM. PA	ID TO \	/AL. DA	\TE				8008
TOTAL GROSS INCUR	RED		V	.R. TRA	INING IN	CURF	RED					15.	тот	AL ME	D. PAID	TO VA	L. DAT	E				15000
			V	.R. EVA	L. INCU	RRED						16.	SOC	C. SEC.	OR OT	HER OF	FSET	AMT.				

*SEE REVERSE FOR CODING

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

Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$475 Effective Date - 07/01/00 Date at Valuation - 01/01/02 Date of Accident - 08/01/00 Widow's Date of Birth - 05/01/35 Age at Widowhood - 65 Age at Valuation - 66 1st Level Report - Open Date of Death - 08/01/00

Present Value of Future Payments Weekly Benefit = $.6667 \times ($475) = 316.68 Present Value of \$1 = 12.611 - Widowhood at age 65, ^a[x] + 1 Value \$316.68 x 52 x 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

First Reprint

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			UNIT	STA	TISTIC	CAL	PLA	N - II	NDI\	/IDU/		CASI	E RI	EPOF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CC		CARRI	ER NUN	MBER				CARI	RIER N/	AME			:	PAYR STATE C			ADN	1. FILE NU	MBER
0718	1	1	1		1	6928											07	,				
POLICY NUMBE	ĒR	CERT. NO.	POLICY E	FFECTIV	/E DATE		CLAIM	NO.		STAT	0	DATE A	TTNY	DISC		LO	SS CON	DITION	٩S		JURIS	MCO
			MO.	DAY	YR					CODE*	N	10. [DAY	YR	ACT	TYPE	RCO	v c	COV	SETT L	STATE	TYPE
99887			07	01	00		7897	749		0					01	01	01		03	00	37	00
		INSURED NA	AME							ACC. DAT				DEATH		E REPO				BIRTH	SURG	ATTNY
									MO	DAY	YR	MO	DA	Y YR	MO	DAY	YR	MO	DAY	Y YR	CODE	CODE*
	S	Steve Ho Corp	oration						08	01	00	08	01	00	08	01	00	07	25	34		
WORKER LAST N	AME	AVG. WEEKL	Y		F	PART	NATUR	EC	AUSE			OCCI	JPATI	ON		DA	TE CLOS			ERVE	LUMP	FRAUD
		WAGE		URY DES CODE*	SC.					$\frac{1}{2}$						MC	<u>י כ</u>	YR	СО	DE*	SUM	
Stevens		475		CODE	_	90	13		75			Ship	Buil	der								
SOCIAL SECURIT	Y NUMBER		SINGLE	MO	DAY	YR	R EN	MPLOY					R LAS					TE OF		MO	DAY	YR
789-65-4	1321	SUM	I PAID					STATI	JS			EXP	OSED				HI	RE		01	01	80
		BENEFITS O	THER THA	N PENS	SION							-				PENS	ION BE	INEFI	TS			
KIND O	F BENEFIT		% DISAB.		MEM. DE*	NC WEE			INCL	JRRED			BEN	IEFICIA	RY DA	TA*			CAI	LCULA [.]	TIONS	
1. TEMPORARY INDEM	NITY		ХХХ		XX							СС	DDE	DA MO	TE OF BII DAY	RTH YR		Pa	aid to	Valua	ation Da	te
2. SCHEDULED INDEM	NITY												2	05	01	35		74	4 x 3	16.68	= 2341	2
																			Futu	re Pay	ments	
3. NON-SCHEDULED IN	IDEMNITY			XX	ХХ	XX	XX										52	2 x 31	16.68	3 x 12.	611 = 2	07670
4. EMPLOYERS LIABILI																						
5. VOCATIONAL REHAR	BILITATION TO	OTAL INCURRE	ED																			
6. CLAIMANT LEGAL EX	KPENSE											7.	PENS	SION IN	DEM. F	PAID TC) VAL. D	DATE				23412
PHYSICIAN PAID			TE	EMP. DI	SABILIT	Y PAIE)					8.	PENS	S. INDE	M. PRE	V. RSV	'D., NO	T PAII	D			
HOSPITAL PAID					ARTIAL F									S. VALU			DEM. P	MNT.				207670
APP. MED. EVAL. PAID			PE	ERM. TO	OTAL PA	١D						10	. FUN	IERAL A	LLOW	ANCE						700
DEFENSE MED. EVAL			DI	EATH F	PAID								-	1P SUM		-						804
INDEP. MED. EVAL. PA	ID		SI	NGLE L	UMP SL	JM								AL INC				11-11)			232586
LEGAL EXP DEFENS				R. PAID										AL INC								0
ANNUITY PURCHASE A			V.	R. INDE	EM. INCL	JRRED)							AL IND								13346
TOTAL GROSS INCURF	RED				INING IN		RED							AL MEI								0
		V.	R. EVAI	L. INCUF	RRED						16	. SOC	C. SEC.	OR OT	HER O	FFSET	AMT.					

*SEE REVERSE FOR CODING

Illustration 11 - Second Reporting of Losses for Unit for Illustration 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/03).

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

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

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

Refer to Illustrations 11a and 11b for Individual Case Reports.

Illustration 11

- - + D

SUPPLEMENTAL LOSS REPORT

															ig rile No.		Page N		No.
Report		Corr. Typ	be F	Replace Rpt Ind.		er Code 928			Policy Numl					Effective Dar /01/00		Policy Expi			. State
Insur	ed's Name: Ste	eve Ho	Corp.			020										F.E.I.	N.	Card Se	rial No.
Insur	ed's Address:	A	cc. Date/ No). Claims	Incurred Inc	emnity	Incurred Med	tical	Class Code	Injury	Status					12345	6789 Jurisdic	Cat.	МСО
Upd Typ												Act	Туре	Loss Condition	Cov	Settl	State	No.	Туре
Р	789803 Social Security Numb		10/01 Part	/00 Nature	2398 Cause	97	2500	0 Ipation Des	6843	2	O Voc.	02	01 Fraud	01 Deduct	03	00 Paid Indemnity		00 Paid Med	00
	Social Security Numb	Jei	Part 42	49	36		ouu	ipation pesi	cription		N.	Lump	riduu	Deduct	r	8008		1500	
	Claimant's Attorney F	ees		loyer's Attorn					Reversed	or Future Use						ALAE Paid		ALAE Incu	
Upd	Claim Number	A	cc. Date/ No	o. Claims	Incurred Inc	emnity	Incurred Med	lical	Class Code	Injury	Status			Loss Condition	ns		Jurisdic State	Cat. No.	MCO Type
тур												Act	Туре	Recov	Cov	Settl			31.
R	789803 Social Security Number		10/01 Part	/00 Nature	2455 Cause	10	2750 Occu	0 Ipation Des	6843	2	0 Voc.	02 Lump	01 Fraud	01 Deduct	03	00 Paid Indemnity		00 Paid Med	00
			42	49	36						Ν					18715 ALAE Paid		2000	
	Claimant's Attorney F	ees	Emp	loyer's Attorr	iey Fees				Reversed	or Future Use						ALAE Paid		ALAE Incu	rred
Upd Typ	Claim Number	A	cc. Date/ No	o. Claims	Incurred Inc	emnity	Incurred Med	lical	Class Code	Injury	Status	Act	Туре	Loss Condition	ns Cov	Settl	Jurisdic State	Cat. No.	MCO Type
P	789749		08/01	/00	2337	55	0		0718	1	0	01	01	01	03	00		00	00
1	Social Security Number		Part	Nature	Cause	00	-	pation Des			Voc.	Lump	Fraud	Deduct		Paid Indemnity		Paid Med	
-	Claimant's Attorney F	ees	90 Emp	13 loyer's Attorr	75 ney Fees				Reversed	or Future Use	Ν					13346 ALAE Paid		O ALAE Incu	rred
Upd Typ	Claim Number	A	cc. Date/ No	o. Claims	Incurred Inc	emnity	Incurred Mec	lical	Class Code	Injury	Status	Act	Туре	Loss Condition Recov	ns Cov	Settl	Jurisdic State	Cat. No.	МСО Туре
R	789749		08/01		2442	43	0		0718	1	0	01	01	01	03	00		00	00
	Social Security Numb	ber	Part 90	Nature	Cause 75		Occu	pation Des	cription		Voc. N	Lump	Fraud	Deduct		Paid Indemnity		Paid Med	ical
	Claimant's Attorney F	ees		I J loyer's Attorn					Reversed	or Future Use	IN					ALAE Paid		ALAE Incu	rred
Upd	Claim Number	A	cc. Date/ No	o. Claims	Incurred Inc	emnity	Incurred Med	lical	Class Code	Injury	Status			Loss Condition	ns		Jurisdic State	Cat. No.	MCO Type
Тур												Act	Туре	Recov	Cov	Settl	otate	110.	1340
	Social Security Numb	ber	Part	Nature	Cause		Осси	upation Des	cription		Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	ical
	Claimant's Attorney F	ees	Emp	loyer's Attorr	ney Fees				Reversed	or Future Use						ALAE Paid		ALAE Incu	rred
Upd Typ	Claim Number	A	cc. Date/ No	o. Claims	Incurred Inc	emnity	Incurred Med	lical	Class Code	Injury	Status	Act	Туре	Loss Condition Recov	ns Cov	Settl	Jurisdic State	Cat. No.	МСО Туре
	Social Security Numb	ber	Part	Nature	Cause		Uccu	pation Des	cription		Voc.	Lump	Fraud	Deduct	ŀ	Paid Indemnity		Paid Med	ICAI
	Claimant's Attorney F	ees	Emp	loyer's Attorn	ney Fees				Reversed	or Future Use	1					ALAE Paid		ALAE Incu	rred
								LOS	S TOTA	S									
Rev	erse for Future Use		Total No.		To	tal Incurred	Indemnity		tal Incurred Medic		Reserved	d for Future	Use		I Paid Inde			otal Paid Med	
Total C	aimant's Attorney Fees	Total E	8 Employer's	Attorney Fee	s	4897	53	Res	28787 served for Future L	lse					4150 otal ALAE P			21287 Dtal ALAE Incur	

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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			UNIT	STA	TISTIC	CAL	PLA	N - II	NDI\	/IDUA		ASE	R	EPOR	T							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CO		CARRI	ER NUI	MBER				CARF	RIER NA	ME			5	PAYR STATE C			ADM	. FILE NUM	//BER
6843	2	1	2		1	6928	3										07	,				
POLICY NUMB	ER	CERT. NO.	POLICY E	FFECTIV	/E DATE		CLAIM	NO.		STAT	D	ATE AT	TNY	DISC		LOS	SS CON	DITION	1S		JURIS	MCO
			MO.	DAY	YR					CODE*	M	0. D	AY	YR	ACT	TYPE	RCO	V C	COV	SETT L	STATE	TYPE
99887			07	01	00		7898	303		0					02	01	01		03	00	37	00
		INSURED N	AME						A	CC. DAT	=	DAT	E OF	DEATH	DAT	E REPOI	RTED	DAT	TE OF I	BIRTH	SURG	ATTNY
									MO	DAY	YR	MO	DA`	Y YR	MO	DAY	YR	MO	DAY	YR YR	CODE	CODE*
		Steve Ho C	Corp.						10	01	00				10	01	00	03	15	33		
WORKER LAST N	IAME	AVG. WEEKL	Y.		F	PART	NATUR	E C	AUSE	_		OCCU	IPATI	ON	-	DAT	TE CLOS	г		RVE	LUMP	FRAUD
		WAGE	INJ	URY DES	SC.											MC		YR	CO	DE*	SUM	
Vee		459		CODE*		42	49		56			Iron \	Norl	ker								
SOCIAL SECURI	TY NUMBER	DATE	SINGLE	MO	DAY	YR	R EI	MPLOY	MENT				RLAS				DAT	TE OF		MO	DAY	YR
123-45-9	9876	SUN	1 PAID					STATI	JS			EXPO	OSED	I.			HI	RE		01	01	80
		BENEFITS O	THER THA	N PENS	SION											PENS	ION BE	NEFI	тѕ			
KIND O	F BENEFIT		% DISAB.	BODY CO	′ MEM. DE*	NC WEE			INCL	JRRED			BEN	IEFICIA	RY DAT	ΓA*			CAL	CULAT	IONS	
1. TEMPORARY INDEM	INITY		ххх	X)		VVLL						со	DE	DA ⁻ MO		TH YR		Pa	id to	Valua	tion Da	te
2. SCHEDULED INDEM	NITY											1	1	03	15	33	T	117.4	428 x	306.0	00 = 35	933
																	_		Futur	e Pay	ments	
3. NON-SCHEDULED IN	NDEMNITY			X)	хх	XX	хх										30	6.00	x 52	x 14.(047 = 22	23516
4. EMPLOYERS LIABIL	ITY OR OTHER	RINDEMNITY		1																		
5. VOCATIONAL REHA	BILITATION TO	OTAL INCURRI	ED																			
6. CLAIMANT LEGAL E	XPENSE											7.	PENS	SION IN	DEM. P	AID TO	VAL. D	DATE				35933
PHYSICIAN PAID			TE	EMP. DI	SABILIT	Y PAIE)					8. I	PENS	. INDE	M. PRE	V. RSV	D., NO	t pai	D			
HOSPITAL PAID			PI	ERM. PA	ARTIAL F	PAID						9. I	PRES	S. VALU	E FUTI	JRE IND	DEM. P	MNT.				223516
APP. MED. EVAL. PAID)		PI	ERM. TO	DTAL PA	ID						10.	FUN	IERAL A	LLOW	ANCE						0
DEFENSE MED. EVAL	PAID		DI	EATH P	PAID							11.	LUN	IP SUM	REMA	RRIAGE						0
INDEP. MED. EVAL. PA	ID		SI	NGLE L	UMP SU	JM						12.	TOT	AL INC	URRED	INDEM	1.,(SUN	1 1-11))			259449
LEGAL EXP DEFENS	E		V.	R. PAID)							13.	TOT	AL INC	URRED	MEDIC	CAL					27500
ANNUITY PURCHASE	AMT.		V.	R. INDE	M. INCL	JRRED)					14.	TOT	AL IND	EM. PA	ID TO \	/AL. DA	λΤΕ				18715
TOTAL GROSS INCURI	RED		V.	R. TRAI	NING IN	ICURR	RED					15.	тот	AL MED). PAID	TO VA	L. DAT	E				20000
		V.	R. EVAI	L. INCUF	RRED						16.	SOC	C. SEC.	OR OT	HER OF	FSET	AMT.					

*SEE REVERSE FOR CODING

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

Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$475 Effective Date - 07/01/00 Date at Valuation - 01/01/03 Date of Accident - 08/01/00 Widow's Date of Birth - 05/01/35 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open Date of Death - 08/01/00

Present Value of Future Payments Weekly Benefit = $.6667 \times ($475) = 316.68 Present Value of \$1 = 12.290 - Widowhood at age 65, ^a[x] + 2 Value \$316.68 x 52 x 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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			UNIT	STA	TISTI	CAL	PLA	N - I		VIDUA		CASE	R	EPOR	T							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CC		CARR	IER NU	IMBER				CAR	RIER NA	ME				PAYR STATE C			ADN	1. FILE NUI	MBER
0718	2	1	1			16928	3										07	7				
POLICY NUME	BER	CERT. NO.	POLICY E	FFECT	VE DATE		CLAI	M NO.		STAT	[DATE AT	TNYI	DISC		LO	SS CON	DITION	٧S		JURIS	MCO
			MO.	DAY	YR					CODE*	N	10. D	AY	YR	ACT	TYPE	RCO	V C	COV	SETT L	STATE	TYPE
99887			07	01	00		789	749		0					01	01	01		03	00		00
		INSURED N	AME						A	ACC. DAT	E	DAT	E OF	DEATH	DAT	E REPO	RTED	DAT	TE OF I	BIRTH	SURG	ATTNY
									MO	DAY	YR	MO	DA	Y YR	МО	DAY	YR	MO	DAY	Y YR	CODE	CODE*
		Steve Ho C	orp.						08	01	00	02	01	96	02	01	96	07	25	34		
WORKER LAST	NAME	AVG. WEEKL	Y			PART	NATU	RE C	CAUSE			OCCU	PATI	ON		DA	TE CLOS	SED	RESE	ERVE	LUMP	FRAUD
		WAGE	-	URY DE												MC	<u>, c</u>	YR	CO	DE*	SUM	
Stevens		475		CODE*		90	13	;	75			Ship	Build	der								
SOCIAL SECUR	ITY NUMBER	DATE	SINGLE	MO	DAY	YF	R E	EMPLOY	YMENT			YEAF	R LAS	Т			DA	TE OF		MO	DAY	YR
789-65-	4321	SUM	I PAID					STAT	US			EXPO	DSED	1			Н	IRE		01	01	80
		BENEFITS O	THER THA		SION											PENS	ION BE	NEFI	тѕ			
KIND (OF BENEFIT		% DISAB.		Y MEM. DDE*		O. EKS		INCL	JRRED			BEN	IEFICIA	RY DA	TA*			CAL	CULA	TIONS	
1. TEMPORARY INDE	MNITY		ххх		XX		LIKO					со	DE	DA ⁻ MO		RTH YR		Pa	id to	Valua	tion Da	te
2. SCHEDULED INDEM	INITY											2	2	05	01	35	1	126.	142 x	316.	68 = 39	947
																			Futur	re Pay	ments	
3. NON-SCHEDULED I	NDEMNITY			X	ХХ	ХХ	XX										52	2 x 31	6.68	x 12.	290 = 2	02384
4. EMPLOYERS LIABIL	ITY OR OTHER	R INDEMNITY		1		1																
5. VOCATIONAL REHA	BILITATION TO	OTAL INCURRE	Ð																			
6. CLAIMANT LEGAL E	XPENSE											7. F	PENS	SION IN	DEM. F	AID TO	VAL. [DATE				39947
PHYSICIAN PAID			TE	EMP. D	ISABILIT	ΓΥ PAII	D					8. F	PENS	. INDE	M. PRE	V. RSV	D., NO		D			
HOSPITAL PAID			PE	ERM. P	ARTIAL	PAID						9. F	PRES	S. VALU	E FUTI	JRE INI	DEM. P	MNT.				202384
APP. MED. EVAL. PAIL	D		PE	ERM. T	OTAL PA	AID						10.	FUN	IERAL A	LLOW	ANCE						700
DEFENSE MED. EVAL	PAID		D	EATH I	PAID							11.	LUN	IP SUM	REMA	RRIAGE	=					642
INDEP. MED. EVAL. PA	AID		SI	NGLE I	LUMP SI	UM						12.	TOT	AL INC	JRRED		Л.,(SUN	/ 1-11)			243673
LEGAL EXP DEFENS	SE		V.	R. PAI	D							13.	TOT	AL INC	JRRED	MEDIO	CAL					0
ANNUITY PURCHASE	AMT.		V.	R. IND	EM. INC	URRE	D					14.	тот	AL IND	EM. PA		VAL. DA	ATE				22786
TOTAL GROSS INCUR	RED		V.	R. TRA	INING IN	NCURF	RED					15.	тот	AL MED	D. PAIC	TO VA	L. DAT	E				0
			V.	R. EVA	L. INCU	RRED						16.	SOC	C. SEC.	OR OT	HER O	FFSET	AMT.				

*SEE REVERSE FOR CODING

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

When reporting a classification, which includes coverage for the USL & HW Act, increase the rating value by 99.5% and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

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

_									214112														_
									POLICY IN	FORMA	TION												
Report No.	Corr. No.	Соп Тур		Carrier Code		Policy Number	Policy E	ffective Date	Policy Exp	piration Date	Expos. S	State Sta	ate Effective Date	Certifi	icate No.	Card S	Serial No.		Risk ID Numb	er	Page No.	Last	Page No.
01		51		99622		198265	07/	01/00	07/0	01/01	07	,											
-				77022		170203	0//	01/00		51/01	07												
																			E.I.N.		Dandin	File No.	
Insured	d's Name	e: Irc	on Erect	ors, Inc.														r.	E.I.N.		Pendin	FIIE NO.	
Insured	d's Addre	ess:																1234	56789				
Mod Effec	ctive Date	Rate	Effective Date		Poli	icy Conditions		Poli	cy Type I D	Dedu	ct. Dedu	uct. De	ductible Amount	Per D	eductible Amo	unt	Reserved		For Carrier Use	T	For	Bureau Use	
				3 Yr F/R Multist Policy Polic		Estimated Retro Cance Exposure Policy Mid-Te		Type Cov.	Plan Non- Ind. Std.	Туре	e Perc	ent	Claim/Accident		Aggregate								
				N Y		N N N	N		01 01														
			EVDOCU	re informati	ON								LOSS INF										
Upd			EXPUSU	REINFORMATI	ON	*Upd	Claim Num	bor	Acc. Date/	Incurr	ed Indemnity	Incurre	LUSS INF ed Medical	Class	UN Injury	Status					Jurisdic	Cat.	MCO
Туре	Exp. Co	v.	Class Code	Exposure Amount	Manual Rate	Premium Rate Type	Claim Nui	Dei	No. Claims	incurre	eu muenning	incurre	eu meurcar	Code	nijury	Jialus	Act		oss Conditions	0	State	No.	Туре
	02		0665	12000	25.16	30192	845		02/01/01	7	10560	25	5000	0665	2	0	Act	Type 01		Cov Sei 03 0		00	00
	02	_	0005	12000	J 25.10	30192		Security Nur		Part	Nature	Cause		upation Desc	ription	V	~~	mp Frau	.		J 37 Indemnity		Medical
	01		0665	100000) 12.61	126100				40	28	25		ron Worl		[N				7201	12	000
			0051	0500		010	Claimant's Attor	ney Fees	Employer's Atto	-				Reverse	ed for Future L	lse					AE Paid	ALAE I	ncurred
	01	+	0951	95000		912 *Upd	Claim Num	ber	5000 Acc. Date/		ed Indemnity	Incurre	ed Medical	Class	Injury	Status				2	5000 Jurisdic	Cat.	MCO
	01		0052	105000	0/ ר	*Upd 515 Type	olann Hann		No. Claims	mourre	a maoning	mounto		Code		oluluo			ss Conditions		State	No.	Туре
	Α.		Total Subi	ect Premium		157719	896		03/01/01		600	3	350	0665	5	1	Act 01	Type 01		Cov Set		00	00
			Evnoriona			10//1/		Security Nur		Part	Nature	Cause		cupation Desc	ription	V	DC. Lu	mp Frau	<u> </u>		Indemnity		Aedical
	В.		Mod (XX.X	XX)		0.900				48	65	01					N				500		50
	C.		Total Modi	fied Premium		141947	Claimant's Attor	ney Fees	Employer's Atto	rney Fees				Reverse	ed for Future L	lse				AL	AE Paid	ALAE I	ncurred
	0.			neu r reinium	-	141947 *Upd Type	Claim Num	ber	Acc. Date/	Incurre	ed Indemnity	Incurre	ed Medical	Class	Injury	Status		ام	ss Conditions		Jurisdic	Cat.	MCO
						Туре			No. Claims					Code			Act	Туре		Cov Set	State	No.	Туре
	D						897		03/15/01		750	8	300	0665	5	1	01	01		03 00		00	00
								Security Nur		Part	Nature	Cause	Oco	cupation Desc	ription	V	oc. Lu	mp Frau	Id Deduct		Indemnity		Aedical
	E.	_			_		Claimant's Attor	ney Fees	Employer's Atto	31 rney Fees	28	26		Revers	ed for Future L		N			AL	750 AE Paid	ALAE I	JU ncurred
	F.																						
						*Upd Type	Claim Num	ber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incurre	ed Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State	Cat. No.	MCO Type
									NO. CIAINS					Code			Act	Туре	Recov	Cov Set		NO.	Type
	G.		Total Standard E	posure 1२२०००१	Total Standard Prer	mium 1 <i>1</i> /10//7	898		04/11/01			2	250	0953	6	1	01	01	01	03 00)	00	00
				1 3 71 11 11	• •	111411	Socia	Security Nur	mber	Part	Nature	Cause	Oco	cupation Desc	ription	V	DC. Lu	mp Frau	Id Deduct	Paid	Indemnity	Paid N	Aedical
	H.		006_	Premium Disc	ount Amt.					36	40	19					N						50
							Claimant's Attor	ney Fees	Employer's Atto	rney Fees				Revers	ed for Future L	lse				AL	AE Paid	ALAE I	ncurred
	<u> </u>		0900	Expense Cons	tant Amt	*IInd	Claim Num	hor	Acc. Date/	Incurre	ed Indemnity	Incurro	ed Medical	Class	Iniun	Status	1				Jurisdic	Cat.	MCO
						*Upd Type	Claim Null		No. Claims	moulte	muchinity	ncuite	a moundi	Code	Injury	Jidius	Act		ss Conditions	Cov	State	No.	Туре
	1								6	1	1500	າ	010	0665	5	1	Act 01	Type 01		Cov Set 03 00		00	00
	J.	+					Socia	Security Nur		Part	Nature	Cause		cupation Desc	5	V	· · ·	mp Frau			Indemnity		ledical
	К.						01.12		Front and a second					-	16-5-1		N			1	500		10
							Claimant's Attor	ney Fees	Employer's Atto	rney Fees				Revers	ed for Future L	lse				AL	AE Paid	ALAE I	ncurred
	L.	_											10	OSS TOT	ALS								
							Reserved for Fu	ture Use	Total No	o. Claims	To	tal Incurred In		Total Incurr		Reser	ved for Fut	ure Use	Total Paid	I Indemnity	Т	otal Paid Med	dical
										0		71341	0	284	10					051		15410	
							Tot. Claimant's A	ttny. Fees	Tot. Employe	r's Attny. Fe	es			Reserved for I	Future Use				Total A	LAE Paid	Тс	tal ALAE Inc	urred
	5								500	000									25	000			
L	1																						

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-TraumaClaimant's Birth Date - 05/01/53Average Weekly Wage - \$500Spouse's Birth Date - 07/01/55Date of Accident - 02/01/01Date of Valuation - 01/01/02Effective Date - 07/01/00Claimants Age at Valuation - 48 (sex - M)Maximum Benefit - 200% NAWW = \$923.81Spouse'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 x (\$500) = \$333.35 wk Present Value of \$1 = 31.954 Future Payments - \$333.35 x 31.954 x 52 = \$553,897

Survivorship - .5 x (\$500) = \$250 Benefits

Present Value of Benefits = 9.782Future 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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			UNIT	STAT	ISTI	CAL	PLA	N - I		VIDUA	LC	ASE	R	EPOF	RT												
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CC		CARRI	IER NUN	MBER				CARR	IER NA	ME			:	PAYR STATE C			ADM	FILE NUN	1BER					
0665	1	1	2		ç	99622											07	7									
POLICY NUME	BER	CERT. NO.	POLICY E	FFECTIV	E DATE		CLAI	M NO.		STAT	D	ATE AT	TNY	DISC		LO	SS CON	DITION	IS		JURIS	MCO					
			MO.	DAY	YR					CODE*	M). D	DAY	YR	ACT	TYPE	RCO	V C	OV	SETT L	STATE	TYPE					
198265			07	01	00		84	45		0					02	01	01		03	00	37	00					
		INSURED N	AME						ļ	ACC. DAT	Ξ.	DAT	EOF	DEATH	DAT	E REPO	RTED	DAT	TE OF BI	RTH	SURG	ATTNY					
									MO	DAY	YR	MO	DA`	Y YR	MO	DAY	YR	MO	DAY	YR	CODE	CODE*					
		Iron Erection	s, Inc.						02	01	01				02	01	01	05	01	53							
WORKER LAST	NAME	AVG. WEEKL	Y		F	PART	NATU	RE C	CAUSE			OCCU	JPATI	ON		DA	TE CLOS	SED	RESEF		LUMP	FRAUD					
	500 40 28 25 Iron Worker											E*	SUM														
Doe	Doe 500 CODE* 40 28 25 Iron Worker																										
SOCIAL SECUR	ITY NUMBER	Indext Dice Indext Dice 500 CODE* 40 28 25 Iron Worker UMBER DATE SINGLE MO DAY YR EMPLOYMENT YEAR LAST DATE OF MO MO MBER OUM DAID											DAY	YR													
123-45-	-6789	SUM	1 PAID					STAT	US			EXPO	OSED				H	IRE	C)1	01	80					
		BENEFITS O	THER THA	N PENS	ION					·						PENS	ION BE	NEFI	TS								
KIND (OF BENEFIT		% DISAB.	BODY COI		NC WEE			INCL	JRRED			BEN	IEFICIA	RY DA	TA*			CALC	ULAT	IONS						
1. TEMPORARY INDE	MNITY		ХХХ	XX								со	DE	DA MO	TE OF BI	RTH YR		Pa	id to V	/alua	tion Dat	e					
2. SCHEDULED INDEM	INITY											1	1	05	01	53	T	47.7	'14 x 3	333.3	5 = 159	05					
												2	2	07	01	55		I	Future	e Pay	ments						
3. NON-SCHEDULED I	NDEMNITY			ХХ	X	XXX	XX											(333	3.35 x	52 x	31.954)) +					
4. EMPLOYERS LIABIL	LITY OR OTHER	R INDEMNITY																(2	250 x 5	52 x 9	9.782) =						
5. VOCATIONAL REHA		OTAL INCURRE	ED																1	2716	6						
6. CLAIMANT LEGAL E	EXPENSE											7. F	PENS	SION IN	DEM. F	PAID TO) val. [DATE				15905					
PHYSICIAN PAID				EMP. DIS)										′D., NO		2								
HOSPITAL PAID				ERM. PA													DEM. P	MNT.				681063					
APP. MED. EVAL. PAIL				ERM. TC		AID								IERAL A								C					
-	INSE MED. EVAL PAID DEATH PAID 11. LUMP													-						C							
INDEP. MED. EVAL. PA	AID		SI	NGLE LI	UMP SL	JM						12.	тот	AL INC	URRED) INDE	M.,(SUN	1 1-11))			696968					
LEGAL EXP DEFENS				R. PAID								-	-	AL INC	-		-					25000					
ANNUITY PURCHASE				R. INDE													VAL. DA				L 00 37 TH SURG AT YR CODE CG 53						
TOTAL GROSS INCUR	RED			R. TRAII			ED										AL. DAT					12000					
			V.	R. EVAL	. INCUI	RRED						16.	SOC	C. SEC.	OR OT	HER O	FFSET	AMT.									

*SEE REVERSE FOR CODING

Illustration 13 - Correction of Header Information Only

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

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

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

Illustration 13

										UNI	SIAII	STICA		URI												
											POLICY	INFORMA	ATION													
Report No. 01	Corr. No. 01	Corr. Type H	Replace Rpt. Ind.	Carrier (999)			Policy No WC12			Policy Effective Da		Expiration Date		s. State)7	State Effective Da	ite Cert	ificate No.	Card S	Serial No.		Risk I	D Number		Page No.	Las	t Page No.
	01				/0		WC54			01101170	<u> </u>			, ,												
Incured	l'e Namo		C Corp				1100	1021												F.	.E.I.N.			Pending	File No.	
	's Addre).																						
Mod Effect			fective Date			F	olicy Condition	าร		P	Policy Type I D	Dedu	ict De	educt.	Deductible Amou	int Per	Deductible Amo	ount I	Reserved		For Carr	rier Use		For F	Bureau Use	
				3 Yr F/R	Multistate	Interstate	Estimated	Retro	Canceled	MCO Type	Plan N	on- Typ		ercent	Claim/Accide		Aggregate									
				Policy	Policy	Rating	Exposure	Policy	Mid-Term	Indicator Cov.	Ind. S	td.														
			EXPOSU	re infof	RMATION										LOSS IN	IFORMAT	ION									
Upd Type	Exp. Cov.	. Cl	ass Code	Exposure /	Amount	Manual Rate	Pren	nium Rate	*Upd Type	Claim Number	Acc. Date No. Claim		ed Indemnity	Inc	urred Medical	Class Code	Injury	Status	Act	Lo Type	oss Cono Reco		v Sett	Jurisdic State	Cat. No.	МСО Туре
										Social Security	Number	Part	Nature	Cause	(Occupation Des	scription	Vo	DC. Lum	p Frau	ud I	Deduct	Paid Ir	demnity	Paid	Medical
							_				F													5 D.14		
										Claimant's Attorney Fees	Employer's	Attorney Fees				Rever	sed for Future l	Jse					ALA	E Paid	ALAE	Incurred
									*Upd Type	Claim Number	Acc. Date		ed Indemnity	Inc	urred Medical	Class	Injury	Status		Los	iss Cond	litions		Jurisdic	Cat.	MCO
	A.	Т	otal Subie	ect Premiu	ım				Туре		No. Claim:	5				Code			Act	Туре	Reco	v Cov	Settl	State	No.	Туре
		Γ,	noriona	`						Social Security	Number	Part	Nature	Cause	(Occupation Des	cription	Vo	oc. Lum	p Frau	ud I	Deduct	Paid Ir	demnity	Paid I	Medical
	В.	M	od (XX.X)	XX)							Frankriste	A.H	 					1						5 D.14		
	C.	Тс	tal Modi	fied Prem	ium					Claimant's Attorney Fees	Employer's	Attorney Fees				Rever	sed for Future l	Jse					ALA	E Paid	ALAE	Incurred
									*Upd Type	Claim Number	Acc. Date No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Lo	iss Cond	litions		Jurisdic State	Cat. No.	MCO Type
	D.								1 ypc		NO. CIAINI.	,				out			Act	Туре	Reco	v Cov	Settl		110.	Type
	E.									Social Security		Part	Nature	Cause	(Occupation Des	-	Vo	oc. Lum	p Frau	ud	Deduct		demnity		Medical
	F.									Claimant's Attorney Fees	Employer's	Attorney Fees				Rever	sed for Future l	Jse					ALA	E Paid	ALAE	Incurred
									*Upd Type	Claim Number	Acc. Date No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Lo	iss Cond	litions		Jurisdic State	Cat. No.	MCO Type
	0	Tot	al Standard Ex	rnosure		Total Standard P	remium												Act	Туре	Reco	v Cov	Settl			
	G.	100		posure		Total Standard I																				
	H.		006_	Premium	Discour	nt Amt.				Social Security	Number	Part	Nature	Cause	0	Occupation Des	scription	Vo	oc. Lum	p Frau	ud	Deduct	Paid Ir	demnity	Paid I	Vedical
			0900	Expense	Constar	at Amt				Claimant's Attorney Fees	Employer's	Attorney Fees				Rever	sed for Future l	Jse					ALA	E Paid	ALAE	Incurred
	I.		5700	LAPCHISC	Consta				*Upd Type	Claim Number	Acc. Date		ed Indemnity	Inc	urred Medical	Class	Injury	Status		Los	iss Cond	litions		Jurisdic	Cat.	MCO
									Туре		No. Claims	5				Code			Act	Туре	Reco		Settl	State	No.	Туре
	J.									Social Security	Number	Part	Nature	Cause	(Occupation Des	scription	Vo	oc. Lum	p Frau	ud	Deduct	Paid Ir	demnity	Paid I	Vedical
	К.									Claimant's Attorney Fees	Employer's	Attorney Fees				Rever	sed for Future l	Jse					ALA	E Paid	ALAE	Incurred
	L.	_														OSS TO				_						
										Reserved for Future Use	Tota	al No. Claims		Total Incurre	ed Indemnity		ALS rred Medical	Reser	ved for Futur	e Use	То	otal Paid Inc	lemnity	Тс	tal Paid Me	dical
	<u> </u>									Tot. Claimant's Attny. Fees	Tot. Empl	oyer's Attny. Fe	es			Reserved for	Future Use					Total ALAE	Paid	Tot	al ALAE Inc	urred

Illustration 14 - Correction of Loss Totals Only

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

Illustration 14

											POLI	CY INF	ORM <u>A</u>	TION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	Number		Policy	Effective Da	late Po	olicy Expira	ation Date	e Expo	s. State	State Effective D	Date Cert	ificate No.	Card	d Serial	No.	I	tisk ID Nur	mber		Page No.	Last	Page No.
01	04	T	-	99998		WC5	4321		01	/01/96	5			()7													
										-																		
Insured	's Name	ABC	Corp).	1						1						1		1			F.E.I	N.			Pending	ile No.	
	's Addre			-																	1							
Mod Effect	ive Date	Rate Effe	ctive Date			Policy Condition	ons				Policy Type I C	D	Deduc	ct. D	educt.	Deductible Amo	ount Per	Deductible Amo	ount	Reser	ved	Fo	Carrier U	se		For B	ureau Use	
				3 Yr F/R Multi Policy Pol		Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non- Std.	Туре	e P	ercent	Claim/Accid	lent	Aggregate										
		E	XPOSU	RE INFORMA	TION											LOSS II	NFORMAT	ION										
Upd Type	Exp. Cov.	Clas	ss Code	Exposure Amount	Manual Rate	Pre	emium Rate	*Upd Type	Claim Nur	mber	Acc. E No. CI		Incurre	ed Indemnity	/ Incu	urred Medical	Class Code	Injury	Status	5		Loss	Condition	s		Jurisdic State	Cat. No.	MCO Type
				·																	Act	Туре	Recov	Cov	Settl			51.
		_							Soci	al Security I	Number		Part	Nature	Cause	1	Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indem	nnity	Paid N	Aedical
											_																	
									Claimant's Atto	rney Fees	Employe	er's Attorne	ey Fees				Rever	sed for Future I	Use						ALAE Pa	id	ALAE II	ncurred
								*Upd Type	Claim Nur	nber	Acc. D		Incurre	ed Indemnity	Incu	urred Medical	Class	Injury	Status			Loss	Conditions	5		Jurisdic	Cat.	MCO
								Туре			No. Cl	laims					Code				Act	Туре	Recov	Cov	Settl	State	No.	Туре
	Α.		tal Subje	ect Premium					Soci	al Security I	Numbor		Part	Nature	Cause		Occupation De	cription		Voc.	Lump	Fraud	Dedu	ct	Paid Indem	anity	Paid N	Andical
	В.		d (XX.X)						300	al Security i			rait	Ivature	Cause		Occupation De	scription		VUC.	Lump	mauu	Dedu		r alu illueli	inty	r alu iv	licuical
	C.	To	tal Madi	fied Premium					Claimant's Atto	rney Fees	Employe	er's Attorne	ey Fees				Rever	sed for Future l	Use						ALAE Pa	id	ALAE I	ncurred
	U.	10						*Upd Type	Claim Nur	nber	Acc. D		Incurre	ed Indemnity	Incu	urred Medical	Class	Injury	Status			Loss	Conditions	5		Jurisdic	Cat.	МСО
		_						Туре			No. Cla	laims					Code				Act		Recov	Cov	Settl	State	No.	Туре
	D.								0		Number		01	Notori		-						1 5					D.: 10	A
	E.								2001	al Security I	Number		Part	Nature	Cause		Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indem	nnity	Paid N	ledical
	F								Claimant's Atto	rney Fees	Employe	er's Attorne	ey Fees				Rever	sed for Future I	Use						ALAE Pa	id	ALAE II	ncurred
	F.							*Upd Type	Claim Nur	nber	Acc. D		Incurre	ed Indemnity	Incu	urred Medical	Class	Injury	Status			Loss	Conditions	5		Jurisdic	Cat.	МСО
								Туре			No. Cla	laims					Code				Act		Recov	Cov	Settl	State	No.	Туре
	G.	Tota	Standard Ex	posure	Total Standard	Premium																						
		-	<i></i>	D · D:					Soci	al Security I	Number		Part	Nature	Cause		Occupation De	scription		Voc.	Lump	Fraud	Dedu	ct	Paid Indem	nnity	Paid N	Aedical
	H.	0	06_	Premium Dise	count Amt.			-	Claimant's Atto	rnev Fees	Employe	er's Attorne	ev Fees				Reve	sed for Future I	Use						ALAE Pa	aid	ALAE II	ncurred
	I.	0	900	Expense Con	stant Amt								y. 200															
				•				*Upd Type	Claim Nur	mber	Acc. D No. Cl		Incurre	ed Indemnity	Incu	urred Medical	Class Code	Injury	Status			Loss	Conditions	5		Jurisdic State	Cat. No.	MCO Type
								- ypc			110. 01						5000				Act	Туре	Recov	Cov	Settl	0.010		
	J.	_							Soci	al Security I	Number		Part	Nature	Cause		Occupation De	scription	l	Voc.	Lump	Fraud	Dedu	ct	Paid Indem	nnity	Paid N	ledical
	Κ.									-																		
	ī								Claimant's Atto	rney Fees	Employe	er's Attorne	ey Fees				Rever	sed for Future I	Use						ALAE Pa	nd	ALAE II	ncurred
	<u> </u>													l			LOSS TO											
									Reserved for F	uture Use		Total No. C			Total Incurre			rred Medical	Res	served fo	or Future l	Jse		aid Inder		Tot	al Paid Med	
		_						-	Tot. Claimant's A	Attny. Fees	Tot. E	14 Employer's		es	1360	033	/ Reserved fo)00 r Future Use						5471 ALAE P		Tota	6775 I ALAE Incu	
												1500												2500				

Illustration 15 - Correction of Old Form Information on New Form

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

Refer to Illustration 15a showing the correction on the ASWG form.

Illustration 15

REPOF	RT F	POLICY NU	JMBER		S	TATE		TATE NO.			CARRIER		CARRI NO		CEIVED	ADM FILE	NO.	
1		WC12				DE		07					9999	99				
	ECTIVE ATE	TERM	EX	KPIRAT DATE		11	SUR	ED A	BC	CORP.								_
	20/95		10)/26														
CON		92	93 9	94	95	96	97	98										
EXP	CLASS		EXPOSI	URE		MANU		PREMI	JM	CLAIM	ACCIDENT DATE	CLASS	INJ	INCURRED	LOSSES	OPEN	LOSS	CAT.
COV	CODE					RAT	E			NUMBER	OR NO. OF CLAIMS	CODE		INDEMNITY	MEDICAL	OR CLOSED	COV.	NO.
11	0953		1754	85		0.4	.9	860			3	0953	6		875	1	11	00
11	0951		833	68		0.9	6	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 SUBJE		/IUM					1660										
B - EXF	PERIENCE	MODIFIC	ATION	1				.850										
C - TO	TAL MODIFI	ED PRE	MIUM	(A) X	(B)			1411										
D																		
E																		
F																		
G																		
	STD		2588	53		ХХ	Х	1411										
RISK	OTHER					ХХ	Х	ХХХ	<									
TOTALS	0064	PREM	IUM DIS	SCOU	NT	ХХ	Х	(140))	TOTALS	6	XXXX	Х	7700	3695	Х	Х	Х
	0900	EXPE	NSE CC	ONSTA	NT													

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.

												POLIC	Y INFORM	ATION														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier (Code		Policy N	umber		Policy	Effective Dat	te Polio	cy Expiration Da	nte Ex	xpos. State	State	Effective Da	te Certi	ficate No.	Card	Serial No.		Risk ID I	Number		Page No.	Last	Page No.
01	01	М		999	99		WC1	2345		12	/20/95				07													
																1												
Insured	l's Name		Corp)																		F.E	.I.N.			Pending	File No.	
	l's Addre		<u>, eerb</u>																									
Mod Effec	tive Date	Rate Effe	ctive Date				Policy Condition	ins			Po	olicy Type I D	Ded	luct.	Deduct.	Dedu	uctible Amou	int Per D	eductible Amo	ount	Reserved	F	or Carrie	r Use		For B	ureau Use	
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.		Non- Ty Std.	/pe	Percent	(Claim/Accide	ent	Aggregate									
		E	XPOSU	re infor	RMATION	l											LOSS IN	FORMAT	ION									
Upd Type	Exp. Cov	Clas	is Code	Exposure	Amount	Manual Rate	e Pre	mium Rate	*Upd Type	Claim Nun	nber	Acc. Dat No. Clair		rred Indem	nity	Incurred	Medical	Class Code	Injury	Status		Los	s Conditi	ions		Jurisdic State	Cat. No.	MCO Type
			050		75 405					00.45	,					10	~~		,		Act	Туре	Recov	Cov	v Settl			
Р	11	0	953		75485	.4	9	860	Р	2345 Socia	6 al Security N	02/05/ lumber	/96 Part	Natur	re Ca	10 iuse		0951 Occupation Des	cription	V	00. Lu	ump Frau	De	duct	Paid Inde	mnity	Paid N	ledical
R	11	0	953	2	33945	.4	9	1146																				
										Claimant's Attor	rney Fees	Employer's	's Attorney Fees					Revers	sed for Future L	Jse				_	ALAE	Paid	ALAE li	ncurred
									*Upd Type	Claim Nur	nber	Acc. Dat No. Clair	te/ Incur	rred Indem	nity	Incurred	Medical	Class Code	Injury	Status		Los	s Conditi	ons		Jurisdic State	Cat. No.	MCO Type
																					Act	Туре	Recov	Cov	Settl	olulo	100.	1,160
	A.		al Subje	ct Premiu	um			1946	R	2345 Socia	6 al Security N	02/05/ lumber	96 Part	Natur	re Ca	150 iuse		0951 Occupation Des	cription	1	00C. LU	ump Fraud	De	duct	Paid Inde	mnity	Paid N	ledical
	В.	Мо	d (XX.X)	(X)				.850											-					_				
	C.	Tot	al Modif	ied Prem	ium			1654		Claimant's Attor	rney Fees	Employer	's Attorney Fees					Revers	sed for Future L	Jse				_	ALAE	Paid	ALAE II	ncurred
								1001	*Upd Type	Claim Nur	nber	Acc. Dat No. Clair		rred Indem	nity	Incurred	Medical	Class Code	Injury	Status		Los	s Conditi	ons		Jurisdic State	Cat. No.	MCO Type
												NO. CIAN						oode			Act	Туре	Recov	Cov	Settl	State	100.	Type
	D.								Р	Socia	al Security N	lumber	Part	Natur	re Ca	iuse	(Occupation Des	cription	V	oc. Lu	ump Fraud	De	duct	Paid Inde	mnity	Paid N	ledical
	Ε.								-	Claimant's Attor	mov Foos	Employor	's Attorney Fees					Povor	sed for Future L	150				_	ALAE	Daid	ALAE II	acurrod
	F.									Chamber 5 Actor	incy rees	Employer	5 Automog 1 ccs					Revers		550				_	ALAL	alu	ALAL II	louriou
									*Upd Type	Claim Nun	nber	Acc. Dat No. Clair		rred Indemi	nity	Incurred	Medical	Class Code	Injury	Status		Los	s Conditi	ons		Jurisdic State	Cat. No.	MCO Type
	0	Total	Standard Ex	nosuro		Total Standard	Promium			E (70	•	00/00/	10.4	7005			~~	0050		•	Act	Туре	Recov	Cov	Settl			
	G.	Tota			17313	rotar otaridara		1654	R	5678	9 al Security N	09/30/	Part	7935 Natur		40(iuse		0953 Decupation Des	4	0	00. Lu	ump Frau	Do	duct	Paid Inde	mpity	Paid N	ladical
	H.	0	06	Premium	n Discour	nt Amt.				30012	ar security in	lumber	Pait	ivatui	e Ca	luse	,	occupation des	сприон	•	UC. LL	лпр гтац	De	uuci	Palu IIIu	anning	rdiu iv	leuicai
			_							Claimant's Attor	rney Fees	Employer	's Attorney Fees					Revers	sed for Future L	Jse					ALAE	Paid	ALAE II	ncurred
	Ι.	0	900	Expense	Constar	nt Amt			*11= d	Claim Num	-h -=	Ass Dat	ta/ Incom	and in dom		In a sure of	Madical	Class	to barr	Chabus	1			_		Indedie	Cat	MCO
									*Upd Type	Claim Nurr	ider	Acc. Dat No. Clair		rred Indemi	nity	Incurred	medical	Class Code	Injury	Status	Act	Los Type	s Condition Recov	ons Cov	Settl	Jurisdic State	Cat. No.	MCO Type
	J.																				Act	туре	Recov	COV	Sem			
	к									Socia	al Security N	lumber	Part	Natur	re Ca	iuse	(Occupation Des	cription	v	oc. Lu	ump Fraud	De	duct	Paid Inde	mnity	Paid N	ledical
	<u>K</u> .	+								Claimant's Attor	mey Fees	Employer	's Attorney Fees					Revers	sed for Future L	Jse	I				ALAE	Paid	ALAE II	ncurred
	L.																-	LOSS TOT	ALS									
										Reserved for Fu	uture Use	To	otal No. Claims		Total Inc	curred Inde			ALS red Medical	Rese	rved for Fut	ture Use	Tota	I Paid Ind	lemnity	Tol	al Paid Med	ical
													7			15635			260		<u>.</u>							
										Tot. Claimant's A	Attny. Fees	Tot. Em	ployer's Attny. F	Fees				Reserved for	Future Use				Тс	otal ALAE	Paid	Tota	I ALAE Incu	urred
			1																									

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 nonratable 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.

										STATIS															
										POLICY IN	FORMA	TION													
Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy E	ffective Date	Policy Exp	iration Date	Expos.	State S	State Effective Date	e Certif	icate No.	Caro	I Serial No		Risk ID N	Number	Page N	lo.	Last Pag	je No.
	No.	Nor Ref. M2 12345 1234567 1201/01 07 Nor. 12345 1234567 1201/01 07 1201/01 07 Nor. 12345 1234567 1201/01 07 1201/01 07 Nor. 12345 1234567 1201/01 07 1201/01 07 Nor. Nor. <td></td>																							
01	Name Party Result Controls Party Result Party Result<																								
	No. Operation Description (bit or particular bit or parti bit o																								
<u> </u> .	No. Option Page 10 Output of the page 1234.567 Page 1334.567 Page 1334.567 <td></td>																								
			, Inc.																						
Insured	's Addre	SS:																	1234	456789	9				
Mod Effec	tive Date	Rate Ef	fective Date		Poli	icy Conditions			Polic	/ Type I D	Deduc	ct. Ded	luct.	Deductible Amoun	t Per D	eductible Amo	unt	Reserved		For Carrier	Use		For Burea	iu Use	
			Í						Туре		Туре	e Per	cent	Claim/Acciden	t	Aggregate									
00/0-	1/00	no/	01/00		Kaung						030	11		1000											
0710	1/00						IN	IN	01	01 01	030	/1													
			EXPOSUF	re informatio	N									LOSS IN	FORMAT	ON									
	Exp. Cov.	c	ass Code	Exposure Amount	Manual Rate	Premium Rate		Claim Num	ber	Acc. Date/	Incurre	ed Indemnity	Incu	rred Medical		Injury	Status		L	oss Conditi	ons				
туре	Exp. 001			Exposure / initiality	manual reato	1 Ionnain Nato	туре			NO. CIAIIIIS					Code			Ac	Туре	Recov	Cov		ic	NU.	Type
	01		0609	20000	12.10	2420		1234		02/13/01	2	2000		1500	0609	5	0	01	01	01	03	00		00	00
								Socia	Security Num	ber	Part	Nature		0	ccupation Des	cription		Voc.	ump Fra	ud De	duct	-			
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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

First Reprint

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2. SCHEDULED INDE	MNITY											2		мо 05	09	<u>ү</u> р 35				85= 112	
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4. EMPLOYERS LIAB	LITY OR OTHER	R INDEMNITY	I																		
5. VOCATIONAL REH	ABILITATION TO	OTAL INCURR	ED																		
6. CLAIMANT LEGAL	EXPENSE											7. F	PENSI	ON IN	DEM. F	AID TC	VAL. C	DATE			11236
PHYSICIAN PAID			TE	EMP. DIS	SABILIT	Y PAID)					8. F	PENS.	INDE	M. PRE	V. RSV	D., NO)		
HOSPITAL PAID			PI	ERM. PA	RTIAL	PAID						9. F	RES.	VALU	E FUTI	JRE INI	DEM. P	MNT.			126420
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DEFENSE MED. EVA	PAID		DI	EATH P	AID							11.	LUMF	P SUM	REMA	RRIAGE	E				489
INDEP. MED. EVAL. F	PAID		SI	INGLE L	UMP SL	JM						12.	TOTA	AL INC	URRED		И.,(SUN	11-11)			141145
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TOTAL GROSS INCU		۷.	.R. TRAI	NING IN	CURRI	ED					15.	TOTA	AL MED	D. PAID	TO VA	L. DAT	E			C	
		V	R. EVAL	INCLE	RRED						16	500	SEC			FFSET	AMT				

*SEE REVERSE FOR CODING

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

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 06/03).

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

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

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

Also note that claim 1234 is a subrogated claim.

Refer to Illustrations 17a for Individual Case Report.

Illustration 17

UNIT STATISTICAL REPORT

									_		POLICY					_		_		_					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	umber		Policy	Effective Dat	te Policy I	Expiration Date	e Exp	os. State	State Effective D	ate Certi	ificate No.	Card S	Serial No.		Risk ID Number	f	Page No.	Last F	Page No.
02				12345		1234	567		12	2/01/00	06	/01/01		07											
Insured	's Name:	123,	Inc.	•												1				F.I	E.I.N.		Pending	ile No.	
Insured	's Addres	SS:																		1234	56789				
Mod Effec	tive Date	Rate Effe	ctive Date		I	Policy Conditio	ns			Po	olicy Type I D	Dedu	uct.	Deduct.	Deductible Amo	unt Per	Deductible Amo	unt	Reserved		For Carrier Use		For B	ureau Use	
				3 Yr F/R Multistate Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Nor Ind. Sto		be	Percent	Claim/Accid	ent	Aggregate								
				N Y		Ν	Ν	Ν	Ν	01	01 01	030	01		1000										
		E	XPOSU	RE INFORMATION	J										LOSS II	VFORMAT	ION								
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Prer	mium Rate	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	red Indemni	ty li	ncurred Medical	Class Code	Injury	Status		Lo	ss Conditions		Jurisdic State	Cat. No.	MCO Type
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									Claimant's Atto	orney Fees	Employer's A	ttorney Fees				Rever	sed for Future l	Jse				ALAE Pai	d	ALAE In	curred
								*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	red Indemnit	y Ir	ncurred Medical	Class Code	Injury	Status		Los	s Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subio	ct Premium				R	1234	4	02/13/01		1000		1000	0609	F	1	Act 01	Type 01	Recov Cor			00	00
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	C.	Tot	al Modifi	ied Premium						-													-		
								*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	red Indemni	y Ir	ncurred Medical	Class Code	Injury	Status	Act		s Conditions		Jurisdic State	Cat. No.	MCO Type
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	F									ial Security Ni 2345678		Part 44	Nature 03	Caus 99		Occupation Des		Vo		np Frau	d Deduct	Paid Indem 12035	-	Paid Me	edical
	L .								Claimant's Atto		Employer's A		0.5	77			sed for Future l		N		-1	ALAE Pai	d	ALAE In	curred
	F .	_						*Upd	Claim Nur	mhor	Acc. Date/	Incurr	red Indemnif	v Ir	ncurred Medical	Class	Injury	Status	1		a		Jurisdic	Cat.	MCO
								Туре			No. Claims			,		Code			Act	Туре	Recov Co		State	No.	Туре
	G.	Total	Standard Exp	posure	Total Standard F	Premium		R	3214	4	04/20/01	1	48201			4773	1	0	01	01	01 03			00	00
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	H.	0	06_	Premium Discour	nt Amt.	_			1 Claimant's Atto	2345678	89 Employer's A	44	03	99)	LABOR	ER rsed for Future l	150	J			2208 ALAE Pai		ALAE In	ocurred
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								*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	red Indemni	y Ir	ncurred Medical	Class Code	Injury	Status		Los	s Conditions		Jurisdic State	Cat. No.	MCO Type
								1900			nor oranno					0000			Act	Туре	Recov Co	/ Settl	olulo	100.	1300
	J.								Soci	ial Security N	umber	Part	Nature	Caus	e	Occupation Des	scription	Vo	oc. Lur	np Frau	d Deduct	Paid Indem	nity	Paid Me	edical
	К.					_			Claimant's Atto	orney Fees	Employer's A	ttorney Fees				Rever	sed for Future l	lse				ALAE Pai	d	ALAE In	curred
	L.											,													
									Reserved for F	uture Use	Total	No. Claims		Total Incu	rred Indemnity	LOSS TOT Total Incu	TALS rred Medical	Reser	ved for Futu	ire Use	Total Paid In	demnity	Tot	al Paid Medi	ical
											. Star	4			3012		500				2458			3500	
								Т	ot. Claimant's I	Attny. Fees	Tot. Emplo	yer's Attny. Fe	ees			Reserved for		1			Total ALA		Tota	I ALAE Incur	rred

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

First Reprint

Illustration 17a

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT TYPE OF CARRIER NUMBER CARRIER NAME CLASS CODE REPORT TRAN. TYPE PAYROLL ADM. FILE NUMBER NO. CODE* CODE* INJ. CODE* STATE CODE* 0615 12345 2 07 1 STAT POLICY EFFECTIVE DATE DATE ATTNY DISC LOSS CONDITIONS POLICY NUMBER CERT. NO. CLAIM NO. JURIS MCO CODE* ACT TYPE RCOV SETT STATE TYPE MO. DAY YR MO. DAY YR COV 1 1234567 01 01 96 3214 01 01 01 03 00 37 00 INSURED NAME ACC. DATE DATE OF DEATH DATE REPORTED DATE OF BIRTH SURG ATTNY MO DAY YR MO DAY YR MO DAY YR MO DAY YR CODE CODE* 97 20 97 34 123, Inc. 04 20 97 04 20 04 09 27 WORKER LAST NAME AVG. WEEKLY PART NATURE CAUSE OCCUPATION DATE CLOSED RESERVE LUMP FRAUD SUM CODE* WAGE INJURY DESC. MO YR CODE* 378 44 03 99 Hilty Laborer SOCIAL SECURITY NUMBER DATE SINGLE MO DAY EMPLOYMENT YEAR LAST YR YR DATE OF MO DAY SUM PAID STATUS | EXPOSED HIRE | 564-73-8291 **BENEFITS OTHER THAN PENSION** PENSION BENEFITS BODY MEM. % DISAB. KIND OF BENEFIT NO. INCURRED **BENEFICIARY DATA*** CALCULATIONS CODE* WEEKS 1. TEMPORARY INDEMNITY DATE OF BIRTH ХХХ ХХХ Paid to Valuation Date CODE YR MO DAY 2. SCHEDULED INDEMNITY 2 05 09 192.78x110.285=21261 35 **Future Payments** 3. NON-SCHEDULED INDEMNITY ХХХ XXXX 192.78x52x12.290=123202 4. EMPLOYERS LIABILITY OR OTHER INDEMNITY 5. VOCATIONAL REHABILITATION TOTAL INCURRED 6. CLAIMANT LEGAL EXPENSE 7. PENSION INDEM. PAID TO VAL. DATE 21261 PHYSICIAN PAID TEMP. DISABILITY PAID 8. PENS. INDEM. PREV. RSVD., NOT PAID HOSPITAL PAID PERM. PARTIAL PAID 9. PRES. VALUE FUTURE INDEM. PMNT. 123202 APP, MED, EVAL, PAID PERM. TOTAL PAID 10. FUNERAL ALLOWANCE 3000 DEFENSE MED. EVAL PAID DEATH PAID **11. LUMP SUM REMARRIAGE** 391 INDEP. MED. EVAL. PAID SINGLE LUMP SUM 12. TOTAL INCURRED INDEM., (SUM 1-11) 147854 LEGAL EXP. - DEFENSE V.R. PAID 13. TOTAL INCURRED MEDICAL 0 ANNUITY PURCHASE AMT. V.R. INDEM. INCURRED 14. TOTAL INDEM. PAID TO VAL. DATE 22087 TOTAL GROSS INCURRED V.R. TRAINING INCURRED 15. TOTAL MED. PAID TO VAL. DATE 0 V.R. EVAL. INCURRED 16. SOC. SEC. OR OTHER OFFSET AMT.

*SEE REVERSE FOR CODING

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

Claim 68235 is a death claim.

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

Illustration 18

UNIT STATISTICAL REPORT

								UNIT	51A115	IICAL		JKI						
									POLICY IN	FORMAT	TION							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effective Date	e Policy Exp	piration Date	Expos. St	tate State Ef	fective Date	Certificate No.	Card Serial	No. Risk ID Numbe	r Page No.	Last Page No.
01	NO.	Type	Kpt. Ind.	99998		111222		07/01/00	01/0	01/01	07							
				99990		111222		07/01/00	01/0	11/01	07							
nsured'	's Name:	Bob	's Roc	ofing												F.E.I.N.	Pendir	ng File No.
	's Addres			<u> </u>												102454700		
Mod Effecti			ective Date		Poli	icy Conditions		Pol	licy Type I D	Deduct.	. Dedu	ct Deducti	ible Amount Pe	r Deductible Am	nount Rese	123456789 rved For Carrier Use	Fo	r Bureau Use
	to Dato	nuto En	Source Batte	3 Yr F/R Multistate		Estimated Retro	Canceled		Plan Non-	Туре	Perce		im/Accident	Aggregate				
				Policy Policy		Exposure Policy	Mid-Term	Indicator Cov.	Ind. Std.					00 0				
				N N		N N	Ν	N 01	01 01									
			EXPOSU	RE INFORMATIO	N							LC	DSS INFO	RMATION				
Upd Type	Exp. Cov.	Ch	iss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd	Claim Number	Acc. Date/	Incurred	I Indemnity	Incurred Me		Class Injury	Status	Loss Conditions	Jurisdio	
туре	LAP. 00V.		133 0008	Exposure Amount	manudi Kale	Fremulii Rate	Туре		No. Claims					Code		Act Type Recov (Cov Settl	No. Type
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								Social Security Nu	umber	Part	Nature	Cause		pation Description	Voc.	Lump Fraud Deduct	Paid Indemnity	Paid Medical
	01	9	807			776	-	Claimant's Attorney Fees	Employer's Atto	90 rnev Fees	13	25		Roofer Reversed for Future	Use		6799 ALAE Paid	ALAE Incurred
								contained rational rates	Employer 5 Atto					noversed for rature			ALL FUIL	nene mouriou
							*Upd	Claim Number	Acc. Date/	Incurred	Indemnity	Incurred Me		Class Injury	Status	Loss Conditions	Jurisdic	
							Туре		No. Claims					Code			State State	No. Type
	Α.	Тс	ital Subje	ct Premium		41115			5	15	560	1130) (0659 5		21	03 00	00 00
	-		norionco					Social Security Nu	umber	Part	Nature	Cause	Occup	pation Description	Voc.	Lump Fraud Deduct	Paid Indemnity	Paid Medical
	В.	M	od (XX.X)	(X)		0.990	-	Claimant's Attanta Fac	Employer's Att	rpov Face]			Reversed for Future	N		1560 ALAE Paid	1130 ALAE Incurred
	C.	To	tal Modif	ied Premium		40704		Claimant's Attorney Fees	Employer's Atto	mey rees				Reversed for Future	use		ALAE Paid	ALAE INCUITED
						40704	*Upd	Claim Number	Acc. Date/	Incurred	Indemnity	Incurred Me		Class Injury	Status	Loss Conditions	Jurisdic	
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	D.								3			830	(0659 6	1	01 01 01 0	03 00	00 00
	-							Social Security Nu	umber	Part	Nature	Cause	Occup	pation Description	Voc. N	Lump Fraud Deduct	Paid Indemnity	Paid Medical
	<u> </u>						F	Claimant's Attorney Fees	Employer's Atto	rney Fees				Reversed for Future			ALAE Paid	830 ALAE Incurred
	F.																	
							*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred	Indemnity	Incurred Me		Class Injury Code	Status	Loss Conditions	Jurisdic State	
							туре		NO. CIAITIS					code		Act Type Recov C	cov Settl	No. Type
	G.	Tota	al Standard Ex	posure 98076	Total Standard Pren	nium 4∩7∩4												
				90010	1	4117114		Social Security Nu	umber	Part	Nature	Cause	Occup	pation Description	Voc.	Lump Fraud Deduct	Paid Indemnity	Paid Medical
	H.	(006_	Premium Discou	int Amt.													
								Claimant's Attorney Fees	Employer's Atto	rney Fees				Reversed for Future	Use		ALAE Paid	ALAE Incurred
	<u> </u>	(900	Expense Consta	int Amt		*1 Ind	Claim Number	Aco Datal	la su una d	Indemnity	Incurred Me	dical	Class	Status		1	Cat MCC
							*Upd Type	Claim NUMDER	Acc. Date/ No. Claims	incurred	maemnity	incurrea Me		Class Injury Code	Status	Loss Conditions	Jurisdic State	Cat. MCO No. Type
	ı															Act Type Recov C	ov Settl	
	J.							Social Security Nu	umber	Part	Nature	Cause	Occup	pation Description	Voc.	Lump Fraud Deduct	Paid Indemnity	Paid Medical
	К.																	
			T					Claimant's Attorney Fees	Employer's Atto	rney Fees				Reversed for Future	Use		ALAE Paid	ALAE Incurred
	L.	_																
								Reserved for Future Use	Total No	o. Claims	Tota	al Incurred Indem		STOTALS Total Incurred Medical	Reserved f	or Future Use Total Paid	Indemnity	Total Paid Medical
										9		211683	-	1960		83	-	1960
							-	Tot. Claimant's Attny. Fees	Tot. Employe	/	;	211003	Re	served for Future Use		Total AL		Total ALAE Incurred
		_			l													

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

 Widow's Benefit plus child #1 Benefits Weekly Benefit = .6667 x (\$295) = \$196.68 Present Value of \$1 = 17.046 - Widowhood at age 39, ^a[x] + 1 Value \$196.68 x 52 x 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 x (\$295) = \$206.50 No. of Weeks Payable = 11/01/00 to 01/01/02 - 426 days / 7 = 60.857 Wks \$206.50 x 60.857 = \$12,567

5) Funeral Allowance = \$3,500

First Reprint

Page 29.1

			UNIT	STAT	ISTI	CAL	PLA	N - II		/IDU/		ASE	RE	EPOF	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TYPE CODE*	TYPE INJ. CO		CARR	IER NUM	/BER				CARF	RIER NA	ME			:	PAYR STATE (ADM	. FILE NUI	MBER
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POLICY NUME	BER	CERT. NO.	POLICY E	FFECTIV	E DATE		CLAIM	/I NO.		STAT	D	ATE AT	TNY [DISC		LO	SS CON	DITION	١S		JURIS	MCO
			MO.	DAY	YR					CODE*	М	0. D	AY	YR	ACT	TYPE	RCO	V C	VOC	SETT L	STATE	TYPE
111222			07	01	00		682	235		0					01	01	01		03	00	37	00
		INSURED N	AME						A	ACC. DAT	E	DAT	E OF	DEATH	DAT	E REPO	RTED	DAT	TE OF I	BIRTH	SURG	ATTNY
									MO	DAY	YR	MO	DA	Y YR	MO	DAY	YR	MO	DAY	YR YR	CODE	CODE*
		Bob's Roo	fing						11	01	00	11	01	00	11	01	00	12	01	50		
WORKER LAST	NAME	AVG. WEEKL	Y			PART	NATU	RE C	AUSE			OCCU	PATIO	NC	1	DA	TE CLOS	SED	RESE	RVE	LUMP	FRAUD
		WAGE	-	URY DES	C.											MC)	YR	COI	DE*	SUM	
Harris		295		CODE*		90	13		25			Ro	ofer									
SOCIAL SECUR	ITY NUMBER	DATE	SINGLE	MO	DAY	YR	E	MPLOY	MENT			YEAR	LAS	Т			DA	TE OF		MO	DAY	YR
		SUM	1 PAID					STAT	US			EXPO	DSED	1			н	IRE				
		BENEFITS O	THER THA	N PENS	ION											PENS	ION BE	NEFI	тѕ			
KIND (OF BENEFIT		% DISAB.	BODY COE		NO WEE			INCL	JRRED			BEN	EFICIA	RY DA	TA*			CAL	CULAT	IONS	
1. TEMPORARY INDE	MNITY		ххх	XX		VVLL						со	DE	DA MO	TE OF BI	RTH YR		Pa	id to	Valua	tion Da	te
2. SCHEDULED INDEN	INITY											2	2	09	01	61	1	206	6.50x	60.85	7= 1256	67
												4	ŀ	12	01	84			Futur	re Pay	ments	
3. NON-SCHEDULED I	NDEMNITY			ХХ	X	XXX	X					4	ŀ	05	01	86	('	196.6	8x52	2x17.0	46=174	1336)
4. EMPLOYERS LIABIL	ITY OR OTHER	R INDEMNITY																+(9	.82 x	478)	= 1790	30
5. VOCATIONAL REHA	BILITATION TO	OTAL INCURRE	ED																			
6. CLAIMANT LEGAL E	XPENSE											7. F	PENS	SION IN	DEM. F	PAID TO	VAL. [DATE				12567
PHYSICIAN PAID			TE	EMP. DIS	SABILIT	TY PAID)					8. F	PENS	. INDE	M. PRE	V. RSV	D., NO	T PAI	D			
HOSPITAL PAID			PI	ERM. PA	RTIAL	PAID						9. F	PRES	S. VALU	E FUT	URE IN	DEM. P	MNT.				179030
APP. MED. EVAL. PAIL	2		PI	ERM. TO	TAL PA	AID						10.	FUN	ERAL A	ALLOW	ANCE						3500
DEFENSE MED. EVAL	PAID		DI	EATH P	AID							11.	LUM	IP SUM	REMA	RRIAGI	1					4324
INDEP. MED. EVAL. PA	AID		SI	NGLE LI	JMP SI	UM						12.	TOT	AL INC	URRED	D INDEN	Л.,(SUN	/ 1-11))			199421
LEGAL EXP DEFENS	SE		V.	R. PAID								13.	TOT	AL INC	URRED	D MEDIO	CAL					0
ANNUITY PURCHASE	AMT.		V.	R. INDE	M. INC	URRED						14.	TOT	AL IND	EM. PA	ID TO V	VAL. DA	ATE				6799
TOTAL GROSS INCUR	OTAL GROSS INCURRED					NCURRI	ED					15.	TOT	AL MEI	d. Paid	ΤΟ VA	L. DAT	E				0
					. INCU	RRED						16.	SOC	. SEC.	OR OT	HER O	FFSET	AMT.				

*SEE REVERSE FOR CODING

Illustration 19 - Merit Rating

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

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

UNIT STATISTICAL REPORT

								UN		411911	CAL		JRI												_
									POL	LICY INFO	ORMAT	TION													
Report	Corr.	Corr.	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effection	ve Date	Policy Expirati	tion Date	Expos. S	State S	State Effective Date	e Certif	ficate No.	Carc	Serial No.		Risk ID Nur	nber	Page	lo.	Last Page	e No.
No.	No.	Туре	Rpt. Ind.																						
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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.

UNIT STATISTICAL REPORT

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

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

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

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

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

UNIT STATISTICAL REPORT

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UNIT STATISTICAL REPORT

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		Т	otal Standard Exp	osure	Total Standard Prer	mium												Act	Туре	: Re	ecov Co	/ Settl			
	G.			60600		16234																			
								Social Se	curity Numb	er	Part	Nature	Cause	C	Occupation Des	cription	`	Voc. I	Lump I	Fraud	Deduct	Paid Inc	emnity	Paid I	Medical
	H.	_	0063_	Premium Disco	unt Amt.	90	_	Claimant's Attorney	Foor	Employer's Attor	Pov Foor				Dovor	sed for Future	Ico					ALAE	Doid		ncurred
			0900	Expense Const	ant Amt	41		Cidinidin S Allothey	rees	Employer S Attor	ney rees				Rever		126					ALAL	raiu	ALAE	ncuneu
	l.		0700	Lypense const		41	*Upd	Claim Number		Acc. Date/	Incurre	ed Indemnity	Incu	rred Medical	Class	Injury	Status			1.055 C	onditions		Jurisdic	Cat.	MCO
							Туре			No. Claims		,			Code	1.1		Act	Туре		ecov Co	/ Settl	State	No.	Туре
	J		9740		.04	121												7101	1 ypc	, inc		Jour			
			,, 10		.04	121		Social Se	curity Numb	er	Part	Nature	Cause	C	Occupation Des	cription	١	Voc. I	Lump I	Fraud	Deduct	Paid Inc	emnity	Paid N	Nedical
	Κ.				4		_	AL	-	-		L													
								Claimant's Attorney	rees	Employer's Attor	ney Fees				Revers	sed for Future	lze					ALAE	Paid	ALAE I	ncurred
		-													.0SS T01										
								Reserved for Future	Use	Total No	. Claims	Т	otal Incurred			red Medical	Rese	erved for F	uture Use		Total Paid In	demnity	Te	otal Paid Me	dical
																							1		
					1			Tot. Claimant's Attny	. Fees	Tot. Employer	's Attny. Fe	es			Reserved for	Future Use					Total ALA	Paid	Tot	al ALAE Inc	urred
L	L				1	1																			

SECTION VII

GLOSSARY OF TERMS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION VII -- GLOSSARY

Bureau Data Card

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

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

Bureau Loss Costs

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

Bureau Rating Values

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

Carrier Rate

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

Carrier Rating Value

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

Contract Medical

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

Correction Report

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

Cumulative Injury

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

Employers Liability

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

Expense Constant

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

Experience Modification

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

Rated Risk A risk which has an experience modification. Non-Rated Risk A risk which has no experience modification.

Exposure

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

Loss Constant

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

Loss Cost

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

Loss Ratio

The ratio of losses to premiums.

Man-Year

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

Merit Rating

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

Minimum Premium

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

Non-Rateable Element

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

Occupational Disease

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

Per Capita Classification

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

Premium Discount

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

Provision for Claim Payment

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

Rating Value

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

Reinsurance

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

Scheduled Indemnity

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

Second Injury Fund

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

Schedule Rating Plan

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

Subrogation

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

Subsequent Report

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

Supplemental Non-Rateable Loading

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

Vocational Rehabilitation

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

Voluntary Compensation Insurance

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

SECTION VIII



DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

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

SECTION IX

ELECTRONIC SUBMISSION

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION IX - ELECTRONIC SUBMISSION

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

SECTION X

PREMIUM ALGORITHM

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

SECTION X - ALGORITHM

Delaware Premium Algorithm Preface:

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

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

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

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	70000	(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non- payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	XXXX	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	XXXX	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non- Ratable Classifications
(26)	Non-Ratable Classification Rating Value	хххх	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non- Ratable Classification exposure]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	XXXX	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	хххх	(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]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]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)	Terrorism Premium Charge	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Total Policy Premium Subject to Employer Assessment		(71)	(64)+(67)-(68)+(69)+(70)
(72)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(72)	Bureau value for the specific purpose of computing employer assessments
(73)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(73)	[(71)-(11)-(58)]x(72) NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

Delaware Compensation Rating Bureau, Inc.



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

February 25, 2004

BUREAU CIRCULAR NO. 778

To All Members of the Bureau:

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

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

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

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

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

LANGUAGE REVISIONS

SECTION I - GENERAL RULES/DEFINITIONS

M. General Rules and Definitions

8. Loss Conditions

- [b]c. Cumulative Injury Other than Disease. An injury (other than disease).
- b. <u>Occupational Disease</u>. Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment.

SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

9. Deductible Type

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

Second Two Positions

Code Description

00 through 09 remain unchanged

- 10 Per Claim and Policy Aggregate
- 11 Coinsurance Percent With Claim and Policy Aggregate Limits
- <u>12</u> <u>Variable</u>

B. Exposure Information

9. Miscellaneous Statistical Codes

- a. Premium Subject to Statistical Report.
 - Premium for [Higher]<u>Increased</u> Limits under Part II Codes 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816 to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits and percentages.

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

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

In those cases..... Code 9848.

10. Correction Reports-Method of Reporting

h. If the exposure does not change but the risk total standard premium previously reported is revised due solely to a change in the experience modification, it shall be necessary to submit a revised report showing only each item affected by the modification change on a previously reported and revised basis. [Premiums by classifications are not required.]

C. Loss Information

11. Catastrophe Number (Cat. No.)

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc., <u>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.</u>

EXCEPTION: Report claims.

12. Managed Care Organization Type

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

Code Description

- 00 The claim is not administrated by an approved managed care organization (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. through 15. remain unchanged.

16. Vocational Rehabilitation Indicator

Report..... losses.

[Code]Indicator Description

SECTION IV - CODES

A. Codes Common to Premium and Losses

5. Deductible Type

Identifies the type..... & Indemnity Losses

Second Two Positions Code Description

00 through 09 remain unchanged

- 10 Per Claim and Policy Aggregate
- 11 Coinsurance Percent With Claim and Policy Aggregate Limits
- <u>12</u> Variable

B. Exposure Information Code

3. Premium Codes

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

Table for Increased Limits Effective 01/01/88 - remains unchanged

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

C. Loss Information Codes

6. Vocational Rehabilitation Indicator

[Code]Indicator Description

7. Fraudulent Claim Codes

Code Description

- 00 Not Fraudulent
- 01 Partial Fraudulent
- 02 Fully Fraudulent

D. Individual Case Report Codes

9. Lump Sum Indicator

[Code]Indicator Description

10. Fraudulent Claim Code

Code Description

- 00 Not Fraudulent
- 01 Partially Fraudulent
- 02 Fully Fraudulent

Injury Description Coding Nature of Injury

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

Injury Description Coding Nature of Injury

Code

Narrative Description

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

SECTION VII -- GLOSSARY

Occupational Disease [Loss]

Occupational [D]<u>d</u>isease [Loss] is any abnormal condition <u>caused by repeated exposure</u> <u>extending over a period of time to a disease producing agent or agents present in the workers'</u> <u>occupational environment</u> resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment. [The Bureau Circular No. 778 Page 6

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

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

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

Timothy L. Wisecarver President

kg Attachment: Section V - Tables

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

Effective Date: July 1, 2004

Page 7

Tables

Surviving Spouse Pension Table*							
Age at Widowhood (X)	 [X]	 [x]+1	a [x]+2	a [x]+3	 [x]+4	 [x]+5	Attained Age** (X+5)
16	11.510	11.837	13.022	13.691	14.240	14.742	21
17	11.579	11.915	13.115	13.796	14.358	14.873	22
18	11.654	12.000	13.216	13.911	14.486	15.015	23
19	11.735	12.091	13.324	14.034	14.624	15.168	24
20	11.823	12.189	13.442	14.167	14.772	15.334	25
21	12.012	12.365	13.611	14.330	14.941	15.512	26
22	12.224	12.551	13.781	14.489	15.108	15.691	27
23	12.453	12.746	13.952	14.643	15.269	15.866	28
24	12.688	12.955	14.140	14.825	15.446	16.036	29
25	12.924	13.166	14.328	15.015	15.626	16.204	30
26	13.157	13.371	14.507	15.199	15.804	16.374	31
27	13.387	13.568	14.675	15.370	15.977	16.548	32
28	13.616	13.758	14.835	15.532	16.149	16.729	33
29	13.851	13.952	14.997	15.694	16.324	16.920	34
30	14.101	14.162	15.177	15.872	16.512	17.120	35
31	14.376	14.404	15.393	16.086	16.722	17.326	36
32	14.685	14.692	15.660	16.353	16.961	17.534	37
33	15.049	15.052	15.982	16.677	17.226	17.735	38
34	15.450	15.461	16.347	17.041	17.505	17.920	39
35	15.863	15.888	16.721	17.408	17.771	18.079	40
36	16.255	16.286	17.059	17.725	17.993	18.204	41
37	16.602	16.623	17.327	17.952	18.150	18.291	42
38	16.879	16.867	17.495	18.060	18.215	18.338	43
39	17.107	17.046	17.593	18.083	18.221	18.344	44
40	17.291	17.174	17.640	18.047	18.186	18.309	45
41	17.442	17.272	17.655	17.979	18.115	18.234	46
42	17.556	17.356	17.655	17.904	18.021	18.121	47
43	17.646	17.440	17.657	17.841	17.920	17.972	48
44	17.721	17.516	17.652	17.781	17.809	17.791	49
45	17.776	17.570	17.629	17.708	17.679	17.583	50
46	17.790	17.580	17.570	17.602	17.518	17.350	51
47	17.751	17.534	17.464	17.449	17.319	17.097	52
48	17.643	17.414	17.295	17.233	17.066	16.827	53
49	17.503	17.257	17.099	16.992	16.797	16.544	54
50	17.333	17.067	16.880	16.733	16.517	16.252	55
51	17.134	16.852	16.642	16.460	16.228	15.954	56
52	16.907	16.615	16.388	16.177	15.932	15.650	57
53	16.656	16.356	16.119	15.887	15.631	15.342	58
54	16.389	16.082	15.836	15.590	15.325	15.029	59
55	16.109	15.796	15.543	15.286	15.014	14.711	60
56	15.821	15.502	15.242	14.976	14.696	14.388	61
57	15.525	15.201	14.934	14.660	14.374	14.060	62
58	15.223	14.893	14.620	14.338	14.047	13.729	63
59	14.914	14.579	14.299	14.011	13.715	13.392	64
60	14.599	14.258	13.974	13.679	13.377	13.051	65

TABLE I-A

1999 United States Life Table for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table Annual Rate of Interest = 3.5% Annual Rate of Escalation = 0.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. *

**

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Tables

	Surviving Spouse Pension Table*							
Age at Widowhood (X)	_ a [x]	ā [x]+1	a [x]+2	 [x]+3	ā [x]+4	 [x]+5	Attained Age** (X+5)	
61	14.279	13.934	13.645	13.344	13.035	12.704	66	
62	13.956	13.607	13.312	13.004	12.688	12.351	67	
63	13.634	13.279	12.977	12.661	12.336	11.992	68	
64	13.310	12.948	12.637	12.312	11.978	11.628	69	
65	12.980	12.611	12.290	11.958	11.616	11.259	70	
66	12.638	12.264	11.937	11.598	11.248	10.884	71	
67	12.294	11.916	11.578	11.231	10.873	10.502	72	
68	11.939	11.559	11.213	10.859	10.492	10.116	73	
69	11.579	11.197	10.842	10.480	10.107	9.727	74	
70	11.214	10.829	10.466	10.097	9.720	9.338	75	
71	10.844	10.456	10.086	9.712	9.332	8.949	76	
72	10.467	10.077	9.703	9.326	8.944	8.559	77	
73	10.086	9.696	9.319	8.939	8.555	8.170	78	
74	9.702	9.312	8.933	8.551	8.167	7.783	79	
75	9.316	8.927	8.546	8.163	7.780	7.401	80	
76	8.930	8.540	8.159	7.778	7.399	7.026	81	
77	8.543	8.153	7.773	7.397	7.025	6.659	82	
78	8.156	7.769	7.393	7.022	6.658	6.303	83	
79	7.771	7.389	7.019	6.656	6.303	5.963	84	
80	7.391	7.016	6.654	6.301	5.962	5.639	85	
81	7.019	6.652	6.299	5.961	5.639	5.330	86	
82	6.654	6.299	5.960	5.638	5.330	5.036	87	
83	6.301	5.960	5.638	5.330	5.035	4.756	88	
84	5.961	5.638	5.330	5.035	4.755	4.489	89	
85	5.638	5.329	5.035	4.755	4.489	4.238	90	
86	5.329	5.035	4.755	4.489	4.238	4.000	91	
87	5.035	4.755	4.489	4.238	4.000	3.775	92	
88	4.755	4.489	4.237	4.000	3.775	3.564	93	
89	4.489	4.237	3.999	3.775	3.563	3.364	94	
90	4.237	3.999	3.775	3.563	3.364	3.176	95	
91	3.999	3.775	3.563	3.364	3.176	2.998	96	
92	3.775	3.563	3.364	3.176	2.998	2.828	97	
93	3.563	3.364	3.175	2.997	2.828	2.665	98	
94	3.364	3.175	2.997	2.828	2.665	2.506	99	
95	3.175	2.997	2.828	2.665	2.506	2.345	100	
96	2.997	2.828	2.665	2.506	2.345	2.215	101	
97	2.828	2.665	2.505	2.345	2.214	2.088	102	
98	2.665	2.505	2.345	2.214	2.088	1.962	103	
99	2.505	2.345	2.214	2.088	1.962	1.840	104	
100	2.345	2.214	2.088	1.962	1.840	1.719	105	
101	2.213	2.086	1.960	1.837	1.715	1.584	106	
102	2.086	1.960	1.837	1.715	1.584	1.433	107	
103	1.960	1.837	1.715	1.584	1.433	1.250	108	
104	1.837	1.715	1.584	1.433	1.250	0.955	109	
105	1.715	1.584	1.433	1.250	0.955	0.500	110	

TABLE I-A (Continued)

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

Annual Rate of Escalation = 0.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. **

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Section V Tables

Surviving Spouse Pension Table*							
Age at Widowhood (X)	 [x]	 [x]+1	a [x]+2	a [x]+3	 [x]+4	a [x]+5	Attained Age** (X+5)
106 107 108 109 110	1.584 1.433 1.250 0.955 0.500	1.433 1.250 0.955 0.500	1.250 0.955 0.500	0.955 0.500	0.500		111 112 113 114 115
* 1999 United	States Life Table	for Female Popula	ation				<u> </u>

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

1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the ** beneficiary's attained age.

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Section V Tables

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

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 1999 United States Life Table for Female Population

 1980 United States of America Railroad Retirement Board Remarriage Table

 Annual Rate of Interest = 3.5%

 Annual Rate of Escalation = 0.0%

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

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TABLE II-A

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Tables

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
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TABLE II-A (Continued)

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Section V Tables

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

Male									
	Present		Present		Present				
Age	Value	Age	Value	Age	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 89	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 21.608	62 63	12.729 12.360	92	3.260 3.088				
33 34	21.608	63	12.360	93 94	2.927				
35	21.303	65	11.622	94 95	2.927				
36	20.915	66	11.252	96	2.633				
30	20.915	67	10.883	96 97	2.633				
38	20.071	68	10.514	98	2.365				
39	20.421	69	10.148	99	2.238				
40	19.901	70	9.785	100	2.108				
10	10.001		01100	100	2.100				
* 1000 United States	K. Table (an Mala Daniel	the second	•		•				

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

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(P	resent Value of \$1 pe	Female	ntil Death)
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 52 53 54 55	18.181 17.864 17.541 17.211 16.876	96 97 98 99	2.996 2.827 2.663 2.502 2.341

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

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

16.876

Annual Rate of Escalation = 0.0%

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DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V

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Surviving Spouse Pension Table* Age at Attained _ _ _ _ Age** Widowhood а а а а а а (X) [X] [x]+1 [x]+2 [x]+3 [x]+4 [x]+5 (X+5) 16 26.047 27.027 29.921 31.560 32.873 34.031 21 26.221 31.796 34.302 22 17 27.215 30.137 33.127 18 26.402 27.411 30.362 32.041 33.390 34.584 23 30.596 26.591 32.296 34.876 24 19 27.615 33.664 33.949 25 20 26.787 27.826 30.838 32.561 35.180 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 28 23 28.196 29.012 31.855 33.437 34.813 36.059 24 36.296 29 28.701 29.435 32.202 33.749 35.087 25 30 29.193 29.847 32.534 34.060 35.350 36.507 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 33 30.516 30.875 33.282 34.753 35.978 37.059 29 30.929 33.477 34.919 36.146 37.232 34 31.171 35 30 31.360 31.487 33.692 35.100 36.319 37.400 31 36 31.834 31.861 33.968 35.340 36.517 37.556 32.372 32.323 37.688 37 32 34.341 35.674 36.751 38 33 33.021 32.926 34.814 36.106 37.016 37.779 39 34 33.732 33.615 35.355 36.598 37.281 37.809 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 37.490 37.508 37 35.329 42 35.541 36.528 37.385 38 35.819 35.510 36.511 37.316 37.228 37.053 43 36.323 39 36.949 44 35.957 35.520 36.815 36.630 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 35.525 34.743 48 43 34.737 34.785 34.474 34.140 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 51 34.593 33.779 33.354 33.000 32.424 31.696 47 34.098 33.272 32.732 32.293 31.639 30.826 52 31.997 48 33.467 32.625 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 56 30.365 29.604 28.902 28.125 27.287 31.272 52 30.458 29.549 28.771 28.034 27.250 26.418 57 25.559 58 53 29.615 28.708 27.928 26.385 27.171 54 28.761 27.859 27.080 26.314 25.531 24.711 59 55 27.901 60 27.007 26.232 25.464 24.685 23.872 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 24.507 59 64 23.648 22.897 22.147 21.398 20.625 23.676 22.8<u>27</u> 22.086 21.342 20.602 19.839 65 60

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

Tables

1999 United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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Surviving Spouse Pension Table*								
Age at Widowhood (X)	_ a [x]	 [x]+1	 [x]+2	_ a [x]+3	 [x]+4	 [x]+5	Attained Age** (X+5)	
61	22.856	22.019	21.286	20.548	19.815	19.063	66	
62	22.049	21.223	20.498	19.767	19.038	18.295	67	
63	21.261	20.443	19.723	18.997	18.272	17.537	68	
64	20.488	19.676	18.959	18.237	17.516	16.788	69	
65	19.722	18.918	18.203	17.486	16.770	16.049	70	
66	18.956	18.161	17.454	16.743	16.033	15.319	71	
67	18.204	17.421	16.713	16.009	15.304	14.598	72	
68	17.453	16.683	15.981	15.283	14.584	13.887	73	
69	16.711	15.957	15.259	14.567	13.876	13.191	74	
70	15.980	15.240	14.547	13.861	13.181	12.511	75	
71	15.259	14.532	13.846	13.170	12.503	11.847	76	
72	14.547	13.833	13.157	12.494	11.841	11.199	77	
73	13.844	13.147	12.484	11.834	11.194	10.567	78	
74	13.155	12.475	11.826	11.189	10.563	9.954	79	
75	12.480	11.817	11.181	10.559	9.950	9.362	80	
76	11.821	11.173	10.552	9.947	9.359	8.792	81	
77	11.177	10.545	9.941	9.356	8.791	8.247	82	
78	10.548	9.935	9.351	8.788	8.246	7.728	83	
79	9.937	9.346	8.784	8.243	7.727	7.240	84	
80	9.349	8.780	8.240	7.725	7.239	6.784	85	
81	8.783	8.238	7.723	7.237	6.783	6.354	86	
82	8.241	7.723	7.236	6.782	6.354	5.951	87	
83	7.725	7.236	6.782	6.353	5.951	5.573	88	
84	7.238	6.782	6.353	5.950	5.573	5.219	89	
85	6.782	6.353	5.950	5.573	5.219	4.889	90	
86	6.353	5.950	5.572	5.219	4.889	4.580	91	
87	5.950	5.572	5.219	4.889	4.580	4.293	92	
88	5.572	5.218	4.888	4.580	4.293	4.025	93	
89	5.218	4.888	4.580	4.292	4.025	3.775	94	
90	4.888	4.580	4.292	4.024	3.774	3.541	95	
91	4.580	4.292	4.024	3.774	3.541	3.322	96	
92	4.292	4.024	3.774	3.541	3.322	3.116	97	
93	4.024	3.774	3.540	3.322	3.116	2.920	98	
94	3.774	3.540	3.322	3.116	2.919	2.730	99	
95	3.540	3.322	3.116	2.919	2.730	2.542	100	
96	3.322	3.116	2.919	2.729	2.542	2.387	101	
97	3.116	2.919	2.729	2.541	2.387	2.240	102	
98	2.919	2.729	2.541	2.387	2.240	2.093	103	
99	2.729	2.541	2.387	2.240	2.093	1.951	104	
100	2.541	2.387	2.239	2.093	1.951	1.812	105	
101	2.387	2.240	2.093	1.951	1.812	1.662	106	
102	2.240	2.093	1.951	1.812	1.662	1.487	107	
103	2.093	1.951	1.812	1.662	1.487	1.275	108	
104	1.951	1.812	1.662	1.487	1.275	0.964	109	
105	1.812	1.662	1.487	1.275	0.964	0.500	110	

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

Tables

1051.8121.6621.4871.2751999 United States Life Tables for Female Population1980 United States of America Railroad Retirement Board Remarriage TableAnnual Rate of Interest = 3.5%Annual Rate of Escalation = 4.0%Contractions between 5 wears from death of plainant use the ensuit uplus in

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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Surviving Spouse Pension Table*								
Age at Widowhood (X)	_ a [x]	_ a [x]+1	 [x]+2	 [x]+3	a [x]+4	a [x]+5	Attained Age** (X+5)	
(X) 106 107 108 109 110	[X] 1.662 1.487 1.275 0.964 0.500	[x]+1 1.487 1.275 0.964 0.500	[x]+2	[x]+3 0.964 0.500	[x]+4 0.500	[x]+5	(X+5) 111 112 113 114 115	

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

Tables

1999 United States Life Tables for Female Population 1980 United States of America Railroad Retirement Board Remarriage Table Annual Rate of Interest = 3.5% Annual Rate of Escalation = 4.0% For durations beyond 5 years from death of claimant, use the annuity value in the column for age (X+5) corresponding to the beneficiary's attained age. **

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Tables

Table USLH-II-B								
	1	Pres	ent Value of F	Remarriage Do	owry*			
Age at Widowhood (X)	_ a [x]	 [x]+1	 [x]+2	 [x]+3	_ a [x]+4	_ a [x]+5	Attained Age** (X+5)	
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	21	
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	22	
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	23	
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	24	
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	25	
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	26	
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	27	
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	28	
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	29	
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	30	
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	31	
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	32	
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	33	
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	34	
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	35	
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	36	
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	37	
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	38	
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	39	
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	40	
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	41	
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	42	
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	43	
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	44	
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	45	
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	46	
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	47	
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	48	
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	49	
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	50	
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	51	
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	52	
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	53	
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	54	
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	55	
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	56	
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	57	
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	58	
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	59	
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	60	
56	0.0654	0.0622	0.0552	0.0483	0.0420	0.0374	61	
57	0.0613	0.0582	0.0513	0.0446	0.0383	0.0338	62	
58	0.0574	0.0544	0.0475	0.0409	0.0347	0.0302	63	
59	0.0536	0.0506	0.0438	0.0373	0.0312	0.0267	64	
60	0.0499	0.0470	0.0402	0.0339	0.0279	0.0234	65	

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

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

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

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Section V

Tables

UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-II-B (Continued)										
1	Surviving Spouse Pension Table*									
Age at Widowhood (X)	 [x]	 [x]+1	 [x]+2	a [x]+3	a [x]+4	 [x]+5	Attained Age** (X+5)			
61	0.0462	0.0434	0.0366	0.0305	0.0246	0.0202	66			
62	0.0424	0.0398	0.0331	0.0271	0.0215	0.0172	67			
63	0.0384	0.0359	0.0294	0.0237	0.0185	0.0145	68			
64	0.0341	0.0320	0.0259	0.0205	0.0156	0.0120	69			
65	0.0300	0.0282	0.0225	0.0174	0.0131	0.0099	70			
66	0.0265	0.0250	0.0194	0.0147	0.0109	0.0081	71			
67	0.0229	0.0215	0.0167	0.0125	0.0091	0.0067	72			
68	0.0200	0.0187	0.0144	0.0106	0.0077	0.0056	73			
69	0.0173	0.0161	0.0123	0.0090	0.0065	0.0047	74			
70	0.0149	0.0138	0.0105	0.0076	0.0055	0.0039	75			
71	0.0127	0.0117	0.0088	0.0064	0.0045	0.0032	76			
72	0.0108	0.0099	0.0074	0.0053	0.0038	0.0027	77			
73	0.0092	0.0083	0.0062	0.0044	0.0031	0.0022	78			
74	0.0078	0.0071	0.0052	0.0037	0.0026	0.0018	79			
75	0.0068	0.0061	0.0044	0.0030	0.0021	0.0014	80			
76	0.0058	0.0052	0.0037	0.0025	0.0017	0.0011	81			
77	0.0050	0.0045	0.0031	0.0020	0.0013	0.0009	82			
78	0.0043	0.0039	0.0026	0.0017	0.0011	0.0008	83			
79	0.0037	0.0033	0.0022	0.0014	0.0009	0.0006	84			
80	0.0030	0.0027	0.0018	0.0012	0.0008	0.0005	85			
81	0.0024	0.0022	0.0015	0.0010	0.0007	0.0004	86			
82	0.0018	0.0016	0.0011	0.0008	0.0005	0.0004	87			
83	0.0013	0.0012	0.0008	0.0006	0.0004	0.0003	88			
84	0.0009	0.0008	0.0006	0.0004	0.0003	0.0003	89			
85	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	90			
86	0.0007	0.0006	0.0005	0.0003	0.0002	0.0002	91			
87	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	92			
88	0.0005	0.0005	0.0004	0.0003	0.0002	0.0001	93			
89	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	94			
90	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	95			
91	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	96			
92	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	97			
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	98			
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99			
95	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	100			
96	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	101			
97	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	102			
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103			
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104			
100	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	105			
101 102 103 104 105	0.0001 0.0001 0.0001 0.0001 0.0001 States Life Tables	0.0002 0.0002 0.0001 0.0001 0.0001	0.0002 0.0002 0.0002 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	106 107 108 109 110			

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

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

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Page 19 Tables

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

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

* 1999 United States Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL Effective Date: July 1, 2004 Section V Tables Page 20

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

UNITED STATES I ONGSHOPE & HAPBOD WORKERS ACT

* 1999 United States Life Table for Female Population

Annual Rate of Interest = 3.5%

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Annual Rate of Escalation = 4.0%

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

UNITED STATES LONGSHORE & HARBOR WORKERS ACT

1999 United States Life Tables for Total Population and Female Population Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest applied prior to claimant's death = 3.5%

Annual Rate of Interest applied after claimant's death = 3.5% Annual Rate of Escalation applied prior to claimant's death = 4.0% Annual Rate of Escalation applied after claimant's death = 4.0% When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

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Tables

Section V

Section V Tables

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

1051.4201.2951.1781.0630.9530.8451999 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%
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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.0.845 **