# DELAWARE STATISTICAL PLAN MANUAL

WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

Effective June 1, 2013

**ISSUED BY** 

**DELAWARE COMPENSATION RATING BUREAU, INC.** 

### DELAWARE STATISTICAL PLAN MANUAL



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### TABLE OF CONTENTS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

#### **TABLE OF CONTENTS**

#### INTRODUCTION

#### SECTION I. GENERAL RULES/DEFINITIONS

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

#### SECTION II. REPORTING REQUIREMENTS

- A. Rules Common to Premiums and Losses
  - 1. Form of Report
  - 2. Estimated Audits
  - 3. Fraction of Dollars
  - 4. Method of Transmittal
  - 5. Dates
  - 6. Policy Information
  - 7. Policy Conditions
  - 8. Policy Type ID Code
  - 9. Deductible Type
  - 10. Deductible Percent
  - 11. Deductible Amount Per Claim/Accident
  - 12. Deductible Amount Aggregate
- B. Exposure Information
  - 1. Update Type
  - 2. Exposure Coverage
  - 3. Class Code
  - 4. Exposure Amount
  - 5. Exposure-Other Than Payroll
  - 6. Carrier Rating Values
  - 7. Premium
  - 8. Exposure Total Record
  - 9. Miscellaneous Statistical Codes
  - 10. Correction Reports-Method of Reporting
- C. Loss Information
  - 1. Update Type
  - 2. Claim Number
  - 3. Accident Date/Number of Claims
  - 4. Incurred Indemnity
  - 5. Incurred Medical
  - 6. Class Code
  - 7. Injury Type
  - 8. Claim Status
  - 9. Loss Conditions
  - 10. Jurisdiction State
  - 11. Catastrophe Number (Cat. No.)
  - 12. Managed Care Organization Type
  - 13. Social Security Number
  - 14. Injury Description Code
  - 15. Occupation Description
  - 16. Vocational Rehabilitation Indicator
  - 17. Fraudulent Claim Code
  - 18. Paid Indemnity
  - 19. Paid Medical
  - 20. Claimant's Attorney Fees Incurred
  - 21. Employer's Attorney Fees
  - 22. Allocated Loss Adjustment Paid (ALAE)
  - 23. Allocated Loss Adjustment Incurred (ALAE)
- D. Loss Totals
  - 1. Total Number of Claims
  - 2. Total Incurred Indemnity
  - 3. Total Incurred Medical
  - 4. Total Paid Indemnity
  - 5. Total Paid Medical

- 6. Total Claimant's Attorney Fees
- 7. Total Employer's Attorney Fees
- 8. Total ALAE Paid
- 9. Total ALAE Incurred

#### SECTION III. INDIVIDUAL CASE REPORTS

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

#### SECTION IV. CODES

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

Injury Description and Cause of Injury Code

Scheduled Indemnity - Maximum Weeks

#### SECTION V. TABLES

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

#### SECTION VI. EXAMPLES

Illustration 1 - First Report Requiring Two Unit Reports Illustration 2 - Exposure Correction Report Illustration 3 - Loss Correction Report Illustration 4 - Deductible; Rated Risk Illustration 5 - Deductible; Rated Risk with Construction Credit Illustration 6 - Short Rate Cancellation; Rated Risk Illustration 7 - Rateable Class; Mandatory Non-Rateable Element Illustration 8 - Rateable Class; Optional Non-Rateable Element Illustration 9 - First Report Requiring an Individual Case Report; Rated Risk Illustration 9a - Individual Case Report; Permanent Total Disability Illustration 10 - Individual Risk Experience with USL & HW Coverage Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability Illustration 10b - Individual Case Report; Death, Widow Only Illustration 11 - Second Reporting of Losses for Unit for Illustration 10 Illustration 11a - Individual Case Report: Permanent Total Disability; 2nd Report Level Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level Illustration 12 - Individual Risk Experience Including Premiums for "Non-F" Classification Illustration 12a - Individual Case Report: Permanent Total Disability with Survivorship Benefits Illustration 13 - Correction of Header Information Only Illustration 14 - Correction of Loss Totals Only Illustration 15 - Correction of Old Form Information on New Form Illustration 15a - Correction of Old Form Information on New Form Illustration 16 - Combination Example Illustration 16a - Individual Case Report; Death, Widow Only Illustration 17 - Second Reporting of Losses for Unit for Illustration 16 Illustration 17a - Individual Case Report; Death, Widow; 2nd Report Level Illustration 18 - First Report Requiring an Individual Case Report, Widow with 2 Children Illustration 18a - Individual Case Report: Death Claim. Widow with 2 Children Illustration 19 - Merit Rating Illustration 20 - Deductible Applicable Before Experience Modification Illustration 21 - Anniversary Rated Policy with the Premium Charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism)

#### SECTION VII. GLOSSARY OF TERMS

#### SECTION VIII. SAMPLE FORMS

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

#### SECTION IX. ELECTRONIC SUBMISSION

#### SECTION X. PREMIUM ALGORITHM

### INTRODUCTION

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

#### INTRODUCTION

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

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

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

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

These additional reports will be required in the new Unit Statistical Report format, but new data elements will **<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., United Plaza Building, Suite 1500, 30 South 17<sup>th</sup> Street, Philadelphia, PA 19103-4077.

#### B. Recording of Statistics

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

#### C. Fine System for Late Unit Reports

Companies will receive 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 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	\$ 0 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 15	\$ 0 \$ 5 \$ 100 \$ 100 \$ 250
6 <sup>th</sup> 7 <sup>th</sup>	\$25 \$40	\$ 500
8 <sup>th</sup> or more	\$40 \$50	\$   750 \$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, 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 the Experience Rating Plan).
    - (c) The carrier or claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from a Second Injury or similar type fund.
    - (d) The claim's catastrophe code values are found to have been included or excluded in error.

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

- (2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.
- (3) Correction reports as defined above should be forwarded to the 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 nonstatutory benefits not otherwise provided for in this Plan must be excluded. Precautionary reserves in excess of the amount shown on the final settlement receipt as filed at completion of all compensation payments with the Industrial Commission or other body having jurisdiction over workers compensation claims shall not be included in the amount of losses reported under the Statistical Plan. Vocational rehabilitation costs and reserves for future payments shall be included as part of the amount entered as incurred indemnity.
- (f) In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.) the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such fund and the net incurred cost of the claim shall be reported. Anticipated recovery is defined for this purpose as the amount of recovery expected to be recovered from such funds based on the rules governing such funds or a binding agreement between such funds and the carrier on an amount or percentage of the incurred cost to be reimbursed to the carrier on a particular claim.

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

#### L. Special Reportings

#### 1. Three-Year Fixed Rate Policies

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

- a. Second through tenth reports on three-year fixed rate policies or per capita policies reported in accordance with this Section are not required.
- b. Individual Case Reports are not required.

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

#### 2. Option A. Schedule Z Basis

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

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

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

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

- (5) Loss and expense constant premium shall be assigned to the applicable Statistical Code 0900.
- (6) A canceled policy shall be counted as one risk, and penalty premium shall be assigned to Code 0931.

d. *Correction Reports.* An error discovered by the carrier or the Bureau within 12 months after submitting the original report shall be revised by submitting a correction report. Where the original report was submitted on Form NC-302, the correction shall consist of two NC-302 forms carrying the necessary identifying information including the Manual classification. One form shall show only the amounts previously reported incorrectly as negative amounts, and the second form shall show the corresponding revised amounts as positive values. In cases where experience has been assigned to an incorrect Manual classification, the correction shall show the original code number with all amounts designated as negative items and the corresponding revised code number with the same amounts designated as positive values.

#### 3. Option B. Unit Report Basis

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

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

#### 4. Option C. Magnetic Tape Reporting

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

#### M. General Rules and Definitions

#### 1. Standard Type of Coverage

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

#### 2. Voluntary Plan

A policy written voluntarily by a carrier.

#### 3. Delaware Workers Compensation Insurance Plan

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

#### 4. Vocational Rehabilitation

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and 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 Claim

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

#### 11. **Type of Settlement**

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

evidence, presented in the process of litigation.

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

#### 12. Managed Care Organization

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

#### 13. Expenses -- Excluded from Losses

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

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

- (2) Court, Alternate Dispute Resolution and other specific items of expense such as: Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency or length of disability; Expert medical or other testimony; Autopsy; Witnesses and summonses; Copies of documents such as birth and death certificates, medical treatment records; Arbitration fees; Surveillance; Appeal bond costs and appeal filing fees.
- (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:

Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.

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

Preferred provider network/organization expenses.

Medical fee review panel expenses.

- (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.
- b. *Unallocated Loss Adjustment Expenses.* Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:
  - (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated expenses.
  - (2) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

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

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

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

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

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

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

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

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

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

## **SECTION II**

## REPORTING REQUIREMENTS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

#### SECTION II - REPORTING REQUIREMENTS

#### A. Rules Common to Premiums and Losses

#### 1. Form of Report

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

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

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

#### 2. Estimated Audits

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

#### 3. Fraction of Dollars

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

#### 4. Method of Transmittal

- a. Experience reports shall be submitted on a monthly basis, except that the carrier may submit reports more frequently if the carrier so desires.
- b. Experience reports shall be transmitted to the 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 **indicator or** code for each policy condition -- that applies: three-year fixed rate indicator, multistate policy indicator, estimated **audit code**, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

#### 8. Policy Type ID Code

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

Type of Coverage **Code Description** 

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

Plan Type Code Description

- 01 Voluntary Policy
- 02 Normal Assigned Risk Policy

### Non-Standard Type **Code Description**

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

#### 9. Deductible Type Codes

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

Losses Subject to Deductible Code

#### **Code Description**

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

#### Basis of Deductible Calculation Code

**Code Description** 

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

#### 10. Deductible Percent

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

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

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

#### 12. Deductible Amount Aggregate

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

#### B. Exposure Information

#### 1. Update Type

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

#### **Code Description**

- P Previously Reported
- R Revised

#### 2. Exposure Coverage

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

#### Code Description

- 01 State 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 Audit Code should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.
- 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 9985, 0175, or 0164. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported .
  - 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
<u>4771</u>	Manufacturing of Explosives or Ammunition	0771
	-	
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

#### 5. Exposure-Other Than Payroll

f.

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

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

#### 6. Carrier Rating Values

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

#### 7. Premium

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

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

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.
  - 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.

- Merit Rating Plan Adjustments Applicable on lines "D," "E" or "F" (on the paper copy of the unit statistical report) in lieu of experience modification.
   Code 9884 Neutral Adjustment no credit or debit
   Code 9885 5% Credit Adjustment to be subtracted when calculating standard premium
   Code 9886 5% Debit Adjustment to be added when calculating standard premium
   Merit Rating Adjustments are applicable to manual premium before application of any schedule rating, Delaware Safety Committee Credit or Delaware Construction Classification Premium Adjustment Program.
- c. Premium Not Subject to Experience Rating, to be Reported on line "H", "I" or "J" on the Hard Copy Unit Statistical Report.
  - (1) Premium Discount Code 006\_. If premium discount is applied, the total amount of the discount for the state should be shown in the premium column on line "H" and shall be assigned to Statistical Code 0063 for Schedule "Y" carriers or Code 0064 for Schedule "X" carriers. THIS AMOUNT MUST NOT BE INCLUDED IN THE TOTAL STANDARD PREMIUM AMOUNT ENTERED. Be sure to complete the Code number "006\_" to indicate which discount has been applied.
  - (2) Expense Constant **Code 0900**. On each policy where an expense constant has been charged, the amount so charged shall be assigned to **Code 0900** for all industry groups. Do not include the expense constant in the Total Standard Premium.
  - (3) Flat Charge Waiver of Subrogation Code 9115. For policies where a flat charge has be levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Do not include the flat charge waiver of subrogation premium in the Total Standard Premium. (See Item B.9.a.(4) of this section.)
  - (4) Terrorism **Code 9740**

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

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

#### 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.
- --

#### 3. Accident Date --

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

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

#### 4. Incurred Indemnity

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

#### 5. Incurred Medical

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

#### 6. Class Code

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the 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 2325 or 2326, respectively, of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.
  - (2) Cases involving total disability, other than permanent total disability, if either of the following holds true:
    - (a) The duration of the disability benefits exceeds, or is expected to exceed, one year.
    - (b) In the judgment of the carrier, the extent of liability for future payments is indeterminate. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. (For examples, see Section VI.)

#### 8. Claim Status

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

#### Code Description

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

#### 9. Loss Condition Codes

Report the 2-digit code for each loss condition.

#### Loss Coverage Act

#### Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act

#### Type of Loss

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

#### Type of Recovery

## Code Description

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

### Type of Claim

## Code Description

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

### Type of Settlement

#### Code Description

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

#### 10. Jurisdiction State

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

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

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

## EXCEPTIONS: --

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

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

#### 12. Managed Care Organization Type

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

#### Code Description

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

#### **13.** Injury Description Code

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

#### 14. Occupation Description

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

#### 15. Vocational Rehabilitation Indicator

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

#### Indicator Description

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

#### 16. Lump Sum Indicator

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

#### Indicator Description

Claim has been settled by an agreement to a lump sum amount. Claim has not been settled with a lump sum agreement.

#### 17. Fraudulent Claim Code

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

#### Code Description

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

#### 18. Paid Indemnity

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

#### 19. Paid Medical

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

#### 20. Claimant's Attorney Fees Incurred (Optional)

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

#### 21. Employer's Attorney Fees

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

#### 22. Weekly Wage Amount

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

#### 23. Allocated Loss Adjustment Paid (ALAE)

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

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

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

#### D. Loss Totals

#### 1. Total Number of Claims

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

#### 2. Total Incurred Indemnity

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

#### 3. Total Incurred Medical

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

#### 4. Total Paid Indemnity

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

#### 5. Total Paid Medical

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

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

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

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

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

#### 8. Total ALAE Paid

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

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

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

# **SECTION III**

INDIVIDUAL CASE REPORTS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

## SECTION III - INDIVIDUAL CASE REPORTS

#### A. Individual Case Reports Rules

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

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

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

- bb. Injury Description Code. This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the three 2-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describe the conditions of the injury.
- cc. Occupation. Give the regular occupation of the worker as precisely as possible and not the specific activity that the employee was engaged in at the time of the accident.
- dd. Date Closed. Enter the date the claim was closed, if applicable -.
- ee. Reserve Type Code. Report the type of reserve on which this claim is based. Refer to Section IV, Item D.8.
- **ff.** *Lump Sum Indicator.* Report whether or not the claim was settled with a payment of a specified amount to the claimant. Report "Y" for a lump sum payment and "N" for other than a lump sum payment.
- **gg.** *Fraud.* Report the code that indicates whether the claim was declared fraudulent. Refer to Section IV, Item D.10.
- hh. Social Security Number. This field is not required by Delaware. --
- ii. Date Single Sum Paid. Enter the date single sum settlement was paid -.
- **jj.** *Employment Status.* Report the employment status of the claimant at the date the claim was first reported to the carrier. Refer to Section IV, Item D.11.
- kk. Year Last Exposed. Report the year in which the claimant was last exposed to disease to determine benefit.
- II. Date of Hire. (Not applicable in Delaware)

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

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

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

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

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

#### 5. Totals

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

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

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

# **SECTION IV**

# **CODES**

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

#### **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 Codes

Identifies the type of deductible being reported.

#### Losses Subject to Deductible Code

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

#### Basis of Deductible Calculation Code

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

## 6. Policy Conditions

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

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

#### f. Canceled Mid-Term Indicator

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

#### B. Exposure Information Codes

#### 1. Update Type

- Code Description
  - P Previously Reported
  - R Revised

#### 2. Exposure Coverage

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

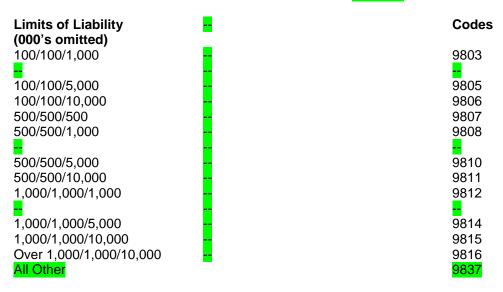
#### Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act
- 10 Voluntary Coverage Not Mandatory by State Act

#### 3. Premium Codes

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

#### Table for Increased Limits Effective 06/01/13



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

	(2) Amount Required to Balance to Increased Limits Minimum Premium	Code 9848
	<ul> <li>(3) Additional Premium From Flat Increase on Outstanding Policies</li> <li>(4) Premium Credit Resulting From Flat Decrease on Outstanding Policies</li> </ul>	Code 0998 Code 0994
	<ul> <li>(5) Deductible Applied to Manual Premium Before Experience Modification</li> </ul>	Code 9664
	(6) Waiver of Subrogation	Code 0930
b.	Premium Not Subject to Experience Modification	
	<ul> <li>(1) Seat Surcharge</li> <li>(2) Short Rate Penalty Premium</li> <li>(3) Risk Minimum Premium</li> <li>(4) Optional Supplemental Loadings</li> </ul>	Code 9108 Code 0931 Code 0990
	For Class 512 For Class 513 For Black Lung Experience	Code 0175 Code 0176 Code 0164  Code 9985
	For Radiation Experience (5) Mandatory Supplemental Loadings	Code 9965
	For Class 4771 For Class 7405 For Class 7413 (6) Delaware Construction Credit Premium Adjustment Program	
	<ul> <li>(DCCPAP)</li> <li>(7) Delaware Workplace Safety Credit (DWSP)</li> <li>(8) Assigned Risk Surcharge</li> <li>(9) Deductible Applied to Manual Premium After Experience</li> </ul>	Code 9880 Code 0277 Code 9663
	<ul> <li>Modification Deductible</li> <li>(10) Merit Rating Plan Adjustment Neutral</li> <li>(11) Merit Rating Plan Adjustment - 5% Credit Adjustment</li> <li>(12) Merit Rating Plan Adjustment - 5% Debit Adjustment</li> <li>(13) Schedule Rating Plan Credit</li> <li>(14) Schedule Rating Plan Debit</li> </ul>	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	Code 9740
(5) Catastrophe (other than Certified Acts of Terrorism)	Code 9741

#### C. Loss Information Codes

#### 1. Injury Type

### Code Description

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

#### 2. Claim Status

#### Code Description

- 0 Open
- 1 Closed

#### 3. Loss Conditions

Report the 2-digit code for each loss condition.

#### Loss Coverage Act

#### Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act

#### Type of Loss

#### Code Description

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

#### Type of Recovery

## Code Description

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

#### Type of Claim

#### Code Description

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

#### Type of Settlement

## Code Description

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

## 4. Managed Care Organization Type

#### Code Description

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

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

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

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

#### 6. Vocational Rehabilitation Indicator

#### Indicator Description

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

#### 7. Lump Sum Indicator



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

## 8. Fraudulent Claim Codes

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

### D. Individual Case Report Codes

#### 1. Report Number

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

#### 2. **Transaction Type**

#### Code Description

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

# --

3. Status

C

#### Code Description

- Open Claim 0
- **Closed Claim** 1

#### Managed Care Organization Type Code 4.

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

#### **Surgery Code** 5.

#### Code Description

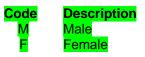
- Surgery 1
- 2 No Surgery

#### 6. **Attorney Code**

#### Code Description

- Attorney involved 2
- 3 No Attorney involved

#### Worker's Sex 7.



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

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

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

#### 9. Reserve Type

- Code Description 00
  - Standard Reserve 01 Stacked Estimate
  - 02 Volunteers

  - 03 **Questionable Compensability**
  - Second Injury Fund Involvement 04
  - 05 Partial Dependency
  - Still Exposed 06
  - Last Exposed 07
  - 08 Stacked Award

## 10. Lump Sum Indicator

#### Indicator Description

- Lump Sum
- Other than Lump Sum Ν

#### **Fraudulent Claim Code** 11.

Y

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

## 12. Employment Status

#### Code Description

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

#### Beneficiary Code 13.

#### Code Description

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

# Injury Description Coding Part of Body

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

# Injury Description Coding Part of Body

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

# Injury Description Coding Part of Body

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

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	<ul><li>(Heat) Burns or Scald. The Effect of Contact with Hot Substances.</li><li>(Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)</li></ul>
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
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

Code	Narrative Description
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Speticemia or Infected Wounds.
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain or Tear	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning
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

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

Code	Narrative Description
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	

Cause of Injury

Code	Narrative Description
I. Burn or Scald - Heat or Cold Exposures - Contact With	
01. Chemicals	Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze.
02. Hot Objects or Substances	
03. Temperature Extremes	Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite.
04. Fire or Flame	•
05. Steam or Hot Fluids	•
06. Dust, Gases, Fumes or Vapors	Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke.
07. Welding Operation	Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.)
08. Radiation	Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.
09. Contact With, NOC.	Not otherwise classified in any other code. Includes cleaning agents and fertilizers.
11. Cold Objects or Substances	
14. Abnormal Air Pressure	
84. Electrical Current	Includes electric shock, electrocution and lightning.
II. Caught In, Under or Between	
10. Machine or Machinery	Running or meshing objects, a moving and a stationary object, two or more moving objects
12. Object Handled	Includes medical hospital bed & parts, wheelchair, clothespin vise.
13. Caught In, Under or Between, NOC.	Not otherwise classified in any other code.
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	* *
15. Broken Glass	<b>1</b>
16. Hand Tool, Utensil; Not Powered	Includes needle, pencil, knife, hammer, saw, axe, screwdriver.
17. Object Being Lifted or Handled	Includes being cut, punctured or scraped by a person or object

# DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013 Page 17 Section IV CODES

	being lifted or handled.
18. Powered Hand Tool, Appliance	Includes drill, grinder, sander, iron, blender, welding tools, nail gun.
19. Caught, Puncture, Scrape, NOC.	Not otherwise classified in any other code. Includes power actuated tools.
IV. Fall, Slip or Trip Injury	
25. From Different Level (Elevation)	Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.
26. From Ladder or Scaffolding	
27. From Liquid or Grease Spills	<b>i</b>
28. Into Openings	Includes mining shafts, excavations, floor openings, elevator shafts.
29. On Same Level	<u> </u>
30. Slipped, Do Not Fall	Slip or trip and did not come in contact with the floor or ground.
31. Fall, Slip or Trip, NOC.	Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.
32. On Ice or Snow	
33. On Stairs	
V. Motor Vehicle	
40. Crash of Water Vehicle	
41. Crash of Rail Vehicle	1
45. Collision or Sideswipe With Another Vehicle	Vehicle collision, both vehicles in motion.
46. Collision with a Fixed Object	Collision occurring with standing vehicle or stationary object.
47. Crash of Airplane	
48. Vehicle Upset	Includes overturned or jackknifed.
50. Motor Vehicle, NOC.	Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.
VI. Strain or Injury By	*
52. Continual Noise	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53. Twisting	Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.

Cause of Injury

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

# Cause of Injury

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

## **Cause of Injury**

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

\* Intentionally left blank.

<u>CODE</u>	BODY MEMBER CODE	<u>WEEKS</u>
35	Hand	220
31	Arm	250
56	Foot	160
54	Leg	250
14	Еуе	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

#### **SCHEDULED INDEMNITY - MAXIMUM WEEKS**

# **SECTION V**

# **TABLES**

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

Effective Date: June 1, 2013 Page 1

Section V Tables

	TABLE I-A Surviving Spouse Pension Table*									
Age at Widowhood (X)	_ a [x]	a [x]+1			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.

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

\*1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

Surviving Spouse Pension Table*							
Age at Widowhood (X)	_ [X]	 [x]+1	 [x]+2	a [x]+3	 [x]+4	_ a [x]+5	Attained Age** (X+5)
(X) 106 107 108 109 110	[x] 1.584 1.433 1.250 0.955 0.500	[x]+1 1.433 1.250 0.955 0.500	[x]+2 1.250 0.955 0.500	[x]+3 0.955 0.500	[x]+4 0.500	[x]+5	(X+5) 111 112 113 114 115
	ee Life Teble fee F						

### 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.

	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			

**TABLE II-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.

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

**TABLE II-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.

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

	Dresset	IV			Dragant
	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 79	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 87	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 33	21.826	62	12.729	92 93	3.260
33	21.608	63	12.360	93	3.088
34	21.383	64	11.991	94	2.927
35	21.152	65	11.622	95	2.776
36	20.915	66	11.252	96 97	2.633
37	20.671	67	10.883	97	2.497
38	20.421	68	10.514	98	2.365
39	20.164	69	10.148	99	2.238
40	19.901	70	9.785	98 99 100	2.108
-		-			
	fo Table for Male Population				

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

(Present Value of \$1 per Annum Payable Until Death) Female								
Age	Present Value	Age	Present Value					
11	25.950	56	16.536					
12	25.844	57	16.191					
13	25.734	58	15.841					
14	25.623	59	15.487					
15	25.509	60	15.128					
16	25.392	61	14.764					
17	25.274	62	14.396					
18	25.152	63	14.025					
19	25.027	64	13.651					
20	24.897	65	13.273					
21	24.763	66	12.892					
22	24.623	67	12.507					
23	24.480	68	12.119					
24	24.331	69	11.730					
25	24.178	70	11.340					
26	24.019	71	10.947					
27	23.855	72	10.552					
28	23.686	73	10.156					
29	23.512	74	9.759					
30	23.332	75	9.364					
31	23.147	76	8.970					
32	22.955	77	8.575					
33	22.759	78	8.182					
34	22.557	79	7.792					
35	22.349	80	7.408					
36	22.136	81	7.031					
37	21.917	82	6.663					
38	21.693	83	6.307					
39	21.461	84	5.965					
40	21.224	85	5.641					
41	20.981	86	5.332					
42	20.731	87	5.037					
43	20.474	88	4.756					
44	20.211	89	4.490					
45	19.941	90	4.238					
46	19.664	91	4.000					
47	19.381	92	3.775					
48	19.091	93	3.563					
49	18.794	94	3.364					
50	18.491	95	3.175					
51	18.181	96	2.996					
52	17.864	97	2.827					
53	17.541	98	2.663					
54	17.211	99	2.502					
55	16.876	100	2.341					

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

### 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.

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

\*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: June 1, 2013 Page 10

Section V Tables

Table USLH-I-B (Continued)         Surviving Spouse Pension Table*									
Age at Widowhood (X)	_ a [x]	_ a [x]+1	 [x]+2	 [x]+3	a [x]+4	 [x]+5	Attained Age** (X+5)		
106 107 108 109 110	1.662 1.487 1.275 0.964 0.500	1.487 1.275 0.964 0.500	1.275 0.964 0.500	0.964 0.500	0.500		111 112 113 114 115		
*1000 Linited Ctet									

# **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.

	Present Value of Remarriage Dowry*							
Age at Widowhood (X)	 [X]	 [x]+1	ā [x]+2		ā [x]+4	 [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 Present Value of Remarriage Dowry\*

\*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.

1			Table USLH-II viving Spous				
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	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

## UNITED STATES LONGSHORE & HARBOR WORKERS ACT Table USLH-II-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: June 1, 2013 Page 13 Section V Tables

UNITED S	TATES LONGSHOR		KERS ACT
Pen	I able USI Ision Table* (Other f	LH-III-M-C than Surviving Spot	ise)
	nt Value of \$1 per A	nnum Payable Until	
		ale	
Age	Present Value	Age	Present Value
11 12	75.314	56 57	24.303
12	73.964 72.624	58	23.412 22.538
14	71.301	59	21.681
15 16	69.995 68.708	60 61	20.840 20.014
17	67.438	62	19.205
18	66.183	63	18.414
19 20	64.940 63.706	64 65	17.641 16.887
21	62.482	66	16.150
22 23	61.268 60.061	67 68	15.430 14.728
23	58.860	69	14.047
25	57.661	70	13.387
26 27	56.465 55.273	71 72	12.747 12.123
28	54.083	73	11.516
29 30	52.900 51.722	74 75	10.926 10.353
31	50.551	76	9.796
32	49.387	77	9.253
33 34	48.229 47.080	78 79	8.724 8.211
35	45.937	80	7.718
36 37	44.803	81 82	7.249
38	43.677 42.559	83	6.806 6.392
39 40	41.450	84 85	6.003
40	40.351 39.262	85 86	5.635 5.290
42	38.184	87	4.968
43 44	37.115 36.059	88 89	4.666 4.385
45	35.013	90	4.122
46	33.981	91	3.878
47 48	32.961 31.954	92 93	3.651 3.439
49	30.957	94	3.242
50	29.971	95	3.058
51 52	28.995 28.030	96 97	2.885 2.723
53	27.076	98	2.568
54 55	26.136 25.211	99 100	2.419 2.268
	Life Table for Male Popula		

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

Annual Rate of Escalation = 4.0%

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

Female

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

\* 1999 United States Life Table for Female Population

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

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

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

 60
 10.039
 9.378
 8.741
 8.131
 7.548
 6.992

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

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

	<b>A</b>		le of Survivors			
Claimantia	Age	Difference (Spo	ouse's Age Mini	us Claimant's A	ge)**	
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
101 102 103 104 105 *1999 United States	1.842 1.730 1.624 1.520 1.420 Life Tables for Total	1.677 1.573 1.473 1.373 1.295 Population and Ferr	1.523 1.425 1.329 1.252 1.178	1.378 1.285 1.210 1.136 1.063	1.241 1.168 1.097 1.025 0.953	1.127 1.058 0.988 0.918 0.845

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

\*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 **examples** 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 **examples** should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

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

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

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

## Example 1 - First Report Requiring Two Unit Reports

In this **example** 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.

					POLI	CY INFORM	<b>1ATION</b>																		
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								lad			A D	- /N - 01-3					01			21.1.1	ot Tumo	Dogu Clm	Cottl Iuriodia	Cat No.	MCO
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		A. T	otal Subj	ect Premi	um	8174		R	15002		06/25	5/09	1	500	2	50	0581	C	)9	) (	01 01	01 01	00 07	00	00
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S											Case N	umber	Part	Nature	Cause	Occupat	ion Desc	scription	Voc. Lu	imp Fraud	Deduct.	Paid	I Indemnity		Paid	Medical	
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U	К	01	0903	150	10	.49		74		Upd Type	Claim N	umber	Acc. D	ate/No. Clai	ms Incu	red Indemnity	/ Incur	rred Medical	Class Code	e Injury	Status Act	t Type	Recv Clm	Settl	Jurisdic	Cat. No.	МСО
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## Example 2 - Exposure Correction Report

In this instance, missing statistical Code 9741 has been added to each split period and a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

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

Note: When reporting electronically and changing an experience modification it is required that all Previous and Revised exposure records that are subject to the experience modification be reported.

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

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## Example 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".

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## Example 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.

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

Image: Rpl. Ind         Rpl. Ind         Rpl. Ind         Image: Rpl. Ind	r Card Serial No. Risk ID Number Page No Last Page No
Image: Constraint of the state of	
Insured's Name: ABC, Inc.	
Insured's Address: T.P.E /	$\rightarrow$ 123456789 Pending File No.
	.E.I.N. →
Mod. Effective Date       Rate Effective Date       Policy Type ID       Deduct.       Deduct.       Deduct.       Deduct.       Deduct.       Deduct.       Amount Per Claim/Accident       Amount Age         3 YR F/R       Multistate       Interstate       Estimated       Retro       Cancelled       MCO       C.H.C.       Type Cov.       Plan Ind       Non Std       Type       Percent       Amount Per Claim/Accident       Amount Age	
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N Y N N N N 01 01 03 02 1000	
EXPOSURE INFORMATION LOSS INFORMATION	
C       Exp.       Class Code       Exposure Amount       Manual Rate       Premium Amount       Claim Number       Acc. Date/No. Claims       Incurred Indemnity       Incurred Medical       Class Code       Injury       State         0       Upd       Cov.       Vol	tus Loss Conditions Jurisdic Cat. No. MCO State Type
D Type	Act Type Recv Clm Settl
E R 01 0928 155121 3.68 5708	
	Deduct. Paid Indemnity Paid Medical
R       01       0951       182051       .96       1748       Claimant's Attorney Fees       Employer's Attorney Fees       Deductible Reimbursement       Weekly Wage	ALAE Paid ALAE Incurred
S P 01 0052 111500 1 80 2100	ALAE Palu ALAE Incurreu
U Urd Claim Number Acc. Date/No. Claims Incurred Indemnity Incurred Medical Class Code Injury Sta	
	State Type
J         R         01         0953         58493         .49         287         Case Number         Part         Nature         Cause         Occupation         Voc.         Lump         Fraud	Deduct. Paid Indemnity Paid Medical
Claimant's Attorney Fees Employer's Attorney Fees Deductible Reimbursement Weekly Wage	ALAE Paid ALAE Incurred
Upd Claim Number Acc. Date/No. Claims Incurred Indemnity Incurred Medical Class Code Injury Sta	tus Act Type Recv Clm Settl Jurisdic Cat. No. MCO State Type
A. Total Subject Premium 10039	
	Deduct. Paid Indemnity Paid Medical
R B. Experience Mod (XX.XXX) 0.968	
Claimant's Attorney Fees Employer's Attorney Fees Deductible Reimbursement Weekly Wage	ALAE Paid ALAE Incurred
C. Total Modified Premium     9718       N     Upd       Claim Number     Acc. Date/No. Claims       Incurred Indemnity     Incurred Medical       Claim Number     Claim Number	tus Act Type Recv Clm Settl Jurisdic Cat. No. MCO
O Type	State Type
T R D. 9663 340	Daduat Daid Indomnity Daid Madiaa
	Deduct. Paid Indemnity Paid Medical
S     E.     Claimant's Attorney Fees     Employer's Attorney Fees     Deductible Reimbursement     Weekly Wage	ALAE Paid ALAE Incurred
J F.	
Total Standard Exposure Total Standard Premium Upd Claim Number Acc. Date/No. Claims Incurred Indemnity Incurred Medical Class Code Injury Sta	tus Act Type Recv Clm Settl Jurisdic Cat .No. MCO
Туре	State Type
G. 507264 9378 Case Number Part Nature Cause Occupation Description Voc. Lump Fraud	Deduct. Paid Indemnity Paid Medical
F 1. 000_ Premium Discount Amount	ALAE Paid ALAE Incurred
E         I.         0900         Expense Constant Amount         LOSS TOTALS	
	For Future Use Total Paid Indemnity Total Paid Medical
D R K. 9741 .01 51	
Tot. Claimant's Attrny. Fees Tot. Employer's Attrny. Fees Reserved For Future Use	Total ALAE Paid Total ALAE Incurred

## Example 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.

UNIT STATISTICAL REPORT

Re	oort No	. Cor	r. No C	orr. Type	Replace Rpt. Ind	POLICY I Carrier Code		Policy Num	nber		Policy Effective	e Date	Policy Ex	piration Dat	e Expos Sta	ate Sta	ate Effective	Date	Certificat	e Number	Card S	Serial No.	Risk ID Nur	mber Pa	ge No	Last Pa	ge No
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### Example 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 - the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium developed from actual exposure \$15,312 + \$1,878 = \$17,190

Short Rate Penalty Premium Calculation

- 1) Actual Policy Period = 6 months
- 2) Payroll extended to an annual basis 180,559 x <u>365 days</u> = 36<mark>4,111</mark> 181 days

3,894 x <u>365 days</u> = 7,853 181 days

3) Annual Premiums

a)

Rated				
Class	Payroll	Rate	Premium	
0 <mark>5</mark> 13	364,111	8.75	\$31, <mark>86</mark> 0	
0953	7, <mark>853</mark>	0.49	<u>\$ 38</u>	
Total St	ubject Prer	mium	\$31, <mark>898</mark>	
Experie	nce Modifi	ication	.968	
Total M	odified Pre	emium	\$30, <mark>877</mark>	
Total St	andard Pr	emium	\$30, <mark>877</mark> + \$3,7 <mark>87</mark> = \$34, <mark>66</mark>	4

b)	Non-ra	ted		
		Payroll		
	0176	36 <mark>4</mark> .111	1.04	\$3.7 <mark>87</mark>

- 4) Short Rate Percentage 6 months = .60
- 5) Short Rate premium for canceled policy = \$34,664 x .60 = \$20,798
- 6) Short Rate penalty premium code 0931 = \$20,798 \$17,190 = \$3,608

			POLICY INFORMATION																						
Re	port No.	. Cor	r. No Corr.	Type Replace	Carrier Code	9	Policy Num	ber		Policy Effective Date		Policy Expiration Date		Date Expos	State	State Effective Date		Certificate Number			Serial No.	Risk ID Numb	oer Page N	o Last P	age No
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S	TX .	01	0313	100337	0.75	13777			Case Nu	umber	Part	Nature	Cause	Occup	ation Des	scription	Voc.	Lump	Fraud I	Deduct.	Paid	Indemnity	Pai	d Medical	
	R	01	0953	3894	.49	19																			
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## Example 7 - Ratable Class; Mandatory Non-Ratable Element

• For class codes • such as 4771, 7405 and 7413 where 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.

Rep	oort No.	Cor	r. No Ci	orr. Type	Replace Rpt. Ind	Carrier Coo	INFORIVIA le	Policy Num	nber		Policy Effective	e Date	Policy Expiration Date		e Expos Sta	ate St	e State Effective Date		ertificate Numbe	er Card	Serial No.	Risk ID I	Number	Page No	Last Pa	ige No
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Insured's Name: FBA Company														-					F.E.I.N.	→ 1234	456789			Pending F	ile No.	
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## Example 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 nonratable element is authorized by the Bureau's Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other Bureau established, optional non-ratable codes such as those associated with classification Code 0513, Code 7421 and classifications with radiation or carcinogen exposure.

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

Rep	oort No.	Con	r. No Corr		Replace Rpt. Ind	Carrier Code		Policy Num	ber		Policy Effective	Date	Policy Ex	piration Date	e Expos Sta	ite St	ate Effective Da	ate Cer	tificate Number	Card S	Serial No.	Risk ID N	lumber l	Page No	Last Pa	ige No
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## Example 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.

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.

Re	port No.	. Cor	r. No Co	orr. Type	Replace Rpt. Ind	Carrier Code	NFORMATIC Pc	olicy Numl	ber		Policy Effective	e Date	Policy Ex	<pre>ratio</pre>	on Date	Expos Sta	ate	State Effective	Date	Certific	cate Ni	umber	Card S	Serial No	). Risł	k ID Nun	nber F	Page No	Last F	Page No
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## Example 9a - Individual Case Report; Permanent Total Disability

### Use Table III-M-A

Type Claim - State Act Trauma Average Weekly Wage - \$459 Effective Date - 07/01/09 Date of Valuation - 01/01/11 1st Level Report - Open

Present Value of Future Payments Weekly Benefit =  $.6667 \times ($459) = $306$ Present Value of \$1 @ Age **53** = **15.948** {Table III-M-A}  $$306 \times 52 \times 15.948 = $253,765$ 

Date of Accident - 10/01/09 Date of Birth - 04/01/57 Employee's age @ Valuation - 53 (sex - M) No. Wks. Benefits Pd. to Valuation Date - 457 days / 7 days = 65.286 wks

Indemnity Paid to Valuation Date - 65.286 x 306 = 19,978

								N -	INDI	VIDUA				EPO	RT								
CLASS CODE	REPORT NO. CODE*	TRAN. TYP CODE*		e of Ode*	CAR	RIER NU	JMBER				CARRI	ER N	AME			S	PAYRO STATE C		r	AD	M. FILE	NUMBE	R
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		3LA	WAGE	IN	JURY											мс		R	CODE*	S	SUM	CODE	OFF-
				D	ESC. ODE*																		SET
Jones		М	459	0		30	13		10			Ν	/iller									00	
SOCIAL SECURITY I	NUMBER		ATE SINGLE	M	D DA	r Y	R E		YMENT				R LAS						E OF	N	ЛО	DAY	YR
		S	SUM PAID →					STATI	US →			EXP	OSED	$\rightarrow$				HIF	RE →		)9	01	80
	B	BENEFITS O	THER THAN	PENSI	ON							1				PE	NSION						
KIND OF E	BENEFIT		% DISAB		OY MEM. ODE*		IO. EKS		INC	URRED			BEN	IEFICIA	RY DA	ΓA*		D	ATA PR	OVIDE	R CON	IMENTS	6
1. TEMPORARY INDEMNITY			XXX		ХХ							С	ODE	D/ MO	ATE OF BI	RTH YR							
2. SCHEDULED INDEMNITY													1	04	01	57			Paid to	o valu	ation	date	
																			65.286	5 x 30	6 = 19	9978	
3. NON-SCHEDULED INDEM	NITY			X	XX	ХХ	XX												Futi	ure Pa	aymer	nts	
4. EMPLOYERS LIABILITY OF	R OTHER IND	EMNITY																306.	.00 x 5	2 x 15	5.948	= 253	765
5. VOCATIONAL REHABILITA		INCURRED																					
6. CLAIMANT LEGAL EXPENS	SE											7.	PENS	SION IN	IDEM. F	AID TO	VAL. D	ATE					19978
PHYSICIAN PAID			Т	EMP. D	DISABILI	TY PAI	D					8.	PENS	3. INDE	M. PRE	V. RSVI	D., NOT	PAI	C				
HOSPITAL PAID			F	PERM. I	PARTIAL	PAID									JE FUTI		DEM. PN	MNT.					253765
APP. MED. EVAL. PAID			F	PERM.	FOTAL F	AID						10	). FUN	IERAL	ALLOW	ANCE							
DEFENSE MED. EVAL PAID			[	DEATH	PAID								-		I REMA	-							
INDEP. MED. EVAL. PAID					LUMP S	UM									URRED		•	1-11	)				273743
LEGAL EXP DEFENSE				/.R. PA											URRED								13000
ANNUITY PURCHASE AMT.					DEM. INC										EM. PA								20871
TOTAL GROSS INCURRED					AINING										D. PAID								6000
			V	/.R. EV/	AL. INCU	JRRED						16	6. SOC	C. SEC.	OR OT	HER OF	FSET	AMT.					

# Example 10 - Individual Risk Experience with USL & HW Coverage

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

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

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

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

Re	oort No.	Cor	r. No Ci	orr. Type	Replace Rpt. Ind	Carrier Code	INFORMA <sup>e</sup>	Policy Num	nber		Policy Effective	Date	Policy Ex	piration	n Date	Expos State	e St	tate Effective	e Date	Certifica	te Numbe	r Card	Serial No.	Risk II	D Number	Page N	o Last	Page No
01					-	16928	99887				07/01/09		07/01/1	0		07												
		Name	: Steve I	Ho Corr	)	10920	99007				07/01/09		07/01/1	0		07					FFIN	$\rightarrow 1234$	456789			Pending	File No.	
	ured's			10 001	,																T.P.E / F							
-	d. Effec			e Effective				y Condition					Policy Typ				Deduct		eductible		Deducti		Busir		For Carri	er Use	For Bure	au Use
					3 YR Pol		e Interstate Rating	Estimated Exposures	Retro Policy		MCO C.H.C. Indicator Network	Туре С	Cov. Plan Ind	Non S	Std Ty	/pe I	Percen	t Amount Pe	er Claim/Ac	cident A	mount Age	jregate	Segment	Identifier				
					N	N N	Rung	N	N	N	N	01	01	01				-										
				<b>XPOS</b>	URE INFOR							01	01	01				LO	OSS INF	ORMA	TION							
С		Exp.	Class Co		osure Amount		Premium An	nount		Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C		ury Sta	tus	Loss Con	ditions		Jurisdic State	Cat. No	. MCO Type
O D	Upd Type	Cov.							Upd Type													Act	Туре	Recv (	Clm Settl	Jiaic		Type
E	R	02	6843	127	7896	23.90	30567			789803		10/01		2	276957		2500		6843	02		02			00 10		00	00
S										Case N	lumber	Part	Nature	Cause		Occupation	n Desc	cription	Voc.	Lump		Deduct.		d Indemr	nity		d Medica	
	R	01	0718	279	132	11.77	32854					42	49	56		Worker			N		00		8008	D. II		15000		
S										Claimant's A	ttorney Fees	Emplo	yer's Attorne	ey Fees	s D	eductible R	Reimbur	rsement	VV	eekly Wa	ge		ALAE	Paid		ALAI	E Incurred	1
U									Upd	Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C	ode Inj	ury Sta	tus Act	Туре	Recv (	Clm Settl	Jurisdic	Cat. No	. MCO
B									Upd Type R	789749		08/01	1/00		235408	-	0		0718		-	01	01	01 (	01 00	State	00	Туре 00
E									ĸ	Case N		Part	Nature	Cause		o Occupation	-	ription	Voc.	01 Lump		Deduct.		d Indemr		Pa	id Medica	
С												90	13	75		Builder		1	Ν		00		13346		5			
Т									1	Claimant's A	ttorney Fees	Emplo	yer's Attorne	ey Fees	s De	eductible R	eimbur	rsement	We	ekly Wa	е			E Paid		ALA	E Incurre	d
										Old N		A				1. 1	1		010			0.0	Ture	Daniel (		lunia dia	Cat Na	1400
									Upd Type	Claim N	umper	ACC. D	ate/No. Cla	ims i	Incurred	Indemnity	Incurr	red Medical	Class C	ode inj	ury Sta	tus Act	Туре	Recv (	Clm Settl	Jurisdic State	Cat. No	MCO Type
		A. T	otal Su	ibject I	Premium		63421																					
			_							Case N	lumber	Part	Nature	Cause	е	Occupatior	n Descr	ription	Voc.	Lump	Fraud	Deduct.	Pai	d Indemr	nity	Pai	d Medica	1
	R	B. E	xperie	nce Mo	od (XX.XX)	X)	0.975		-	Claimant's A	ttorney Fees	Emplo	yer's Attorne	ov Eooc		eductible R	oimhur	comont	Wo	ekly Wad				E Paid		A I A	E Incurre	d
		СТ	otal Mo	odified	Premium		61835			Cidinidines P	monney rees	Emplo	yer s Allonn	eyrees	S De	eductible R	eimpur	Semeni	We	ekiy waų	e		ALA	- Palu		ALA		u
Ν			o tai ini				01000		Upd	Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C	ode Inj	ury Sta	tus Act	Туре	Recv 0	Clm Settl		Cat. No	
0		D.							Туре																	State		Туре
Т		D.								Case N	lumber	Part	Nature	Cause	е	Occupation	n Desc	ription	Voc.	Lump	Fraud	Deduct.	Pai	d Indemr	nity	Pai	d Medica	1
S		E.																							-			
В										Claimant's A	ttorney Fees	Emplo	yer's Attorn	ey Fees	s De	eductible R	eimbur	sement	We	ekly Wa	е		ALAE	E Paid		ALA	E Incurre	d
J		F.																										
				Total	Standard Expos	sure	Total Standar	d Premium	Upd Type	Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C	ode Inj	ury Sta	tus Act	Туре	Recv (	Clm Settl	Jurisdic State	Cat .No	. MCO Type
	G.			407	7028		61835		урс																	Julic		турс
										Case N	lumber	Part	Nature	Cause	е	Occupation	n Desc	cription	Voc.	Lump	Fraud	Deduct.	Pai	d Indemr	nity	Pai	d Medica	1
Α	R	Η.	0063	Pre	mium Discour	nt Amount	5627																					
F T										Claimant's A	ttorney Fees	Employer's Attorney Fees				eductible R	eimbur	sement	We	ekly Wa	е		ALAE	E Paid		ALA	E Incurre	d
E R	R	Ι.	0900	Exp	ense Constar	nt Amount	270																					
R																LO	ISS T	OTALS										
S	R	J.	9740			.01	41																					
S T		.,								Reserved	For Future Use					red Indemn	nity	Total Incur	red Medio	cal	Reserved	l For Fu			aid Indemn	,	tal Paid N	ledical
D	R	К.	9741	_		.01	41			Tat Olai	antia Attense E	2	F Emel-		12365		od E	25000						21354	4		000	rod
		L.								Tot. Claim	ant's Attrny. Fees	10	t. Employer'	s Aitrny	y. Fees	Réserve	eu For	Future Use					Total ALA	E Palo		TOTAL	AE Incuri	ed

### Example 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 - 07/01/09 Date of Valuation - 01/01/11 1st Level Report - Open Date of Accident - 10/01/09 Date of Birth - 03/15/45 Employee's age @ Valuation Date -66 (sex - M) Loss Conditions - 02/01/01/01/00

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$459) = \$306$ Present Value of  $\$1 = 16.150 \{USLH \text{ Table III-M-C}\}$  $\$306 \times 52 \times 16.150 = \$256,979$ (Wkly Benefit)  $\times (52 \text{ Wks}) \times (\text{Pres. Val. Factor})$ 

Indemnity Paid to Valuation Date Benefits Paid from 10/01/09 to 01/01/11 [457 days / 7 = 65.286 (Wks)] 65.286 x \$306 = \$19,978

Total Indemnity Incurred = \$256,979+ \$19,978 = \$276,957

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

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	•		<u>N -</u>	INDI	VIDUA				EPO	RT													
CLASS CODE	REPORT NO. CODE*	TRAN. TY CODE*			CAR	RRIER NU	MBER				CARR	IER NA	ME				PAYR STATE (		*		ADM. FIL	E NUMBER	
6843	01	1	02			16928	3										07	7					
POLICY NUMBER		CERT. NO	. POLICY	EFFECTIVE	DATE		CLAI	M NO.		STAT	I	DATE A	TTNY D	DISC		l	OSS CO	NDITIC	ONS		JL	JRIS	MCO
			MO.	DAY	YR					CODE*	MC	). I	DAY	YR	ACT	TYPE	RCO	V	CLM	SETTL	S	ATE	TYPE
99887			07	01	09		789	9803		0					02	01	01		01	00		07	00
		INSURED NA	AME							ACC. DATE		DA	ATE OF	DEATH	DA	LE REPOI	RTED		DATE OF BIF	RTH	SL	RG	ATTNY
									MO	DAY	YR	MO	DAY	Y YR	MO	DAY	YR	MC	O DAY	YR	CC	DE	CODE*
		Steve Ho Corp	oration						10	01	09				10	01	09	03	3 15	45			
WORKER LAST NAME		WORKERS SEX	AVG. WEEKLY			PART	NATU	IRE	CAUSE			000	UPATIC	DN		DA	TE CLOSE	ED	RESERVE		LUMP	FRAUD	S/S
		SEX	WAGE	INJU	RY											МС	) )	/R	CODE*		SUM	CODE	OFF-
				DES	C.					_													SET
Vee		М	459	CODE	$\rightarrow$	42	49	)	56			Iron	Work	er								00	
SOCIAL SECURITY	NUMBER		DATE SINGLE	MO	DAY	γ Y	'R	EMPLO'	YMENT			YEA	R LAST	-				DA	ATE OF		MO	DAY	YR
			$SUMPAID\to$					STAT	US →			EXP	OSED	$\rightarrow$				ŀ	HIRE →				
		BENEFITS	OTHER THAN PE	INSION				-		•						P	ENSION	I BEN	IEFITS				
KIND OF	BENEFIT		% DISAB.	BODY I COD		NO. V	VEEKS		INC	URRED			BE	ENEFICIA	RY DATA	*			DATA PI	ROVIDE	ER COM	MENTS	
1. TEMPORAR	Y INDEMNITY		XXX	XX								СС	DDE	I MO	DATE OF BIR	rh Yr							
2. SCHEDULE	D INDEMNITY												1	03	15	45			Paid	to val	uation	date	
												_			15				65.28	36 x 3	06 = 19	978	
3. NON-SCHEDU	I FD INDEMNITY	,		ХХ	v		xx					-									aymer		
4. EMPLOYERS LI			,	~ ^ ^	Λ	~/	~~~					_							306.00 x				)
5. VOCATIONAL RE	HABILITATION T	OTAL INCURRE	ED																000.00 //	52 A 1	0.100	200777	
6. CLAIMANT L	EGAL EXPENSE												7. F	PENSION	INDEM.	PAID TO	VAL. DA	TE					19978
PHYSICIAN PAID				TEMP. I	DISABIL	LITY PA	ID						8. P	ENS. INE	em. Pre	V. RSVD	., NOT F	PAID					
HOSPITAL PAID				PERM	. PARTI	ial paid	)						9. F	PRES. VA	LUE FUT	URE INC	em. Pm	NT.					256979
APP. MED. EVAL. PAID				PERN	1. TOTA	AL PAID						1		10. F	UNERAL	ALLOWA	NCE						
DEFENSE MED. EVAL PAID					1		_	MP SUM		-													
INDEP. MED. EVAL. PAID						/IP SUM							12.		ICURREE			-11)					276957
LEGAL EXP DEFENSE					V.R. PA										AL INCU		-						25000
ANNUITY PURCHASE AMT.				V.R. INI											INDEM. F								8008
TOTAL GROSS INCURRED				V.R. TRA											. MED. PA								15000
				V.R. EV	/AL. ING	CURREI	)						16.	SOC. SE	C. OR 0	HER OF	FSET A	MT.					

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

### Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$475 Effective Date - 07/01/09 Date at Valuation - 01/01/11 Date of Accident - 08/01/09 Widow's Date of Birth - 05/01/44 Age at Widowhood - 65 Age at Valuation - 66 1st Level Report - Open Date of Death - 08/01/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$475) = \$316.68$ Present Value of \$1 = 12.611 - Widowhood at age 65, <sup>a</sup>[x] + 1 Value  $\$316.68 \times 52 \times 12.611 = \$207,670$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$316.68 Present Value of Remarriage Dowry = .0244 \$316.68 x 104 x .0244 = \$804

Indemnity Paid to Valuation Date Benefits Paid from 08/01/09 to 01/01/11 - 518 days / 7 = 74 Wks (74 Wks) x \$316.68 = \$23,434

	UNIT STATISTICAL PLAN - I														₹Т								
CLASS CODE	REPORT NO. CODE*	TRAN. TY CODE*	PE TYPE INJ. CC		CARF	RIER NUM	BER				CARRIE	ER NAM	E				PAYROL STATE CO			/	ADM. FIL	E NUMBER	
0718	01	1	01			16928											07						
POLICY NUMBER		CLAIM N	10.	S	STAT	D	ATE ATT	fny di	ISC		L	OSS COND	ITIONS			JL	JRIS	MCO					
		MO.	DAY	YR				CC	ODE*	MO.	DA	AY .	YR	ACT	TYPE	RCOV	CL	M	SETTL	ST	ATE	TYPE	
99887			07	01	09		78974	19		0					01	01	01	(	01	00	(	07	00
		INSURED NA	ME							. DATE				DEATH		E REPOR			E OF BIR			RG	ATTNY
									MO DA	AY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	CO	DE	CODE*
	S	teve Ho Corp	oration						08 0	01	09	08	01	09	08	01	09	07	25	44			
WORKER LAST NAME		WORKERS	AVG. WEEKLY			PART	NATURE	CAL	JSE			OCCUP	PATIO	N		DAT	FE CLOSED	F	RESERVE	E L	UMP	FRAUD	S/S
		SEX	WAGE	INJU	DV											МС	) YR		CODE*		SUM	CODE	OFF-
				DES	C.											WIC			CODE			CODE	SET
Stevens		М	475	CODE	* →	90	13	7!	5			Ship E	Builde	er								00	
SOCIAL SECURITY NU	UMBER		DATE SINGLE	MO	DAY	YR	EM	PLOYMEN	ΝT			YEAR	LAST					DATE	OF		MO	DAY	YR
			$SUMPAID\rightarrow$				S	STATUS -	<b>→</b>			EXPOS	SED -	$\rightarrow$				HIRE	$\rightarrow$		01	01	80
		BENEFITS	OTHER THAN PE	NSION					·							Р	ENSION B	ENEFI	ITS	·	•		•
KIND OF BI	ENEFIT		% DISAB.	BODY I COD		NO. WE	EEKS		INCURRE	ED			BEI	NEFICIA	RY DATA	*		[	DATA PF	ROVIDE	RCOM	MENTS	
1. TEMPORARY	INDEMNITY		ХХХ	XX								COD	)E	D. MO	ATE OF BIRT DAY	H YR							
2. SCHEDULED	INDEMNITY											2		05	01	44			Paid	to valu	uation	date	
															01				74 x	316.6	8 = 234	4.34	
3. NON-SCHEDULE	ED INDEMNITY			ХХ	X	XXX	X										_		Fu	ture p	aymen	ts	
4. EMPLOYERS LIA	BILITY OR OTHE	R INDEMNITY																316			,	= 207670	)
5. VOCATIONAL REH	ABILITATION TO	TAL INCURRE	D																				
6. CLAIMANT LE	GAL EXPENSE												7. PI	ENSION	INDEM. F	PAID TO	VAL. DATE	Ξ					23434
PHYSICIAN PAID				TEMP. I	DISABILI	ITY PAID							8. PE	ens. Ind	EM. PRE	/. RSVD	., NOT PAI	D					
HOSPITAL PAID				PERM	. PARTIA	AL PAID							9. PF	RES. VA	LUE FUTI	JRE IND	em. PMNT						207670
APP. MED. EVAL. PAID			1		1. TOTA										JNERAL A								3500
DEFENSE MED. EVAL PAID				DE	EATH P	AID								11. LUI	MP SUM I	Remark	RIAGE						804
INDEP. MED. EVAL. PAID				SING	LE LUMI	P SUM	İ										,(SUM 1-1	1)					235408
LEGAL EXP DEFENSE					V.R. PAI										AL INCUF								0
ANNUITY PURCHASE AMT.				V.R. INI	DEM. IN(	CURRED											VAL. DATE						13346
TOTAL GROSS INCURRED				V.R. TRA	-		D						-	-		-	AL. DATE						0
				V.R. EV	/al. inc	CURRED							16. 5	SOC. SE	C. OR OT	HER OF	FSET AMT						

# Example 11 - Second Reporting of Losses for Unit for Example 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/12).

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.

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

Refer to **Examples** 11a and 11b for Individual Case Reports.

Example 11

														Pa	age 15.1
ffective	Date	tifica	nte Nu	umber	Ca	ard S	Serial No	). Ris	k ID Nu	umber	Page	No	Last P	age No	
	F.I					→ 12	234	56789				Pendin	g Fi	e No.	
			T.F	P.E / F	.E.I.I	N. →									
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ent		/eekly	/ Wa						E Paid				-	ncurred	
edical	Class (	Code	Inj	ury	Stat	us	Act	Туре	Recv	Clm	Sett	I Jurisd State		Cat. No.	MCO Type
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1	Voc.	Lun	np	Fra	ud I	Dedu	ict.	Pa	id Inde	mnity		P	aid	Medical	

						POLICY IN	VFORMA	TION																						
Rep	ort No.	Corr. N	o Corr.			Carrier Code		Policy Num	nber		Policy	Effective	e Date	Policy E	xpiratio	on Date	Expos Stat	e Stat	te Effective	Date	Certi	ificate I	Number	Card S	Serial No.	Risk ID I	Number	Page No	Last P	age No
				Rpt. I	nd																									
00						1/000	00007				07/01	100		07/01/	10		07													
02				<u> </u>		16928	99887				07/01	/09		07/01/	10		07					-		1004	F ( 700			Pending	Filo No	
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С		Exp. Cl	ass Code	Exposure Ar			Premium Ar	mount		Claim Nu	ımher		Acc Da	ite/No. Cl	aims	Incurre	ed Indemnity	Incurre	d Medical	Class (				ls l	_oss Cond	itions		Jurisdic	Cat. No.	MCO
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D	Туре								Туре															Act		Recv Clm				
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S										Case N	umber		Part	Nature	Caus		Occupatio	n Descri	ption	Voc.	Lum	•		educt.		Indemnity	,		Medical	
													42	49	56		n Worker			Ν		0			8008			15000		
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## Example 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 - 07/01/09 Date of Valuation - 01/01/12 Date of Accident - 10/01/09 Date of Birth - 03/15/45 Employee's Age at Valuation Date - 67 (sex - M) Maximum Weekly Benefit - \$1,224.66

Present Value of Future Payments  $306 \times 52 \times 15.430 = 245,522$ 

Indemnity Paid to Valuation Date Benefits Paid from 10/01/09 to 01/01/12 [822 days / 7 = 117.429 (Wks)] (117.429 Wks) x \$306 = \$35,933

Total Indemnity Incurred - \$245,522+ \$35,933 = \$281,455

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4. EMPLOYERS LIABILITY O		DEMNITY															:	306.				= 245	522
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### Example 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 - 07/01/09 Date at Valuation - 01/01/12 Date of Accident - 08/01/09 Widow's Date of Birth - 05/01/44 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open Date of Death - 08/01/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$475) = \$316.68$ Present Value of \$1 = 12.290 - Widowhood at age 65, a[x] + 2 Value  $\$316.68 \times 52 \times 12.290 = \$202,384$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$316.68 Present Value of Remarriage Dowry = .0195 \$316.68 x 104 x .0195 = \$642

Indemnity Paid to Valuation Date Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks (126.143 Wks) x \$316.68 = \$39,947

	UNIT STATISTICAL PLAN														RT							
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# Example 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 the applicable USL & HW percentage and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

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

Note: Class 665's rating value as of 7/1/09 is 8.36, the rating value including coverage for the USL & HW Act is  $8.36 \times 1.508 \times 1.580 = 19.92$ . 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 **Example** 12a for Individual Case Report.

						POLICY I	NFORMATION																			
Repor	t No.	Corr.	No Corr.	Туре	Replace Rpt. Ind	Carrier Code	e Policy N	umber		Policy Effectiv	e Date	Policy Exp	piration Da	ate Expos St	tate Sta	ate Effective	e Date	Certificat	e Number	Card S	Serial No.	Risk ID Nu	mber P	age No	Last Pa	age No
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### Example 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits

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

Type - USL & HW-Trauma Average Weekly Wage - \$500 Date of Accident - 02/01/10 Effective Date - 07/01/09 Maximum Benefit - 200% NAWW = \$1,224.66 Claimant's Birth Date - 05/01/62 Spouse's Birth Date - 07/01/64 Date of Valuation - 01/01/11 Claimants Age at Valuation - 48 (sex - M) Spouse's Age at Valuation - 46

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 02/01/10 to 01/01/11 - 334 days / 7 = 47.714 Wks \$333.35 x 47.714 = \$15,905

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POLICY NUMBER		CERT. NO	D. POL	ICY EFF DATE	ECTIVE		CLAI	M NO.		STAT	DA	ATE AT	TTNYI	DISC		LC	SS CONI	DITIC	ONS		JUF	RIS	MCO
			MO.	DATE						CODE*	МС	). C	DAY	YR	ACT	TYPE	RCOV	,	CLM	SETTL	STA	ATE	TYPE
198265			07	01	09		84	45							02	01	01		01	00	0	7	00
		INSURED N	-	1 .					4	ACC. DATE	:	DAT	TE OF	DEATH	DAT	E REPO	RTED	DA	ATE OF B	IRTH	SUR		ATTNY
									MO	DAY	YR	MO	DA	Y YR	MO	DAY	YR	МО	DAY	YR	COE	DE	CODE*
	Do	elron Erecti	ions, Inc.						02	01	10				02	01	10	05	5 01	62			
WORKER LAST NAM	E	WORKERS SEX	AVG. WEEK	LY		PART	NATU	RE C	CAUSE			OCCL	JPATI	ON			DATE		RESERV	/E LL	JMP	FRAUD	S/S
		GEX	WAGE	11	NJURY											MC		ł	CODE*	S	UM	CODE	OFF-
					DESC. CODE*					_													SET
Doe		M	500		$\rightarrow$	40	28		25		<u> </u>	Iron \	-									00	
SOCIAL SECURITY	NUMBER		DATE SINGLE	М	O DAY	Y	R E	MPLOY					R LAS						TE OF	M	10	DAY	YR
			SUM PAID $\rightarrow$					STATU	IS →			EXPO	OSED	$\rightarrow$				HI	IRE →	0	)1	01	80
	E	BENEFITS C	OTHER THAN	I PENS	ION											PE	NSION I	BEN	EFITS				
KIND OF E	BENEFIT		% DISAE		DY MEM. CODE*		IO. EKS		INCL	JRRED			BEN	IEFICIA	RY DA	ΓA*		D	DATA PR	OVIDE	R CON	IMENTS	3
1. TEMPORARY INDEMNITY			X X X		<b>( X X</b>							CO	DDE	DA MO	TE OF BI	RTH YR							
2. SCHEDULED INDEMNITY													1	05	01	62			Paid t	o valu	ation	date	
												2	2	07	01	64		4	47.714	x 333.	.35 =	15905	
3. NON-SCHEDULED INDEM	NITY			)	<b>(                                    </b>	XX	XX								•				Fut	ure pa	ymer	nts	
4. EMPLOYERS LIABILITY O	R OTHER IND	EMNITY																(	(333.35	5 x 52	x 31.9	954) +	
5. VOCATIONAL REHABILITA	TION TOTAL	INCURRED															(	250	0.00 x 5	52 x 9.	782)	= 681	063
6. CLAIMANT LEGAL EXPEN	SE											7.	PENS	SION IN	DEM. P	AID TO	VAL. D	ATE					15905
PHYSICIAN PAID				TEMP.	DISABILI	TY PAI	D					8. I	PENS	6. INDE	M. PRE	V. RSV	D., NOT	PAI	D				
HOSPITAL PAID					PARTIAL							9. I	PRES	S. VALU	E FUTL	JRE IND	DEM. PN	1NT.					681063
APP. MED. EVAL. PAID				PERM.	TOTAL P	AID						10.	. FUN	IERAL A	ALLOW.	ANCE							
DEFENSE MED. EVAL PAID				DEATH	PAID							11.	. LUM	IP SUM	REMA	RRIAGE							
INDEP. MED. EVAL. PAID				SINGLE	E LUMP S	UM						12.	. TOT	AL INC	URRED		1.,(SUM	1-11	1)				696968
LEGAL EXP DEFENSE			,	V.R. PA	ND							13.	. TOT	AL INC	URRED	MEDIC	CAL						25000
ANNUITY PURCHASE AMT.					DEM. INC												/AL. DA <sup>-</sup>						17201
TOTAL GROSS INCURRED			,	V.R. TR	AINING I	NCUR	RED										L. DATE						12000
			,	V.R. EV	AL. INCU	IRRED						16.	. SOC	C. SEC.	OR OT	HER OF	FSET A	MT.					

# Example 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, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

Report No.

01

01

Corr. No

01

Insured's Name: ABC Corp

Insured's Address: Mod. Effective Date

POLICY INFORMATION

WC12345

WC54321

Interstate

Rating

Carrier Code

99998

99998

Multistate

Policy

Exposure Amount Manual Rate Premium Amount

3 YR F/R Policy

**EXPOSURE INFORMATION** 

Policy Number

Policy Conditions

Estimated

Exposures

Upd Type

Replace Rpt. Ind

Corr. Type

Rate Effective Date

Н

																				Page 20
					UNIT S	STATIS	TICAL REI	PORT												
er		Policy 01/01	Effective	e Date	Policy E	xpiration [	Date Expos	State St	tate Effectiv	ve Date	Certifi	cate Nu	mber (	Card S	Serial No.	Risk ID	) Number	Page No	0 Last P	age No
		01/01	1/09		01/01/	10	07													
												_	I.N. →					Pending	File No.	
					Policy Typ		Deduct.	Deduct	i r	Deductible			E / F.E.I ductible	I.N. →	Busine	000	For Carri	or Lloo	For Burea	
Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network		ov. Plan In			Percen		Per Claim/A			t Aggrega	ate	Segment lo		TUCan	6 036		u use
									L(	OSS IN	FORM	IATIO	N							
pd ype	Claim N	umber		Acc. D	ate/No. Cla	aims In	curred Indemi	nity Incurr	red Medical	Class	Code	Injury	Status	Act	Loss Conc		lm Settl	Jurisdic State	Cat. No.	МСО Туре
	Case N	lumber		Part	Nature	Cause	Occup	pation Desc	cription	Voc.	Lump	Frau	d Ded	luct.	Paid	Indemni	ty	Paid	d Medical	
	Claimant's A	ttorney F	ees	Employ	yer's Attorr	ney Fees	Deductit	ole Reimbu	rsement	V	Veekly V	Vage		_	ALAE	Paid		ALAE	E Incurred	
pd ype	Claim N	umber		Acc. D	ate/No. Cla	aims In	curred Indemi	nity Incurr	red Medical	Class	Code	Injury	Status	Act	Туре	Recv C	lm Settl	Jurisdic State	Cat. No.	МСО Туре
	Case N	lumber		Part	Nature	Cause	Occup	oation Desc	cription	Voc.	Lump	Frau	d Ded	luct.	Paid	Indemni	ty	Pai	d Medical	
	Claimant's A	ttorney F	ees	Employ	yer's Attorr	ney Fees	Deductib	lle Reimbur	sement	W	eekly W	'age	•		ALAE	Paid		ALAI	E Incurred	
pd ype	Claim N	umber		Acc. D	ate/No. Cla	aims In	curred Indemi	nity Incurr	red Medical	Class	Code	Injury	Status	Act	Туре	Recv C	lm Settl	Jurisdic State	Cat. No.	МСО Туре
	Case N	lumber		Part	Nature	Cause	Оссир	ation Descr	ription	Voc.	Lump	Frau	d Ded	luct.	Paid	Indemni	ty	Paid	d Medical	
	Claimant's A	ttorney F	ees	Employ	yer's Attorr	ney Fees	Deductib	le Reimbur	sement	W	eekly W	age			ALAE	Paid	- [	ALAE	E Incurred	
pd ype	Claim N	umber		Acc. D	ate/No. Cla	aims In	curred Indemi	nity Incurr	red Medical	Class	Code	Injury	Status	Act	Туре	Recv C	lm Settl	Jurisdic State	Cat. No.	МСО Туре
	Case N	lumber		Part	Nature	Cause	Occup	pation Desc	cription	Voc.	Lump	Frau	d Ded	luct.	Paid	Indemni	ty	Paid	d Medical	
	Claimant's A	lttorney F	ees	Employ	yer's Attorr	ney Fees	Deductib	le Reimbur	sement	W	/eekly W	'age			ALAE	Paid		ALAE	E Incurred	
pd vpe	Claim N	umber		Acc. D	ate/No. Cla	aims In	curred Indemi	nity Incurr	red Medical	Class	Code	Injury	Status	Act	Туре	Recv C	lm Settl	Jurisdic State	Cat .No.	MCO Type

S						Claimant's Attorney Fees	Employ	yer's Allorney i	-ees	Deductible Re	eimpursement	weeki	y wage		_ /	ALAE Paid			ALAE II	ncurred	
U B J				Ur Ty	od /pe	Claim Number	Acc. D	ate/No. Claims	Inc	urred Indemnity	Incurred Medical	Class Code	Injury	Status	Act T	ype Recv	Clm :	Settl	Jurisdic State	Cat. No.	МСО Туре
E C T						Case Number	Part	Nature Ca	ause	Occupation	Description	Voc. Lu	mp Fra	ud Deo	duct.	Paid Inde	mnity		Paid	Medical	
						Claimant's Attorney Fees	Employ	yer's Attorney I	Fees	Deductible Re	imbursement	Weekly	Wage	•		ALAE Paid				ncurred	
	A.	Total Sub	oject Premium	UF Ty	pd /pe	Claim Number	Acc. D	ate/No. Claims	Inc	urred Indemnity	Incurred Medical	Class Code	Injury	Status	Act T	ype Recv	Clm :	Settl	Jurisdic State	Cat. No.	МСО Туре
-	B.	Experien	ce Mod (XX.XXX)			Case Number	Part	Nature Ca	ause	Occupation	Description	Voc. Lu	mp Fra	ud Deo		Paid Inde	5		Paid I	Medical	
			dified Premium			Claimant's Attorney Fees		yer's Attorney I		Deductible Re		Weekly	0			ALAE Paid			ALAE II		
N O T	D.			UF Ty	od /pe	Claim Number	Acc. D	ate/No. Claims	Inc	urred Indemnity	Incurred Medical	Class Code	Injury	Status	Act T	ype Recv	Clm :	Settl	Jurisdic State	Cat. No.	МСО Туре
S	E.					Case Number	Part	Nature Ca	ause	Occupation	Description	Voc. Lu		ud Deo	duct.	Paid Inde	mnity		Paid I	Medical	
B J	F.					Claimant's Attorney Fees	Employ	yer's Attorney I	Fees	Deductible Re	imbursement	Weekly	Wage			ALAE Paid			ALAE II	ncurred	
	<u>.</u>		Total Standard Exposure	Total Standard Premium Up Ty	pd /pe	Claim Number	Acc. D	ate/No. Claims	Inc	urred Indemnity	Incurred Medical	Class Code	Injury	Status	Act T	ype Recv	Clm !	Settl	Jurisdic State	Cat .No.	МСО Туре
A F	H.	006_	Premium Discount Amount			Case Number	Part	Nature Ca	ause	Occupation	Description	Voc. Lu	mp Fra	aud Dec	duct.	Paid Inde	mnity		Paid I	Medical	
T E	Ι.	0900	Expense Constant Amount			Claimant's Attorney Fees	Employ	yer's Attorney F	Fees	Deductible Re		Weekly	Wage			ALAE Paid			ALAE II	ncurred	
R	J.									LOS	SS TOTALS										
S – T D	К.					Reserved For Future Use	Tot	al No. Claims	Total	Incurred Indemnit	ty Total Incurr	ed Medical	Re	served Fo	or Future l	Jse Total	Paid Inde	emnity	Total	Paid Mec	lical
	L.					Tot. Claimant's Attrny. Fee	s Tot	t. Employer's A	ttrny. F	ees Reserved	d For Future Use		1		Total	ALAE Paid	1	T	otal ALAE	Incurred	
								USR FORM - 6/2	1/13												

### Example 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, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

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

Page 2	21.1
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Rep	oort No.	Cor	r. No Corr	. Туре	Replace Rpt. Ind	Carrier Co	INFORMA <sup>de</sup>	Policy Num	nber		Policy Effective	e Date	Policy Expira	ation Date	e Expos Sta	ate Sta	ate Effective	e Date	Certifica	ate Number	Card Seria	al No. R	isk ID Nur	mber Page	No Last I	Page No
02		04	Т			99998	WC5432	21			01/01/09		01/01/10		07											
		Name	:				1													F.E.I.N. →	•			Pendir	g File No.	
		Addre																		T.P.E / F.I	E.I.N. →					
		tive Da		ffective				y Condition					Policy Type II	D	Deduct.	Deduct		eductible		Deductibl		Business		Carrier Use	For Bure	au Use
						R F/R Multista blicy Policy	le Interstate Rating	Estimated Exposures	Retro Policy		MCO C.H.C. dicator Network	Туре Со	ov. Plan Ind	Non Std	Туре	Percent	t Amount Per	er Claim/Acc	cident	Amount Aggre	egate Seg	ment Identi	ifier			
					FU	nicy Fulicy	Raung	Lyposules	FUIICY	ivilu-territ il							-									
			ΕX	POSI	JRE INFOR												10	SS INF	ORMA							
С		Exp.	Class Code				Premium An	nount		Claim Nur	nber	Acc. Da	ate/No. Claims	s Incurr	ed Indemnity	/ Incurre	ed Medical	Class Co		jury Statu	s Loss	s Conditio	ns	Jurisd		MCO
O D	Upd Type	Cov.							Upd Type						5						Act T	ype Rec	v Clm	Settl	ē	Туре
E S										Case Nu	mber	Part	Nature C	ause	Occupati	ion Desci	ription	Voc.	Lump	Fraud D	educt.	Paid Ind	lemnitv	P	aid Medica	
5																	1						,			
										Claimant's Atte	orney Fees	Employ	/er's Attorney	Fees	Deductible	Reimbur	sement	We	ekly Wa	ige		ALAE Paid	b	AL	AE Incurred	1
S U												. ,	, in the second s						-	-						
B J									Upd Type	Claim Nur	mber	Acc. Da	ate/No. Claims	s Incurr	ed Indemnity	/ Incurre	ed Medical	Class Co	ode Inj	jury Statu	s Act T	ype Rec	v Clm	Settl Jurisd State		. MCO Туре
E										Case Nu	mber	Part	Nature C	ause	Occupati	ion Desci	ription	Voc.	Lump	Fraud D	educt.	Paid Ind	lemnity	P	aid Medica	al
C T																										
										Claimant's Atte	orney Fees	Employ	/er's Attorney	Fees	Deductible	Reimburs	sement	Wee	ekly Wa	ge		ALAE Pai	id	AL	AE Incurre	d
-		A. T	otal Sub	iect P	Premium				Upd Type	Claim Nur	mber	Acc. Da	ate/No. Claims	s Incurr	ed Indemnity	/ Incurre	ed Medical	Class Co	ode Inj	jury Statu	S Act T	ype Rec	v Clm	Settl Jurisd State		. МСО Туре
-					d (XX.XX	X)				Case Nu	mber	Part	Nature C	ause	Occupatio	on Descr	iption	Voc.	Lump	Fraud D	educt.	Paid Ind	lemnity	P	aid Medica	l
		С. Т	otal Moc	lified	Premium	)				Claimant's Att	orney Fees	Employ	er's Attorney	Fees	Deductible	Reimburs	sement	Wee	ekly Wa	ge		ALAE Pai	id	AL	AE Incurred	t
N O T		D.							Upd Type	Claim Nur	mber	Acc. Da	ate/No. Claims	s Incurr	ed Indemnity	/ Incurre	ed Medical	Class Co	ode Inj	jury Statu	s Act T	ype Rec	v Clm	Settl Jurisd State		. MCO Туре
										Case Nu	mber	Part	Nature C	ause	Occupati	ion Desci	ription	Voc.	Lump	Fraud D	educt.	Paid Ind	lemnity	P	aid Medica	l
S B		Ε.								Claimant's Atte	orney Foos	Employ	/er's Attorney	Foos	Deductible	Poimburg	comon <sup>t</sup>	Wee	ekly Wa	an		ALAE Pai	id	A1	AE Incurred	4
J		F.								Giaimant 5 Alli	unicy rees	строу	rei s Automey	1 663	Denneinne	Reinibuls	SCITICIT	vvee	avià angi	Ac		ALAE Pal	u	AL		
				Total S	Standard Expo	sure	Total Standar	d Premium	Upd	Claim Nur	mber	Acc. Da	ate/No. Claims	s Incurr	ed Indemnity	Incurr	ed Medical	Class Co	ode Inj	jury Statu	s Act T	ype Rec	v Clm	Settl Jurisd		
	G.								Туре															5/8/	-	Туре
										Case Nu	mber	Part	Nature C	ause	Occupati	ion Desci	ription	Voc.	Lump	Fraud D	educt.	Paid Ind	lemnity	P	aid Medica	l
A F		Η.	006_	Prem	nium Discou	nt Amount																				
Ť			0000		_					Claimant's Atte	orney Fees	Employ	er's Attorney	Fees	Deductible	Reimburs	sement	Wee	ekly Wa	ge		ALAE Pai	id	AL	AE Incurred	d
T E R		Ι.	0900	Expe	ense Consta	nt Amount											OTALC			_						
																05510	OTALS									
S T		J.							┥	Reserved Fr	or Future Use	Tot	al No. Claims	Total In	curred Indem	nnity	Total Incurr	red Medic:	al	Reserved	For Future l	lse Tot	al Paid Ind	demnity T	otal Paid M	ledical
T D		Κ.									atare 036	14		1360		2	7000			ACCOUNCU I			471	~	775	
U		IX.								Tot, Claim	nant's Attrny		t. Employe					Use			Tot	al ALAE			I ALAE Ir	ncurred
		L.							_	. et. olam			000					200			12500			1010		

# Example 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 **Example** 15a showing the correction on the ASWG form.

REPOR	RT P	OLICY NUMBI	ĒR	STATE	s s	STATE NO.		CARRIER		CARRI NO.		CEIVED	ADM FILE	NO.	
1	1	NC1234	5	DE		07				9999	99				
EFF		TERM	EXPIRATIO DATE	N	INSUR		CORP.								
	20/95		10/26/9	96		7,80	001111								
CON		92 93	94 95		97	98									
EXP	CLASS	EXPO	DSURE		NUAL	PREMIUM	CLAIM	ACCIDENT DATE	CLASS	INJ	INCURRED	LOSSES	OPEN	LOSS	CAT.
COV	CODE			RA	ATE		NUMBER	OR NO. OF CLAIMS	CODE		INDEMNITY	MEDICAL	OR CLOSED	COV.	NO.
11	0953	175	5485	0.	49	860		3	0953	06		875	1	11	00
11	0951	83	368	0.	96	800	23456	02/05/96	0951	06		1000	1	11	00
							34567	07/03/96	0953	09	4750	1225	0	11	00
							45678	10/25/96	0951	05	2950	595	0	21	00
A - TO	TAL SUBJEC	T PREMIUN	1			1660									
B - EXF	PERIENCE M	10DIFICATIO	N			.850									
С - ТО	TAL MODIFIE	ED PREMIU	И (А) Х (В	)		1411									
D															
E															
F															
G															
	STD	258	853	X	ХХ	1411									
RISK	OTHER			X	ХХ	XXX									
TOTALS	0064	PREMIUM	DISCOUNT	- X	XX	(140)	TOTALS	6	XXXX	Х	7700	3695	Х	Х	X
	0900	EXPENSE	CONSTAN	т											

# Example 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.

Page 2	23.1
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Report N	No.	Corr. No	Corr. Typ	Replace Rpt. Ind	Carrier Code		Policy Num	iber		Policy Effective	e Date	Policy E	Expiration	n Date E	Expos Stat	ie Stat	te Effective	Date C	Certificate Nu	umber Ca	rd Serial No.	. Risk IE	) Number	Page N	o Last P	age No
01		01	М		99999	WC1234	45			12/20/95		12/20/	/96	C	07											
	d's Na	me: AE	BC Corp.																F.E					Pending	File No.	
Insured			I																T.F	P.E / F.E.I.N	$I. \rightarrow$					
Mod. Ef			Rate Effect	tive Date		Polic	cy Condition	IS				Policy Ty				Deduct.		eductible		eductible	Busir		For Carri	er Use	For Burea	u Use
					R F/R Multistate	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO C.H.C. Indicator Network	Туре С	Cov. Plan Ir	nd Non S	Std Typ	ре	Percent	Amount Pe	er Claim/Accio	dent Amour	nt Aggregate	Segment	Identifier				
				PU	olicy Policy	Rauny	Exposules	POlicy	wid-term																	
			EVDC	SURE INFO															ORMATIO	N						
С	E	xp. Cla		xposure Amount		Premium An	nount		Claim N	umber	Acc. D	ate/No. Cl	laims I	Incurred I	ndemnitv	Incurre	d Medical		de Injury		Loss Cor	ditions		Jurisdic	Cat. No.	MCO
O Up	d C							Upd											, j. j.					State		Туре
D Ty								Туре													Act Type	Recv C	Im Settl	-		
E P S	1	1 09	953 1	75485	.49	860		P :	23456		02/05			-	0	1000		0951	06		11					
				00015	10				Case N	umber	Part	Nature	Cause	e	Occupatio	on Descri	ption	Voc. L	ump Fra	ud Deduc	t. Pai	d Indemn	ity	Pa	d Medical	
R	1	1 09	253 2	33945	.49	1146			Claimant/a A	Harnov Food	Emplo	Vorio Attor	may Faar		eductible F	Joimhuro	omont	Wee	khy Mogo			Paid			E Incurred	
S									Claimant's A	lioney rees	Ешрю	yer's Attor	They rees	S De	eductible P	(ennouis)	ement	wee	ekly Wage		ALAE	Palu		ALA		
U B	-							Upd	Claim Nu	umber	Acc. D	ate/No. Cl	laims I	Incurred I	ndemnity	Incurre	d Medical	Class Coo	de Injury	Status /	Act Type	Recv C	Im Settl	Jurisdic	Cat. No.	МСО
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E	_							R	23456 Case N	umbor	02/05		Cause		Occupatio	1565	otion	0951	06		11 Dei	dindomn	i+	Do	d Madiaa	
С									Case M	umbei	Part	Nature	Cause	e	Occupatio	n Desch	puon	Voc. L	ump Fra	ud Deduc	a. Pai	d Indemn	цу	Pa	id Medical	
									Claimant's A	ttorney Fees	Emplo	yer's Attor	mey Fees	s De	eductible R	eimhurse	ement	Week	kly Wage			E Paid		ΔΙΔ	E Incurred	
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		Tate	al Cubiaa	+ Dronalium		104/									-					-				State		Туре
	F	A. TOLA	al Subjec	t Premium		1946		Р	Case N	umbor	Part	Nature	Cause	a (	Occupation	n Doscrin	tion	Voc. L	ump Fra	ud Deduc	t Dai	d Indemn	ity	Dai	d Medical	
Ь			orionaal		۱۷۷				Case In	umber	ran	Nature	Cause		Occupation	n Descrip	lion	V0C. L		Ju Deuu	i ai	u muemm	ity	1 di	u metical	
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## Example 16 - Combination Example

This example 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 **a claim** requiring an Individual Case Report.

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

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

Refer to **Example** 16a for the Individual Case Report.

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F		11.	000_	Premiur	m Discoun	il Annount				Claimant's At	tornev Fees	Employ	yer's Attorne	ev Fees	Deduc	tible Reimb	bursement	Wee	kly Wage			ALAE Pai	id		LAE Incurr	ed
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R			0700	Experts	o omstan	, anount										LOSS	TOTALS									
		J														2000										
S T		5.								Reserved F	or Future Use	Tota	al No. Claim	ns Tota	al Incurred I	ndemnity	Total Inc	urred Medica	I F	Reserved	For Future	Use Tota	al Paid Ind	emnity	Total Paid	Medical
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Re	port No.				Carrier Code	INFORMATION e Policy Number				Policy Effectiv	Policy Ex	piration D	ate Expos S	State	State Effective Date		Certificate Num		Card Ser	rial No.	Risk ID Nu	umber	Page No	D Last F	Page No				
01						12345	1234567	7			12/01/08		12/01/0	)9	07														
		Name	: 123, li	IC.		12010												F.E.I.N. → 12					23456789			Pending File No.			
Insured's Address:																			T.P.E / F.E.I.N. →										
Мо	d. Effec	tive Da	te Rate	e Effective			Polic	ns				Policy Type ID		Deduct.			eductible		Deductib		Busines		r Carrier	r Use F	For Burea	iu Use			
					3 YR Pol		Interstate Rating	Estimated Exposures	Retro Policy		MCO C.H.C. Indicator Network		Cov. Plan Inc	d Non Std	Туре	Per	rcent Amount Pe	er Claim/Accio	dent A	mount Aggr	egate Se	egment Ider	ntifier						
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10/01/00					JRE INFOR			I	IN	IN	IN	01	01	01	03 01			SS INFORMATION											
С		Exp.	Class Co		osure Amount		Premium Arr	nount		Claim N	umber	Acc. D	ate/No. Cla	ims Inc	Incurred Indemni		curred Medical	T		njury Status		Loss Conditions			Jurisdic	Cat. No.			
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D E	Тур					Туре												Act		Type Recv Clm Se									
E S										Casa Number		Part	Noturo	Nature Cause		Occupation Description		1/22 1	Voc. Lump Fraud De		laduat	t. Paid Indemnity			Daia	h Madiaa			
										Case Number			Nature	Cause	Occupa	ation D	Description	Voc. L	ump	Fraud D	educt.	Paid Ir	idemnity		Paid	d Medical			
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B	U B							Upd	Claim N	umber	Acc. D	ate/No. Cla	ims Inc	urred Indemni	ity Ind	curred Medical	Class Co	de Inju	iry Statu	is Act	Type Re	ecv Clm	Settl	Jurisdic	Cat. No.	МСО			
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	A. Total Subject Premium					2183		Туре																State		Туре			
						2103			Case N	lumber	Part	Nature	Cause	Оссира	ation De	escription	Voc. L	ump	Fraud D	educt.	Paid Ir	ndemnity		Paio	d Medical				
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-		C. T	otal Mo	dified	Premium		2615						J																
Ν							Upd	Claim N	umber	Acc. D	Date/No. Claims Ir		ncurred Indemnity Ir		Incurred Medical Class		Class Code Injury		itus Act Type		Recv Clm Set	Settl		Cat. No.	MCO				
0	R	D.	9663				48		Туре																State	:	Туре		
Т	к	D.	9003				40		Case Num		lumber	Part		Cause	Occupation		Description Voc		oc. Lump Fraud D		educt. Paid Indemnity			Paid Medical					
S		E.											Nature																
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J		F											<b>, ,</b>																
		1.		Total S	Standard Expos	sure	Total Standar	d Premium	Upd	Claim N	umber	Acc. D	ate/No. Cla	ims Inc	urred Indemni	itv In	curred Medical	Class Co	de Inju	iry Statu	IS Act	Type Re	ecv Clm	Settl	Jurisdic	Cat .No.	МСО		
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	G.									Case N	lumbor	Dort	Noturo	Causa	Occurre	otion D	) accorintion	1/22 1	ump	Froud	laduat	Daid Ir	domnitu		Daia	h Madiaa			
٨										Case N	lumper	Part	Nature	Cause	Occupa	ation D	Description	Voc. L	ump	Fraud D	educt.	Paid Ir	ndemnity		Paic	d Medical			
F	R	Н.	006 <u>3</u>	Pren	nium Discour	nt Amount	80			0.1				_		<u> </u>													
Т										Claimant's Attorney Fees		Emplo	yer's Attorn	ey Fees	Deductible	e Reim	nbursement	Weel	Weekly Wage			ALAE P	aid		ALAE	E Incurred			
A F T E R	R	Ι.	0900	Expe	ense Constar	nt Amount	46																						
R																LOSS	S TOTALS												
S	R	J.	9740			.01	3				· · ·		-		r									-					
S T		.,					_			Reserved I	For Future Use	3								For Future	Future Use Total Paid Ind			-					
D	R	Κ.	9741			.01	3			T 1 01 1		4		183219			9000				17153		-	5500 Total ALAE Incurred					
										Tot. Claima	ant's Attrny. Fee	IS 10	i. Employer	Employer's Attrny. Fees Reserved For Future Use						Total ALAE Paid					TOTAL ALAE INCUITED				

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

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/08 Date at Valuation - 06/01/10 Date of Accident - 04/20/09 Widow's Date of Birth - 05/09/43 Age at Widowhood - 65 Age at Valuation - 67 1st Level Report - Open Date of Death - 04/20/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$378) = \$252.01$ Present Value of \$1 = 12.290 - Widowhood at age 65, a[x] + 2 Value  $\$252.01 \times 52 \times 12.290 = \$161,055$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$252.01 Present Value of Remarriage Dowry = .0195 \$252.01 x 104 x .0195 = \$511

Indemnity Paid to Valuation Date Benefits Paid from 04/20/09 to 06/01/10 - 407 days / 7 = 58.143 Wks (58.143 Wks) x \$252.01 = \$14,653

# Example 16a

			UNIT	STAT	risti		PLAN	- IND		L CA	SEI	REPO	RT							
CLASS CODE	TRAN. TY CODE		TYPE OF INJ. CODE*		CARRIER NUMBER			CARRIE				IER NAME			PAYROLL STATE CODE*		ADM. FILE NUMBER		ER	
4771	1	01	01		12345	5								07						
POLICY NUMBER	CERT. N	O. POLIC	POLICY EFFECT DATE		TIVE CLAI		Э.	STAT	DATE ATTNY DISC			LOSS CONE		DITIONS			JURIS	MCO		
		MO.	DAY						MO.	MO. DAY YR		ACT	TYPE	RCOV CLM		I SET	TL	STATE	TYPE	
1234567		12	01 08		3214			0				01	01	01	01	0	0	07	00	
	NAME						ACC. DATE		DATE (	OF DEATH	I DAT	E REPC	DRTED	DATE (	OF BIRTH	- 5	SURG	ATTNY		
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		123, In	IC.					0	4 20	09	04 20 09		9 04	20	09	09 27 4		42		
WORKER LAST NAM	WORKERS SEX	AVG. WEEKLY			PART	NATURE	CAUS	E	OCCUPATION				DATE RE CLOSED		BERVE	LUMP	FRAU	D S/S		
	OEX	WAGE	INJU	INJURY									М		СС	DDE*	SUM	CODE	OFF-	
				DES																SET
Hilty	М	M 378 DATE SINGLE		$\rightarrow$		03	99		-		Laborer							00	_	
SOCIAL SECURITY				MO	MO DAY			OYMEN			YEAR LAST EXPOSED →					DATE O	-	MO	DAY	YR
	SUM PAID $\rightarrow$	1 PAID →			51/	ATUS →	<b>`</b>	EXPOSE		±D →					$\rightarrow$					
					PENSION BENEFITS BENEFICIARY DATA* DATA PROVIDER COMMENTS															
KIND OF	BENEFIT		% DISAB.		BODY MEM. NO CODE* WEE			IN	CURRED		BENEFICIARY DATA*					DATA	A PROV	IDER C	OMMENT	S
1. TEMPORARY INDEMNITY	XXX	Χ)	XXX						CODE DATE OF BIRTH MO DAY Y											
2. SCHEDULED INDEMNITY											2	05	09	43		Pa	aid to v	aluatio	on date	
																58.1	43 x 2	252.01	= 1465	3
3. NON-SCHEDULED INDEM		XX	K X	XX	XX										Future	paym	nents			
4. EMPLOYERS LIABILITY O	R OTHER INI	DEMNITY		1											2	52.01	x 52 x	12.29	90 = 161	055
5. VOCATIONAL REHABILIT			)																	
6. CLAIMANT LEGAL EXPEN	ISE										7. PENSION INDEM. PAID TO VAL. DATE 8. PENS. INDEM. PREV. RSVD., NOT PAID									14653
PHYSICIAN PAID		TEMP. DISABILITY PAID																		
HOSPITAL PAID	-	PERM. PARTIAL PAID							-	-			DEM. PM	NT.	161055					
APP. MED. EVAL. PAID		PERM. TOTAL PAID													3500					
DEFENSE MED. EVAL PAID	_	DEATH PAID							11. LUMP SUM REMARRIAGE 12. TOTAL INCURRED INDEM.,(SUM 1-11)						511					
INDEP. MED. EVAL. PAID LEGAL EXP DEFENSE		SINGLE LUMP SUM											•	, ,			179719 5000			
ANNUITY PURCHASE AMT.		V.R. PAID V.R. INDEM. INCURRED							13. TOTAL INCURRED MEDICAL 14. TOTAL INDEM. PAID TO VAL. DATE					F	14653					
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED							15. TOTAL MED. PAID TO VAL. DATE					L	2000					
				.R. EVAL							16. SOC. SEC. OR OTHER OFFSET AMT.									2000

### Example 17 - Second Reporting of Losses for Unit for Example 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 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.

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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 **Example** 17a for Individual Case Report.

UNIT STATISTICAL REPORT

Re	port No.	Corr	. No C	orr. Type	Replace Rpt. Ind		arrier Code	NFORMA	Policy Num	ber		Policy Effective	e Date	Policy Ex	piration D	ate Expos	s State	State Effective	e Date	Certifica	te Numbe	r Card	Serial No.	Risk ID	Number	Page No	D Last F	Page No
02						1	2345	1234567	7			12/01/08		12/01/0	)9	07												
		Name	123 In																		F.E.I.N.	→ 1234	456789			Pending	File No.	
	ured's /																				T.P.E /	E.I.N. –	<i>→</i>					
Мо	d. Effect	ive Dat	e Ra	e Effective			T	1 1	y Conditior	1	T			Policy Typ		Deduct			eductible		Deduct		Busine		or Carrie	r Use	For Burea	au Use
						YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy		MCO C.H.C. Indicator Network	Туре С	ov. Plan Inc	d Non Std	Туре	Pe	ercent Amount Pe	er Claim/Ad	cident A	Amount Ag	gregate	Segment lo	tentifier				
						V	Y	rtduing	Y	N	N	N	01	01	01	03 (	01	1000										
				EXPOS	URE INFO			11	•				01	01	01	00 0	51		SS INF	ORMA	TION							
С		Exp.	Class Co	ide Exp	osure Amou	nt Mai	nual Rate	Premium Arr	nount		Claim N	umber	Acc. D	ate/No. Cla	nims Inc	urred Inden	nnity Ir	ncurred Medical	Class C	code Inj	ury Sta	tus	Loss Cond	litions		Jurisdic State	Cat. No.	MCO Type
O D	Upd Type	Cov.								Upd Type												Act	Туре	Recv Clm	Settl	Sidle		туре
E											1234		02/13	3/09	20	000	1	1500	0609	05	5 0	01		01 01			00	00
S											Case N	umber	Part	Nature	Cause	Осси	upation I	Description	Voc.	Lump	Fraud	Deduct.	Paid	Indemnity		Paio	d Medica	
													40	28	25	-			Ν		00		1000			1000		
S											Claimant's A	ttorney Fees	Employ	yer's Attorn	ey Fees	Deduct	tible Rei	imbursement	W	eekly Wa	ge		ALAE	Paid		ALAE	Incurred	
U										Upd	Claim N	umber	Acc D	ate/No. Cla	ims Inc	urred Inden	nnity Ir	ncurred Medical	Class C	`ode Ini	ury Sta	tus Act	Туре	Recv Clm	Settl	Jurisdic	Cat. No.	МСО
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Т											Claimant's A	ttornev Fees		20 yer's Attorn		Deduct	tible Reir	mbursement		ekly Wad			ALAE	Paid			E Incurred	ł
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										Upd Type	Claim N	umber	Acc. D	ate/No. Cla	nims Inc	urred Inden	nnity Ir	ncurred Medical	Class C	Code Inj	ury Sta	tus Act	Туре	Recv Clm	Settl	Jurisdic State	Cat. No.	МСО Туре
		Α. Τ	otal S	ubiect I	Premium	า					3214		04/20	0/09	17	9719	5	5000	4771	01	0	01	01	01 01	00	olulo	00	00
				1							Case N	umber	Part	Nature	Cause	Occu	upation D	Description	Voc.	Lump		Deduct.		Indemnity		Paio	d Medica	
		В. E	xperie	nce Mo	od (XX.X	XX)							44	03	99	Laborer			Ν		00		14653			2000		
		<u>ст</u>		I:£:I	D						Claimant's A	ttorney Fees	Employ	yer's Attorn	ey Fees	Deduct	tible Reir	mbursement	We	ekly Wag	je		ALAE	Paid		ALAE	E Incurred	1
NI		<u>C. I</u>	otai M	Dairiea	Premiu	m				Upd	Claim N	umber	Acc D	ate/No. Cla	ims Inc	urred Inden	nnity Ir	ncurred Medical	Class C	ode Inj	ury Sta	tus Act	Туре	Recv Clm	settl	Jurisdic	Cat. No.	МСО
N O										Туре		umber					Ĵ			Jue III	ury Sic					State		Туре
Т		D.								R	3214		04/20			8393		7500	4771	01	-	01		01 01			00	00
c		_									Case N	umber	Part	Nature	Cause		upation I	Description	Voc.	Lump		Deduct.		Indemnity			d Medica	
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J		_									Claimant's A	nomey rees	Emplo	yer's Attorn	ey rees	Deduct	unie kell	moursement	VVE	ekly Wag	le.		ALAE	Falu		ALAL	E Incurred	
		F.		Total	Standard Ex	nosure	Т	otal Standar	d Premium	Upd	Claim N	umber	Acc D	ate/No. Cla	ims Inc	urred Inden	nnity Ir	ncurred Medical	Class (	code Inj	urv Sta	tus Act	Туре	Recv Clm	i Settl	Jurisdic	Cat .No.	МСО
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	G.										Case N	umbor	Dort	Noturo	Causa	0.00	unation	Description	Vee	Lump	Froud	Doduct	Daid	Indomniti		Deir	h Madiaa	
А			00/								Case N	umber	Part	Nature	Cause	Ucci	upation	Description	Voc.	Lump	Fraud	Deduct.	Palu	Indemnity		Pall	d Medica	
F		Н.	006_	Prer	mium Disco	ount Ar	mount				Claimant's A	ttornov Ecoc	Employ	yer's Attorn	In Food	Doduct	iblo Doir	mhurcomont	Ma	okhy Mac	10			Daid			Incurror	
T			0000		0		.				Claimant's A	nomey rees	Employ	yer s Allom	ey rees	Deduct	unie kell	mbursement	VVE	ekly Wag	le.		ALAE	Falu		ALAL	E Incurred	
E R		Ι.	0900	Exp	ense Cons	tant Ar	mount										201	S TOTALS	_	_	_							
																	LO3	5 TOTALS										
S		J.		_							Reserved F	For Future Use	Tot	al No. Clair	ms Tota	I Incurred Ir	ndemnitv	y Total Incur	red Medi	cal	Reserve	d For Fut	ure Use	Total Paid	Indemnit	y Tot	al Paid M	edical
T D		К.											4			)893		11000						24587		90		
U		13.									Tot. Claima	ant's Attrny. Fees		t. Employer			eserved	For Future Use					Total ALAE				AE Incurr	ed
		L.																										

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

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/08 Date at Valuation - 06/01/11 Date of Accident - 04/20/09 Widow's Date of Birth - 05/09/43 Age at Widowhood - 65 Age at Valuation - 68 2nd Level Report - Open Date of Death - 04/20/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$378) = \$252.01$ Present Value of \$1 = 11.958 - Widowhood at age 65, a[x] + 3 Value  $\$252.01 \times 52 \times 11.958 = \$156,704$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$252.01 Present Value of Remarriage Dowry = .0151 \$252.01 x 104 x .0151 = \$396

Indemnity Paid to Valuation Date Benefits Paid from 04/20/09 to 06/01/11 - 772 days / 7 = 110.286 Wks (110.286 Wks) x \$252.01 = \$27,793

# Example 17a

			UNIT	STA	TIST	ICAL	. PLAN	1 - IN	NDI\	/IDUA	L CA	٩SE	R	EPOF	RT								
CLASS CODE	REPORT NO. CODE*	TRAN. TY CODI			CAR	RIER NU	JMBER			(	CARRIE	er nai	ME			;	PAYRO STATE C		*	A	DM. FILI	E NUMBE	R
4771	02	1	0.	1		1234	5										07						
POLICY NUMBER		CERT. N	O. POLIC	Y EFFEC	CTIVE		CLAIM	NO.		STAT	DA	TE AT	TNYI	DISC		LC	SS CON	DITIC	ONS		JL	RIS	MCO
			MO.	DAY	YR					CODE*	MO.	D	AY	YR	ACT	TYPE	RCO	/	CLM	SETTL	. st	ATE	TYPE
1234567			12	01	08		321	4		0					01	01	01		01	00	(	)7	00
		INSURED	NAME	-					A	CC. DATE		DATE	E OF	DEATH	DAT	E REPO	RTED	DA	TE OF BI	RTH	SU	RG	ATTNY
								_	MO	DAY	YR	MO	DA	Y YR	МО	DAY	YR	MO	DAY	YR	со	DE	CODE*
		123, Ir	IC.						04	20	09	04	20	09	04	20	09	09	27	42			
WORKER LAST NAM	E	WORKERS	AVG. WEEKL	Y		PART	NATURE	E CA	AUSE		(	CCU	PATIO	ON	•		DATE CLOSED		RESERV	E	LUMP	FRAUD	) S/S
		SEX	WAGE	INL	URY											м		2	CODE*		SUM	CODE	OFF-
				DE	SC. DE*																		SET
Hilty		M	378		DE →	44	03		99			Lab	oore	r								00	
SOCIAL SECURITY	NUMBER		DATE SINGLE	МО	DAY	Y Y	R EMP	PLOYM	<b>IENT</b>			YEAR	R LAS	т				DAT	re of		MO	DAY	YR
			SUM PAID $\rightarrow$				S	TATUS	3 →			EXPO	SED	$\rightarrow$				HI	RE →				
		BENEFITS	OTHER THAN	PENSIC	N	1										PE	NSION	BEN	EFITS				
KIND OF I	BENEFIT		% DISAB.		MEM.		O. EKS		INCL	JRRED			BEN	IEFICIA	RY DA	ΓA*		D	ATA PR	OVID	ER COI	MENTS	5
1. TEMPORARY INDEMNITY			XXX		XX							COI	DE	DA MO	TE OF BI	rth Yr							
2. SCHEDULED INDEMNITY												2	2	05	09	43			Paid t	o val	uatior	date	
															00			1	10.286	x 25	52.01 =	= 2779	3
3. NON-SCHEDULED INDEM	NITY			x	хх	xx	XX										_		Fut	ure c	ayme	nts	
4. EMPLOYERS LIABILITY O		DEMNITY				1												252	.01 x 5				704
5. VOCATIONAL REHABILITA	ATION TOTAL		)																				
6. CLAIMANT LEGAL EXPEN	ISE											7. P	PENS	SION IN	DEM. P	AID TO	VAL. D	ATE					27793
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\*SEE MANUAL FOR CODING

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

Claim 68235 is a death claim.

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

UNIT STATISTICAL REPORT

Re	port No.	. Corr	r. No Co	orr. Type	Replace Rpt. Ind	POLICY I Carrier Code		Policy Nun	nber		Policy Effective	e Date	Policy Ex	piration Da	ate Expos St	tate Sta	ate Effective	Date C	Certificate	e Number	Card Serial	No. Ris	k ID Number	Page N	o Last F	Page No
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### Example 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma Average Weekly Wage - \$295 Effective Date - 07/01/09 Date at Valuation - 01/01/11 Date of Accident - 11/01/09 Widow's Date of Birth - 09/01/70 Age at Widowhood - 39 Age at Valuation - 40 1st Level Report - Open Date of Death - 11/01/09

Present Value of Future Payments 1) Widow's Benefit plus child #1 Benefits Weekly Benefit =  $.6667 \times (\$295) = \$196.68$ Present Value of \$1 = 17.046 - Widowhood at age 39, a[x] + 1 Value  $\$196.68 \times 52 \times 17.046 = \$174,336$ 

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

Weekly Benefit =  $.0333 \times (\$295) = \$9.82$ No. of Weeks Payable = 01/01/11 to 12/01/11 + 334 days / 7 = 47.714 wks.  $\$9.82 \times 47.714 = \$469$ 

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) = \$206.50No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks  $$206.50 \times 60.857 = $12,567$ 

5) Funeral Allowance = \$3,500

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\*SEE MANUAL FOR CODING

### Example 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).

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### Example 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 for specific premium calculation sequence.

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

In this example it is assumed that more than one experience modification applies during the policy period and the premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) is applicable.

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

The premium charge for Terrorism, **Code 9740**, and Catastrophe (other than Certified Acts of Terrorism), **Code 9741**, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for each code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and 9741.

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

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# **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 manyear. An employee working for nine months is insured for .8 man-years.

### Merit Rating

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

### Minimum Premium

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

### Non-Rateable Element

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

### **Occupational Disease**

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

### Per Capita Classification

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

### **Premium Discount**

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

### **Provision for Claim Payment**

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

### **Rating Value**

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

### Reinsurance

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

### Scheduled Indemnity

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

### Second Injury Fund

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

### Schedule Rating Plan

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

### Subrogation

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

### **Subsequent Report**

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

### Supplemental Non-Rateable Loading

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

### **Vocational Rehabilitation**

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

### **Voluntary Compensation Insurance**

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

# **SECTION VIII**

# SAMPLE FORMS

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

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

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

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# NC-302 Summary Report – Three - Year Fixed Rate Policies

### UNIT STATISTICAL REPORT

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\*SEE REVERSE FOR CODING

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

Transmittal No.

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

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

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NC2400(00261)

# SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES

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A. NUMBER OF RISKS				LOSS EXHIBIT		
THE GOVERNING CLASS)				NUMBER	TOTAL LOSS	INCURRED
,		CODE	INJURY	OF CLAIMS	INDEMNITY	MEDICAL
B. EXPOSURE TOTALS	1.		DEATH			
1. PAYROLL	2.		P.T.			

- 2. PER CAPITA \_\_\_\_\_
- 3. OTHER \_\_\_\_\_
- C. STD. EARNED PREM.

			LOSS EVUIDI		
			NUMBER	TOTAL LOSS	INCURRED
	CODE	INJURY	OF CLAIMS	INDEMNITY	MEDICAL
1.		DEATH			
2.		P.T.			
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4.		MINOR			
5.		TEMP			
6.		NON COMP MEDICAL		XXXX	
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NC-302

# **SECTION IX**

# ELECTRONIC SUBMISSION

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

### SECTION IX - ELECTRONIC SUBMISSION

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

# **SECTION X**

# PREMIUM ALGORITHM

DELAWARE STATISTICAL PLAN MANUAL WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

### **SECTION X - ALGORITHM**

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

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

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

• Competitive differences within the marketplace can be more clearly defined and consistently applied;

• Similarly-situated risks can receive comparable treatment with respect to specific rating values, pricing programs or other factors, increasing the equity of the marketplace;

• Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;

• In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

# Premium Calculation Algorithm

Line	Item Name	Associated Statistical	Line	Source & Derivation
Line #	item Name	Code	Line #	Source & Derivation
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(1)	Classification	XXXX	(1)	Carrier value
(2)	Exposure	XXXX	(2)	Risk characteristic
(3)	Carrier Rating Value	XXXX	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll
				exposure. Special procedures apply to non- payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	XXXX	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	XXXX	(24)	Carrier Value
(25)	Non-Ratable Classifications		(25)	Portion of payroll exposure subject to Non-
	Exposure			Ratable Classifications
(26)	Non-Ratable Classification Rating Value	XXXX	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non- Ratable Classification exposure]
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value

# Premium Calculation Algorithm

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

# Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x[(-52) expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	(54)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	[(54)+(56)+(58)+(60)]x[(61)-1.0000] if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)>[(54)+(56)+(58)+(60)+(62)+ (64)], (65)-[(54)+(56)+(58)+(60)+(62)+(64)], otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	[(54)+(56)+(58)+(60)+(62)+(66)]
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on [(54)+(56)+(58)+(60)+ (62)+(66)]
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Catastrophe (other than Certified Acts of Terrorism)	9741	(71)	(Total payroll/100) x carrier rating value
(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70)+ <b>(71)</b>
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computer employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)]x(73) NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

Delaware Compensation Rating Bureau, Inc.



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

January 17, 2013

Refreshed 1/18/13

# DCRB CIRCULAR NO. 882

To All Members of the DCRB:

# Re: APPROVAL OF DCRB FILING NO. 1203

- 1) <u>Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits</u> <u>Percentages and Factors – NCCI Item Filing B-1425, Related Manual Rule</u> <u>Housekeeping Revisions – EFFECTIVE JUNE 1, 2013</u>
- 2) <u>Statistical Plan Revisions Related to NCCI Item Filing B-1425 and Additional</u> <u>Revisions – EFFECTIVE JUNE 1, 2013 WITH SPECIFIED ITEMS EFFECTIVE JUNE 1,</u> <u>2013 ON AN OPTIONAL BASIS, JANUARY 1, 2014 ON A MANDATORY BASIS</u>

The Delaware Compensation Rating Bureau, Inc. (DCRB) has filed and the Insurance Commissioner has approved Basic Manual and Statistical Plan Manual revisions to reflect countrywide changes in line with National Council on Compensation Insurance, Inc. (NCCI) Item Filing B-1425, which revises employer liability increased limits factors. Additionally, housekeeping revisions to both Manuals and miscellaneous revisions to the Statistical Plan Manual are also approved with the effective dates as shown below.

### 1) Basic Manual – these changes are effective June 1, 2013

- Revisions to Section 1, Rule VIII Table for Increased Limits
- Miscellaneous housekeeping changes

NCCI Item Filing B-1425 provides two sets of employer liability increased factors, with the choice of lower or higher table factors based on each state's portion of employer liability losses relative to total workers compensation losses in that state. In Delaware, the lower table of factors has been filed and approved. This represents significant reductions to Delaware's factors.

The Manual changes are shown following:

Bureau Circular No. 882 Page 2

### **SECTION 1**

### **RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING**

### A. PART ONE - WORKERS COMPENSATION INSURANCE

### 1. Description of Workers Compensation Coverage

No Change

### C. PART TWO - EMPLOYERS LIABILITY INSURANCE

#### 1. Description of Employers Liability Insurance

No Change

#### 3. Admiralty Law or Federal Employers Liability Act

Employers liability insurance for liability of an employer under admiralty law or Federal Employers Liability Act is <u>not</u> provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover<u>or</u>, limit <u>or exclude</u> this exposure.

### **RULE VIII – LIMITS OF LIABILITY**

### Item 3-B of the Information Page

### A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

### 1. Part One – Workers Compensation

There is no limit of liability in the standard policy for Part One. The policy provides all benefits required by the Delaware Workers Compensation Law.

#### 2. Part Two – Employers Liability

### a. Standard Limits

The standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident Bodily Injury by Disease: **\$100,000** – each employee Bodily Injury by Disease: **\$500,000** – policy limit.

#### **b. Increased Limits**

The limit under Part Two may be increased, subject to the following:

(1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.

(2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed <u>after before</u> application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

## **TABLE FOR INCREASED LIMITS \***

Classification Statistical Codes	Limits of Liability	Percentage
	(000s omitted)	
9803	100 / 100 / 1,000	. <del>.70%</del> <u>0.1%</u>
<del>9804</del>	<del>100/100/2,500</del>	<del>1.20%</del>
9805	100 / 100 / 5,000	<del>1.70%</del> <u>0.5%</u>
9806	100 / 100 / 10,000	<del>2.40%</del> <u>1.0%</u>
9807	500 / 500 / 500	<del>1.90%</del> 0.8%
9808	500 / 500 / 1,000	<del>2.20%</del> 0.9%
<del>9809</del>	<del>500/500/2,500</del>	<del>2.70%</del>
9810	500 / 500 / 5,000	<del>3.20%</del> <u>1.3%</u>
9811	500 / 500 / 10,000	<del>3.90%</del> <u>1.8%</u>
9812	1,000 / 1,000 / 1,000	<del>3.30%</del> <u>1.1%</u>
<del>9813</del>	<del>1,000/1000,2,500</del>	<del>3.80%</del>
9814	1,000 / 1,000 / 5,000	4.40% <u>1.5%</u>
9815	1,000 / 1,000 / 10,000	5.00% 2.0%
	Over	
9816	1,000 / 1,000 / 10,000	(a)
<u>9837</u>	All other	Refer to Table 1
	(a) Apply to DCRB for higher limit charges.	

## Table 1

	Loss	<u>Minimum *</u>											
Bodily	<u>Limits</u>	Premiums	<u>500</u>	<u>1,000</u>	2,000	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>6,000</u>	<u>7,000</u>	<u>8,000</u>	<u>9,000</u>	<u>10,000</u>
Injury by	<u>100</u>		<u>0.00%</u>	<u>0.10%</u>	<u>0.20%</u>	<u>0.30%</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>
Accident	<u>200</u>	<u>\$75</u>	<u>0.20%</u>	<u>0.30%</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>
Each	<u>300</u>	<u>\$75</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>
Accident	<u>400</u>	<u>\$75</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>
Limit and	<u>500</u>	<u>\$75</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>
Bodily_	<u>1,000</u>	<u>\$120</u>	_	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>
Injury by	<u>2,000</u>		_	_	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>
Disease	<u>3,000</u>		_			<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>
Each	<u>4,000</u>			_	_		<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>
Employee	<u>5,000</u>		_	_	_	_		<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>
<u>Limit</u> (\$000	<u>6,000</u>		_	_	_	_	_	_	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>
Omitted)	<u>7,000</u>		_	_	_	_	_	_	_	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>	<u>2.70%</u>
_	<u>8,000</u>		_	_	_	_		_	_	_	<u>2.60%</u>	<u>2.70%</u>	<u>2.80%</u>
	<u>9,000</u>			_								<u>2.80%</u>	<u>2.90%</u>
	<u>10,000</u>		_	_	_	_		_	_	_	_	_	<u>3.00%</u>

\* Increased limits of employers liability are available under the Delaware Insurance Plan upon request, subject to maximum limits of \$1million/\$1million. Minimum premiums displayed with Table 1 are applicable to Delaware Residual Market. The same minimum premium applies for all the Bodily Injury by Disease policy limits within the same row.

Bureau Circular No. 882 Page 4

(3) The premium for increased limits shall be subject to any experience rating modification, merit rating, deductible credit or retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating and retrospective rating.

#### **B. VOLUNTARY COMPENSATION INSURANCE**

#### 1. Standard Limits

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation are:

Bodily Injury by Accident: **\$100,000** – each accident Bodily Injury by Disease: **\$100,000** – each employee Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

#### 2. Increased Limits

- (a) The standard limits under Part Two Employers Liability for employees subject to <u>V</u>voluntary <u>C</u>eompensation insurance may be increased.
- (b) The premium for the increased limits shall be determined <u>by using on the basis of</u> the <u>Table factors</u> in <u>Rule A.2. b. the following table</u>:

Limit of Liability	Factor
000s-omitted	
<del>100 / 100 / 1,000</del>	<del>1.053</del>
<del>100 / 100 / 2,500</del>	<del>1.127</del>
<del>100 / 100 / 5,000</del>	<del>1.225</del>
<del>100 / 100 / 10,000</del>	<del>1.284</del>
<del>500 / 500 / 500</del>	<del>1.186</del>
<del>500 / 500 / 1,000</del>	<del>1.206</del>
<del>500 / 500 / 2,500</del>	<del>1.286</del>
<del>500 / 500 / 5,000</del>	<del>1.368</del>
<del>500 / 500 / 10,000</del>	<del>1.424</del>
<del>1,000 / 1,000 / 1,000</del>	<del>1.280</del>
<del>1,000 / 1,000 / 2,500</del>	<del>1.357</del>
<del>1,000 / 1,000 / 5,000</del>	<del>1.436</del>
<del>1,000 / 1,000 / 10,000</del>	<del>1.509</del>
<del>Over 1,000 / 1,000 / 10,000</del>	<del>(a)</del>
(a) Apply to Bureau for higher limit	
factor	

#### 1. Premium Determination

Premium shall be determined on the basis of the workers compensation rules, classifications and DCRB rating values in this Manual for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

#### RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability exposure. The following rule was published by the National Council on Compensation Insurance and is shown here for information purposes only.

#### A. GENERAL EXPLANATION

A. Description of Coverage Programs B. Coverage

No Change

#### C. EXCLUSIONS

Unless specifically excluded, coverage for liability of an employer under admiralty law or F.E.L.A. is provided by the policy under Part Two - Employers Liability. The policy may be endorsed to exclude such coverage as follows:

#### 1. Exclusion of Admiralty Law Liability

To exclude admiralty liability, attach the Standard Maritime Exclusion Endorsement (WC 00 02 02).

#### 2. Exclusion of F.E.L.A. Liability

To exclude F.E.L.A. liability, attach the Standard Federal Employers Liability Act Exclusion Endorsement (WC 00 01-05).

D. E. LIMITS OF LIABILITY

No Change

Questions regarding these changes should be addressed to Betty Ann Campbell, Director – Rating Rules & Policy Reporting, at Extension 4425 or <u>bcampbell@dcrb.com</u>.

## 2) Statistical Plan Manual

- Changes effective June 1, 2013
  - Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Table
  - Changes effective June 1, 2013 on an OPTIONAL basis, January 1, 2014 on a MANDATORY basis
    - Housekeeping revisions to include typographical errors and language standardization
    - Addition to and deletion of certain data elements
    - Addition of new code values
    - > Clarification of language for reporting instructions and code values
    - > Updated example forms (there is no material change to reporting requirements)

Bureau Circular No. 882 Page 6

Complete Statistical Plan Manual revisions are attached to this circular.

Questions regarding Statistical Plan changes should be addressed to Bonnie Piacentino, Vice President – Data Management, at Extension 4456 or <u>bpiacentino@dcrb.com</u>.

Both the Basic Manual and Statistical Plan Manual will be available on our website (<u>www.dcrb.com</u>) at a later date.

Timothy L. Wisecarver President

TLW/kg D Circ

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

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

#### **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 WidenerUnited Plaza Building, 6th FloorSuite 1500, One South Penn Square 30 South 17<sup>th</sup> Street, Philadelphia, PA 1910719103-35774077.

Items **B through J** remain unchanged.

#### K. Loss Rules

Items Number 1 through 7 remain unchanged.

#### 8. Correction and Subsequent Reports

Item a. remains unchanged.

- b. Correction Reports
  - (1) A correction report must be filed when any of the following occur between valuation dates:

Item a. remains unchanged.

(b) The claim, or any part thereof, is declared non-compensable (as defined in an the experience Experience rating Rating planPlan).

Item **c.** remains unchanged.

(d) The claim's catastrophe code values are found to have been included or excluded in error.

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

Items (2) through (3) remain unchanged.

Item c. remains unchanged.

Items Number 9 through 10 remain unchanged.

Item L remains unchanged.

#### M. General Rules and Definitions

Items Number 1 through 9 remain unchanged.

10. Type of CoverageClaim

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

Items a. through c. remain unchanged.

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.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

## SECTION II – REPORTING REQUIRMENTS

#### A. Rules Common to Premiums and Losses

Item Number 1 remains unchanged.

#### 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 Conditions <u>f</u>Field "Estimated Exposures Audit Code" shall be marked with the symbol "Y" appropriate code.

Items Number 3 through 6 remain unchanged.

#### 7. Policy Conditions

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

Item Number 8 remains unchanged.

#### 9. Deductible Type Codes

Report the two\_42-digit codes that identifyies the type of deductible being reported.

# First Two PositionsLosses Subject to Deductible Code

# Code Description

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

#### Second Two PositionsBasis of Deductible Calculation Code

## Code Description

- 00 No Deductible
- 01 Per Claim
- 02 Per Accident
- 03 Per Policy <u>Aggregate Limit</u>
- 04 Percent of Claim Cost
- 05 Percent of Premium
- 06 Coinsurance Only Percent with Per Claim Limit
- 07 Benefits Coinsurance Percent with Per Claim Amount and Coinsurance Limit
- 08 Per Accident Coinsurance Percent with Per Accident Amount and Coinsurance Limit
- 09 Per Policy & Accident Amount with Per Policy Aggregate Limit
- 10 Per Claim <u>Amount with and Per</u> Policy Aggregate <u>Limit</u>
- 11 Coinsurance Percent With Per Claim Amount Limit and Per Policy Aggregate Limits
- 12 Variable

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

Items Number **10 through 12** remain unchanged.

#### B. Exposure Information

Items Number 1 through 3 remain unchanged.

#### 4. **Exposure Amount**

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 <u>Audit Code</u> 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.

#### Items **b. through d.** remain unchanged.

- 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, 01760175, 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
<u>4771</u>	Manufacturing of Explosives or Ammunition	<u>0771</u>
4 <del>773</del>	Manufacturing of high explosives	<del>0773</del>
4774	Manufacturing of high explosives	<del>0774</del>
4 <del>775</del>	Handling of explosives or mixing of fulminate	<del>0775</del>
4 <del>776</del>	Handling of explosives or mixing of fulminate	<del>0776</del>
4779	Mixing and/or loading of charges	<del>0779</del>
<del>7323</del>	Stevedoring - handling of ammunition	<del>0763</del>
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

Items Number 5 through 10 remain unchanged.

#### C. Loss Information

Item Number 1 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

#### 2. Claim Number

Item a. remains unchanged.

- 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. <u>Numbers 48 or 87</u>, these claims must be grouped separately with "48" or "87" reported in the Catastrophe Number field. *Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No.Numbers 48 or 87.* 

#### 3. Accident Date/Number of Claims

For claims, which are listed individually, <u>E</u>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.

Items Number 4 through 6 remain unchanged.

#### 7. Injury Type

Items a. through e. remain unchanged.

- f. Permanent Partial Disability Code 09
  - (1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b)2325 or 306(c)2326, respectively, of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

Item Number 2 remains unchanged.

Item Number 8 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

#### 9. Loss Conditions Codes

Loss Coverage Act

#### Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act

## Type of CoverageClaim

## Code Description

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

Item Number 10 remains unchanged.

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

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

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

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

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

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

Item Number **12** remains unchanged.

#### 13. Social Security Number (Optional)

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

Items Number 14 through 16 will be renumbered 13 through 15.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

## <u>16.</u> <u>Lump Sum Indicator</u> <u>Report the value that identifies a lump sum agreement for the claim.</u>

Indicator Description

Y Claim has been settled by an agreement to a lump sum amount.

N Claim has not been settled with a lump sum agreement.

Items Number 17 through 21 remain unchanged.

#### 22. Weekly Wage Amount

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

Items Number 22 through 23 will be renumbered 23 through 24.

#### 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.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

## SECTION III - INDIVIDUAL CASE REPORTS

#### A. Individual Case Reports Rules

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

Items a. through b. remain unchanged.

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

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

Items a. through j. remain unchanged.

k. *Policy Effective Date.* Report the date on which the policy became effective-coded as MM/DD/YY.

Item I. remains unchanged.

m. <u>Claim</u> Status Code. Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.

Item n. remains unchanged.

 Loss Conditions <u>Codes</u>. <u>This</u> <u>These</u> fields <u>is are</u> not required since the information is on the Unit Statistical Report. However, if reported, <u>this these entry entries</u> should be identical with the <u>entry entries</u> in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.

Items **p. through r.** remain unchanged.

- 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.

Items w. through y. remain unchanged.

z. Worker's Sex. Enter the code for the sex of the injured worker.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

- zaa. 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
   bb. Statistical Report. However, if reported, enter the <u>three\_62</u>-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

Item **bb.** will be renumbered **cc.** 

eedd. Date Closed. Enter the date the claim was closed, if applicable, coded MM/YY.

Items dd. through ff. will be renumbered ee. through gg.

- <u>gghh</u>. 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.
- hhii. Date Single Sum Paid. Enter the date single sum settlement was paid-coded MM/DD/YY.

Items ii. through jj. will be renumbered jj. through kk.

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

Item a. remains unchanged.

- b. Scheduled Indemnity.
  - 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.

Item **c. through d.** remain unchanged.

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 conditionVocational Rehabilitation Indicator also must be used. See Section IV.

Item f. remains unchanged.

#### 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.

Items b. through f. remain unchanged.

Item Number **5** remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

## **SECTION IV - CODES**

#### A. Codes Common to Premiums and Losses

Items Number 1 through 4 remain unchanged.

#### 5. Deductible Type Codes

Identifies the type of deductible being reported.

#### First Two PositionsLosses Subject to Deductible Code

#### Code Description

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

#### Second Two PositionsBasis of Deductible Calculation Code

## **Code Description**

- 00 No Deductible
- 01 Per Claim
- 02 Per Accident
- 03 Per Policy Aggregate Limit
- 04 Percent of Claim Cost
- 05 Percent of Premium
- 06 Coinsurance Only <u>Percent with Per Claim Cost</u>
- 07 Benefits Coinsurance Percent with Per Claim Amount and Coinsurance Limit
- 08 Per Accident Coinsurance Percent with Per Claim Accident Amount and Coinsurance Limit
- 09 Per Policy & Accident Amount with Per Policy Aggregate Limit
- 10 Per Claim Amount with and Per Policy Aggregate Limit
- 11 Coinsurance Percent With Per Claim Amount Limit and Per Policy Aggregate Limits
- 12 Variable

#### 6. Policy Conditions

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

Items a. through c. remain unchanged.

#### d. Estimated Exposure IndicatorAudit Code

- "Y"\_= Exposures expressed on <u>the</u> unit report are estimated.
- $\sqrt[4]{N^2}$  = Exposures expressed on the unit report are the result of the an audit.
- <u>U</u> = Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.

Items e. through g. remain unchanged.

#### B. Exposure Information Codes

Item Number 1 remains unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

## 2. Exposure Coverage

#### **Code Description**

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act
- 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 01/01/8806/01/13

Limits of Liability (000's omitted)	Percentage	Codes	
100/100/1,000	<del></del>	9803	
<del>100/100/2,500</del>	<del>1.20%</del>	<del>9804</del>	
100/100/5,000	<del>1.70%</del>	9805	
100/100/10,000	<del>2.40%</del>	9806	
500/500/500	<del>1.90%</del>	9807	
500/500/1,000	<del>2.20%</del>	9808	
<del>500/500/2,500</del>	<del>2.70%</del>	<del>9809</del>	
500/500/5,000	<del>3.20%</del>	9810	
500/500/10,000	<del>3.90%</del>	9811	
1,000/1,000/1,000	<del>3.30%</del>	9812	
<del>1,000/1,000/2,500</del>	<del>3.80%</del>	<del>9813</del>	
1,000/1,000/5,000	4 <del>.40%</del>	9814	
1,000/1,000/10,000	<del>5.00%</del>	9815	
Over 1,000/1,000/10,000	a	9816	
All Other		<u>9837</u>	

Note: The <u>i</u>-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".

Items Number (2) through (6) remain unchanged.

b. Premium Not Subject to Experience Modification (Reported on lines "D", "E" or "F")

(1) Loss Constant	Code 0032
(21) Seat Surcharge	Code 9108
(32) Short Rate Penalty Premium	Code 0931
(43) Risk Minimum Premium	Code 0990
(54) Optional Supplemental Loadings	
For Class 447	Code 0066
For Class 445	Code 0067
For Class 512	<u>Code 0175</u>
For Class 513	Code 0176
For Black Lung Experience	<u>Code 0164</u>
For Carcinogen Experience	Code 0133

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

For Radiation Experience	Code 9985
(65) Mandatory Supplemental Loadings	
For Class 615	Code 0152
For Class 615	Code 0164
For Class 810	Code 0162
For Class 4771	Class 0771
For Class 4773	Code 0773
For Class 4774	Code 0774
For Class 4775	Code 0775
For Class 4776	Code 0776
For Class 4779	Code 0779
For Class 7323	Code 0763
For Class 7405	Code 7445
For Class 7413	Code 7453
(76) Delaware Construction Credit Premium	Code 9046
Adjustment Program (DCCPAP)	
(87) Certified Safety Committee Credit	Code 9880
(DWSP)	
(98) Assigned Risk Surcharge	Code 0277
(109) Deductible Applied to Manual Premium After	Code 9663
Experience Modification Deductible	0000 0000
(1110) Merit Rating Plan Adjustment Neutral	Code 9884
(1211) Merit Rating Plan Adjustment - 5% Credit	Code 9885
Adjustment	
(1312) Merit Rating Plan Adjustment - 5% Debit	Code 9886
Adjustment	Code 9887
(1413) Schedule Rating Plan Credit	Code 9889
(1514) Schedule Rating Plan Debit	COUE 3003

Item c. remains unchanged.

#### C. Loss Information Codes

Items Number 1 through 2 remain unchanged.

## 3. Loss Conditions

Loss Coverage Act

## Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act

## Type of CoverageClaim

## Code Description

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

#### Items Number 4 through 6 remain unchanged.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

> <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

#### 7. Lump Sum Indicator

Y

ndicator	Description
nuicator	Description

- Claim has been settled by an agreement to a lump sum amount.
- <u>N</u> <u>Claim has not been settled with a lump sum agreement.</u>
- 8.7 Fraudulent Claim Code

#### D. Individual Case Report Codes

Items Number 1 through 2 remain unchanged.

## 3. Report Type

#### **Code Description**

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

## 4. Managed Care Organization Type Code

#### Code Description

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

Item Number 4 is to be renumbered 8.

Item Number **5** is to be renumbered **3**.

Items Number 6 through 7 are to be renumbered 5 through 6.

## 7. Worker's Sex

CodeDescriptionMMaleFFemale

#### 9.8 Reserved Type

Items Number 9 through 11 are to be renumbered 10 through 12.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

## 13.12 Beneficiary Code

1

# CodeDescription1Injured Worker2Widow

- 3 Widower
- Sons or Daughters Brothers or Sisters 4
- 5
- Mothers or Fathers 6
- 7 Other
- <u>9</u> Handicapped Child

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

Injury Description Coding			
Part of Body			
Code Narrative Description			
VI. Multiple Body Parts			
<u>99. Whole Body</u> <u>A code referencing the anatomic classification of the injury.</u>			

	Injury Description Coding			
Cause of Injury				
Code	Narrative Description			
I. Burn or Scald - Heat or Cold Exposures - Contact With	<u>*</u>			
01. Chemicals	Includes hydrochloric acid, sulfuric acid, battery acid, methanol antifreeze.			
02. Hot Objects or Substances	*			
03. Temperature Extremes	Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite.			
04. Fire or Flame	*			
05. Steam or Hot Fluids	*			
06. Dust, Gases, Fumes or Vapors	Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke.			
07. Welding Operation	Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.)			
08. Radiation	Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.			
09. Contact With, NOC.	Not otherwise classified in any other code. Includes cleaning agents and fertilizers.			
11. Cold Objects or Substances	*			
14. Abnormal Air Pressure	*			
84. Electrical Current	Includes electric shock, electrocution and lightning.			
II. Caught In, Under or Between	*			
10. Machine or Machinery	Running or meshing objects, a moving and a stationary object, two or more moving objects			

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

12. Object Handled	Includes medical hospital bed & parts, wheelchair, clothespin vise.
13. Caught In, Under or Between, NOC.	Not otherwise classified in any other code.
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	*
15. Broken Glass	*
16. Hand Tool, Utensil; Not Powered	Includes needle, pencil, knife, hammer, saw, axe, screwdriver.
17. Object Being Lifted or Handled	Includes being cut, punctured or scraped by a person or object being lifted or handled.
18. Powered Hand Tool, Appliance	Includes drill, grinder, sander, iron, blender, welding tools, nail gun.
19. Caught, Puncture, Scrape, NOC.	Not otherwise classified in any other code. Includes power actuated tools.
IV. Fall, Slip or Trip Injury	*
25. From Different Level (Elevation)	Off Wall, Catwalk, Bridge, Etc. Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.
26. From Ladder or Scaffolding	*
27. From Liquid or Grease Spills	*
28. Into Openings	Shafts, Excavations, Floor Openings, Etc. Includes mining shafts, excavations, floor openings, elevator shafts.
29. On Same Level	*
30. Slipped, Do Not Fall	Slip or trip and did not come in contact with the floor or ground.
31. Fall, Slip or Trip, NOC.	Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.
32. On Ice or Snow	*
33. On Stairs	* -
V. Motor Vehicle	
40. Crash of Water Vehicle	*
41. Crash of Rail Vehicle	*
45. Collision or Sideswipe With Another Vehicle	Both Vehicles in Motion Vehicle collision, both vehicles in motion.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

46. Collision with a Fixed Object	Standing Vehicle or Stationary Object Collision occurring with standing vehicle or stationary object.
47. Crash of Airplane	*
48. Vehicle Upset	Includes overturned or jackknifed. Overturned or Jackknifed
50. Motor Vehicle, NOC.	Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.
VI. Strain or Injury By	*
52. Continual Noise	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53. Twisting	Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.
54. Jumping	*
55. Holding or Carrying	Applies to objects or people. Includes restraining a person.
56. Lifting	Includes objects or people.
57. Pushing or Pulling	Includes objects or people.
58. Reaching	*
59. Using Tool or Machinery	*
60. Strain or Injury By, NOC.	Not otherwise classified in any other code.
61. Wielding or Throwing	Physical effort or overexertion from attempts to resist a force applied by an object being handled.
97. Repetitive Motion	Carpel Tunnel Syndrome Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.
VII. Striking Against or Stepping On	NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.
65. Moving Part of Machine	*
66. Object Being Lifted or Handled	*
67. Sanding, Scraping, Cleaning Operation	Include scratches or abrasions caused by sanding, scraping, cleaning operations.
68. Stationary Object	*
69. Stepping on Sharp Object	*
70. Striking Against or Stepping On, NOC.	Not otherwise classified in any other code.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

VIII.Struck or Injured By	Includes Kicked, Stabbed, Bit, Etc. NOTE: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person.
74. Fellow Worker; Patient	Not in Act of a Crime Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime.
75. Falling or Flying Object	*
76. Hand Tool or Machine in Use	*
77. Motor Vehicle	Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.
78. Moving Parts of Machine	*
79. Object Being Lifted or Handled	Includes dropping object on body part.
80. Object Handled By Others	Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC.	Includes Kicked, Stabbed, Bit, Etc. Not otherwise classified in any other code. Includes kicked, stabbed, bitten.
85. Animal or Insect	Includes bite, sting or allergic reaction.
86. Explosion or Flare Back	Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature.
88. Natural Disaster	
<del>91. Mold</del>	
96. Terrorism	
IX. Rubbed or Abraded By	Not otherwise classified in any other code. Includes foreign body in ears.
94. Repetitive Motion	Callous, Blister, Etc. Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister.
95. Rubbed or Abraded, NOC.	Not otherwise classified in any other code. Includes foreign body in ears.
X. Miscellaneous Causes	*
82. Absorption, Ingestion or Inhalation, NOC	Not otherwise classified in any other code. Applies only to non- impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances.

<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

## <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

87. Foreign Matter (Body) in Eye(s)	Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.
88. Natural Disaster	Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.
89. Person in Act of a Crime	Robbery or Criminal Assault Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.
90. Other Than Physical Cause of Injury	Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.
<u>91. Mold</u>	Includes mildew.
93. Gunshot	Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.
<u>96. Terrorism</u>	An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion.
98. Cumulative, NOC	All Other Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time.
99. Other - Miscellaneous, NOC	Not otherwise classified in any other code.
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<u>Table for Increased Limits – Section IV, Item B.3.a.(1)</u> Mandatory Effective June 1, 2013

#### <u>All Other Changes</u> Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

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

Examples Number **1 through 21** have been updated to include the new data elements and to improve consistency in dates, presentation and wording only. No material changes have been made to the reporting requirements. See attached.

## SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications (WCIO) Data ProcessingElectronic Data Interchange (EDI) SubeCommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems & ProgrammingSystems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. Carriers desiring a copy of Tthe Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org.may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).

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

Section VI contains **examples** 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 **examples** should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

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

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

The Unit Statistical Report - and the Individual Case Report must be submitted full size (8<sup>1</sup>/<sub>2</sub>" x 11").

## Example 1 - First Report Requiring Two Unit Reports

In this **example** 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.

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## Example 2 - Exposure Correction Report

In this instance, missing statistical Code 9741 has been added to each split period and a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

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

Note: When reporting electronically and changing an experience modification it is required that all Previous and Revised exposure records that are subject to the experience modification be reported.

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

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## Example 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".

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## Example 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.

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

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## Example 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.

UNIT STATISTICAL REPORT

Re	ort No	. Cor	r. No Co	orr. Type	Replace Rpt. Ind	POLICY I Carrier Code		Policy Num	iber		Policy Effective	e Date	Policy Ex	piration Dat	e Expos Sta	ate Sta	ate Effective	Date	Certificat	e Number	Card S	Serial No.	Risk ID N	lumber	Page No	Last Pa	age No
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Е	R	01	0609	742	345	12.10	89824											<b>r</b>									
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	R	01	0951	116	9584	.96	11228		_	Claimant/a A	Horpov Food	Employ	ioria Attorn	ov 5000	Deductible	Dolmhuro	comont	N/a	akhy Maa			ALAE P	old			Incurred	
S	R	01	0953	835	267	.49	4093			Claimant's A	llomey rees	Employ	yer's Attorn	ey rees	Deductible	Reimpurs	Sement	we	ekly Wag	е	_	ALAE P	alu		ALAE	incuired	_
U B	IX.	01	0700	000	207		1075		Upd Type	Claim N	umber	Acc. D	ate/No. Cla	ims Incur	red Indemnity	Incurre	ed Medical	Class Co	ode Inju	ry Statu	is Act	Type F	ecv Clm	Settl	Jurisdic	Cat. No.	МСО
ЪВ	р	01	9807				1998		Туре											-					State		Туре
Е	R	01	9007	_			1990			Case N	umber	Part	Nature	Cause	Occupati	ion Descri	ription	Voc.	Lump	Fraud D	educt.	Paid	Indemnity		Paid	Medical	
C T																	1										
I										Claimant's A	ttorney Fees	Employ	yer's Attorn	ey Fees	Deductible I	Reimburs	sement	Wee	ekly Wag	e		ALAE I	Paid		ALAE	Incurred	
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_									Upd Type	Claim N	umber	Acc. D	ate/No. Cla	ims Incur	red Indemnity	Incurre	ed Medical	Class Co	ode Inju	ry Statu	is Act	Туре Р	lecv Clm	Settl	Jurisdic State	Cat. No.	МСО Туре
		A. T	otal Su	bject F	Premium		107143																				
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0	р	П	9046			.23	24643		Туре											-					State		Туре
Т	R	D.	9040	_		.23	24043			Case N	umber	Part	Nature	Cause	Occupati	ion Descri	ription	Voc.	Lump	Fraud D	educt.	Paid	Indemnity		Paid	Medical	
S	R	E.	9663				2888										1										
В		<u> </u>	,				2000			Claimant's A	ttorney Fees	Employ	yer's Attorn	ey Fees	Deductible I	Reimburs	sement	Wee	ekly Wag	e		ALAE I	Paid		ALAE	Incurred	
J		F.																									
				Total S	Standard Expo	sure	Fotal Standar	d Premium	Upd Typo	Claim N	umber	Acc. D	ate/No. Cla	ims Incur	red Indemnity	Incurre	ed Medical	Class Co	ode Inju	ry Statu	is Act	Туре Б	ecv Clm	Settl	Jurisdic State	Cat .No.	MCO Turno
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	0.			27	/ 1/0		77012			Case N	umber	Part	Nature	Cause	Occupati	ion Descri	ription	Voc.	Lump	Fraud D	educt.	Paid	Indemnity		Paid	Medical	
Α	R	Η.	006 <u>3</u>	Prer	nium Discour	nt Amount	8678																				
F T										Claimant's A	ttorney Fees	Employ	yer's Attorn	ey Fees	Deductible I	Reimburs	sement	Wee	ekly Wag	9		ALAE I	Paid		ALAE	Incurred	
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R				1											L	OSS TC	OTALS										
S	R	J.	9740			.02	549																				
S T										Reserved F	For Future Use	Tot	al No. Clair	ns Total li	ncurred Indem	nnity	Total Incurr	red Medica	al	Reserved	For Fut	ure Use T	otal Paid	Indemnit	y Tota	I Paid Me	dical
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		L.							—	Tot. Claima	ant's Attrny. Fee	5 10	. Employer	's Attrny. Fe	es Reser	veu rui f	Future Use					otal ALAE	raiu		TUTAL ALA	E Incurre	u

## Example 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 - the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium developed from actual exposure \$15,312 + \$1,878 = \$17,190

Short Rate Penalty Premium Calculation

- 1) Actual Policy Period = 6 months
- 2) Payroll extended to an annual basis 180,559 x <u>365 days</u> = 36<mark>4,111</mark> 181 days

3,894 x <u>365 days</u> = 7,853 181 days

3) Annual Premiums

a)

Rated				
Class	Payroll	Rate	Premium	
0 <mark>5</mark> 13	364,111	8.75	\$31, <mark>86</mark> 0	
0953	7, <mark>853</mark>	0.49	<u>\$ 38</u>	
Total St	ubject Prer	mium	\$31, <mark>898</mark>	
Experie	nce Modifi	ication	.968	
Total M	odified Pre	emium	\$30, <mark>877</mark>	
Total St	andard Pr	emium	\$30, <mark>877</mark> + \$3,7 <mark>87</mark> = \$34, <mark>66</mark>	4

b)	Non-ra	ted		
				Premium
	0176	36 <mark>4</mark> .111	1.04	\$3.7 <mark>87</mark>

- 4) Short Rate Percentage 6 months = .60
- 5) Short Rate premium for canceled policy = \$34,664 x .60 = \$20,798
- 6) Short Rate penalty premium code 0931 = \$20,798 \$17,190 = \$3,608

Rep	oort No.	Corr	r. No Corr		Replace Rpt. Ind	POLICY I Carrier Code		Policy Num	iber		Policy Effective	e Date	Policy E	xpiration C	ate Expos S	tate	State Effective	e Date	Certifica	te Number	Card	Serial No.	Risk ID	Number	Page N	o Last P	age No
01						78972	60666				01/01/09		07/01/	09	07												
		Name	: AZA Cor	npany		10/12	00000			I	01101107		0//01/	07	07					F.E.I.N	→ 1234	156789			Pending	File No.	
		Addre																		T.P.E / F							
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					3 YR Pol		Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO C.H.C. Indicator Network	Туре С	Cov. Plan In	d Non Std	Туре	Perce	ent Amount Pe	er Claim/Acc	ident P	Amount Aggi	regate	Segment Id	entifier				
					N	N	rtaung	N	N	Y	N	01	01	01													
			E>	(POSU	RE INFOR							0.	0.	0.			LO	) SS INF(	ORMA	TION							
С		Exp.	Class Code	Expos	sure Amount	Manual Rate	Premium An	nount		Claim Nu	umber	Acc. D	ate/No. Cla	aims Inc	urred Indemnit	ty Incu	urred Medical	Class Co	ode Inj	ury State	us	Loss Cond	itions		Jurisdic State	Cat. No.	МСО Туре
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S										Case N	umber	Part	Nature	Cause	Occupa	tion De	scription	Voc.	Lump	Fraud [	Deduct.	Paid	Indemni	ty	Pai	d Medical	
	R	01	0953	3894		.49	19																				
S U									(	Claimant's At	ttorney Fees	Emplo	yer's Attorr	ney Fees	Deductible	e Reimb	oursement	We	ekly Wa	ge		ALAE F	Paid		ALA	E Incurred	
U									Ind	Claim Nu	umbor	Acc. D	ate/No. Cla	aime Inc	urred Indemnit	hy Inci	urred Medical	Class Co	ndo Ini	ury Stati	us Act	Type	Recv Cl	m Settl	Jurisdic	Cat. No.	МСО
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İ				1						Case N	umber	Part	Nature	Cause	Occupat	tion Des	scription	Voc.	Lump	Fraud [	Deduct.	Paid	Indemni	ty	Pai	d Medical	
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		<u>о</u> т			<b>.</b>		15010		- (	Claimant's At	ttorney Fees	Emplo	yer's Attorr	ney Fees	Deductible	e Reimb	ursement	Wee	ekly Wag	je		ALAE	Paid		ALA	E Incurred	
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S	Б	F	0021				2/00			Case N	leanna	Part	Nature	Cause	Occupa	IIION De:	scription	Voc.	Lump	Fraud D	Jeauci.	Palu	Indemni	ly	Pal	d Medical	
B	R	E.	0931				3608		(	Claimant's At	ttorney Fees	Fmplo	yer's Attorr	nev Fees	Deductible	e Reimb	ursement	Wee	ekly Wad	le		ALAE	Paid		AI A	E Incurred	
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	R	J.	9740			.02	37																				
S T										Reserved F	For Future Use	To	tal No. Clai	ms Tota	I Incurred Inde	mnity	Total Incur	red Medica	al	Reserved	For Fut	ure Use	Fotal Pai	d Indemni	ity Tot	al Paid Me	edical
D	R	Κ.	9741			.01	18																				
		I								Tot. Claima	ant's Attrny. Fee	s To	t. Employer	r's Attrny.	ees Rese	erved Fo	or Future Use				1	Total ALAE	Paid		Total AL	AE Incurre	ed

# Example 7 - Ratable Class; Mandatory Non-Ratable Element

For class codes such as 4771, 7405 and 7413 where 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.

Rep	oort No.	Cor	r. No Ci	orr. Type	Replace Rpt. Ind	Carrier Coo	INFORIVIA <sup>ie</sup>	Policy Num	nber		Policy Effective	e Date	Policy Ex	piration Date	e Expos Sta	ate St	tate Effective D	Date Ce	ertificate Numb	er Card	Serial No.	Risk ID I	Number	Page No	Last Pa	ige No
01						19872	WC279	5461			01/01/09		01/01/1	0	07											
		Name	E FBA C	ompany										-	-				F.E.I.N	. → 1234	456789			Pending F	ile No.	
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	G.			839	38		46744														1					
										Case N	umber	Part	Nature	Cause	Occupatio	on Desc	cription	Voc. Lu	ump Fraud	Deduct.	Paid	Indemnity	, <u> </u>	Paid	Medical	
А	R	H.	006 <u>4</u>	Pror	nium Discou	Int Amount	1636																			
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S	R	J.	9740			.02	17		{ }	Deserved F	For Future Use	Tot	al No. Clain	ns Total In	curred Indem	nity	Total Incurred	d Modical	Docon	d For Eut	ture Use	Total Paid	Indomnity	/ Total	Paid Med	lical
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# Example 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 nonratable element is authorized by the Bureau's Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other Bureau established, optional non-ratable codes such as those associated with classification Code 0513, Code 7421 and classifications with radiation or carcinogen exposure.

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

Rep	oort No.	Con	r. No Corr		eplace pt. Ind	Carrier Code		Policy Num	ber		Policy Effective	e Date	Policy Exp	piration Date	e Expos Sta	ate St	itate Effective	Date C	ertificate N	lumber C	ard Serial No	). Risk ID	) Number	Page No	Last Pa	age No
01						16928	97523A				01/01/09		01/01/1	0	07											
	ured's	Name	: GEE Cor	p															F.	E.I.N. → 1	23456789			Pending F	ile No.	
Ins	ured's	Addre	SS:																Τ.	P.E / F.E.I.	N. →					
	d. Effect			ffective Da	te		Polic	y Condition	IS				Policy Type		Deduct.	Deduct		eductible		eductible	Busi		For Carrie	r Use 🛛 F	or Bureau	u Use
					3 YR		Interstate	Estimated	Retro	Cancelled	MCO C.H.C.	Туре Со	ov. Plan Ind	Non Std	Туре	Percen	nt Amount Pe	er Claim/Accid	ent Amou	unt Aggregat	te Segment	Identifier				
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S										Case N	umber	Part	Nature	Cause	Occupati	ion Desc	cription	Voc. L	ump Fra	aud Dedu	uct. Pai	id Indemn	ty	Paid	Medical	
	R	01	0953	1328		.49	7		_																	
S										Claimant's A	ttorney Fees	Employ	er's Attorne	y Fees	Deductible	Reimbu	irsement	Weel	kly Wage		ALAE	E Paid		ALAE	Incurred	
Ŭ									Ind	Claim N	unde en e	Ass D					na d Ma d'a al I	Class Cad	la lations	Ctatura	Act Type	Recv C	lm Settl	Jurisdic	Cat. No.	MCO
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E C										Case N	umber	Part	Nature	Cause	Occupati	ion Desc	cription	Voc. L	ump Fra	aud Dedu	uct. Pai	id Indemn	ity	Paid	Medical	
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									(	Claimant's A	ttorney Fees	Employ	er's Attorne	y Fees	Deductible I	Reimbur	rsement	Week	ly Wage		ALA	E Paid		ALAE	Incurred	
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		C. T	otal Moc	lified Pr	emium		131159																			
Ν									Upd Type	Claim N	umber	Acc. Da	ate/No. Clai	ms Incuri	red Indemnity	Incurr	red Medical	Class Cod	e Injury	Status	Act Type	Recv C	Im Settl	Jurisdic State	Cat. No.	MCO Type
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В		<u> </u>							(	Claimant's A	ttorney Fees	Employ	ver's Attorne	y Fees	Deductible I	Reimbur	rsement	Week	ly Wage		ALA	E Paid		ALAE	Incurred	
J		F.										. ,														
		Ι.		Total Stan	idard Expos	ure	Total Standar	d Premium	Upd	Claim N	umber	Acc. Da	ate/No. Clai	ms Incuri	red Indemnity	Incurr	red Medical	Class Cod	e Injury	Status	Act Type	Recv C	Im Settl	Jurisdic	Cat .No.	МСО
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Т									(	Claimant's A	ttorney Fees	Employ	er's Attorne	y Fees	Deductible I	Reimbur	rsement	Week	ly Wage		ALA	E Paid		ALAE	Incurred	
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R	Ι	T			T										L	OSS T	OTALS									
S	R	J.	9740			.02	52																			
T										Reserved F	For Future Use	Tota	al No. Claim	s Total Ir	ncurred Indem	nnity	Total Incurr	red Medical	Re	served For	Future Use	Total Pa	id Indemnit	y Tota	I Paid Me	dical
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										Tot. Claima	ant's Attrny. Fees	5 Tot.	. Employer's	Attrny. Fee	Reserv	ved For	Future Use				Total ALA	AE Paid		Total ALA	E Incurre	d
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# Example 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.

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

UNIT STATISTICAL REPORT

Re	port No.	. Cor	r. No Co	orr. Type	Replace Rpt. Ind	Carrier Code	NFORMATIC Pc	olicy Numl	ber		Policy Effective	e Date	Policy Ex	<pre>ratio</pre>	on Date	Expos Sta	ate	State Effective	Date	Certific	cate Ni	umber	Card S	Serial No	). Risł	k ID Nun	nber F	Page No	Last F	Page No
01						94999	WC54321				07/01/09		07/01/1	10		07														
		Name	: PAZ In	dustries	Corporatio					I											F.E	.I.N. →	12345	56789	1		P	ending F	ile No.	
Ins	ured's	Addre	SS:																		T.F	P.E / F.E	.I.N. →							
Мо	d. Effec	ctive Da	te Rate	e Effective			-	Condition					Policy Typ			Deduct.	Ded		eductible			eductible nt Aggreg		Busi Segmen	ness		Carrier	Use F	or Burea	au Use
					3 YR Po	F/R Multistate		Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO C.H.C. Indicator Network	Туре (	Cov. Plan Ind	Non	Std	Гуре	Perc	Cent Amount Pe		LCIUEIII	Amou	ii Ayyrey	Jale	Seymen	liuenime	1				
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С		Exp. Cov.	Class Co	de Exp	osure Amount	Manual Rate	Premium Amou		Und	Claim Nu	umber	Acc. D	Date/No. Cla	nims	Incurred	d Indemnity	/ Inc	curred Medical	Class	Code I	njury	Status	L	_oss Co	nditions			Jurisdic State	Cat. No.	MCO Type
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S										Case Nu	umber	Part	Nature	Caus	se	Occupati	ion De	escription	Voc.	Lump	Fra	ud De	duct.	Pa	id Inder	mnity		Paid	Medica	
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U	R	01	0953	208	00	.49	102		Ind	Claim Nu	Impor	3500	JU Date/No. Cla	ims	Incurred	d Indemnity	/ Inc	curred Medical	Class	oda l	njury	Status	2000 Act	UU Type	Recv	Clm	Settl	Jurisdic	Cat. No.	МСО
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N		U. I		Juneu	Premium	1	140012		Upd	Claim Nu	umber	Acc. E	Date/No. Cla	ims	Incurred	d Indemnity	/ Inc	curred Medical	Class	Code I	njury	Status	Act	Туре	Recv	Clm	Settl	Jurisdic	Cat. No.	МСО
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S		г								Case In	unnei	Fall	Nature	Caus	50	Occupati		escription	VUC.	Lump	114	uu De	uuci.	Гd	iu muei	miny		r aiu	Incuica	
В		E.							(	Claimant's At	ttornev Fees	Emplo	over's Attorn	ev Fee	25	Deductible I	Reim	bursement	W	eekly Wa	age			AI A	E Paid			AI AF	Incurred	1
J		F.																			-9-									
		1.		Total 3	Standard Expo	sure	Total Standard P	Premium	Upd	Claim Nu	umber	Acc. D	Date/No. Cla	ims	Incurred	d Indemnity	/ Inc	curred Medical	Code I	njury	Status	Act	Туре	Recv	Clm	Settl	Jurisdic	Cat .No.	МСО	
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	G.			191	10445		139201		_	Case Nu	umber	Part	Nature	Caus	se	Occupati	ion De	escription	Voc.	Lump	Fra	ud De	duct.	Pa	id Inder	mnitv		Paid	Medica	
А		H.	006_	Drow	nium Diagou					000011		- art	Hataro	ouu		oooupuu		ooonprion		Lamp			uuoti					i alu	moulou	
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D	R	Κ.	9741			.01	191					3			15656			20164							287	96		973	37	
										Tot. Claima	ant's Attrny. Fee		t. Employer'	's Attrn	ny. Fees	Reserv	ved F	or Future Use			•			otal AL	AE Paid		T		E Incurre	ed
		L.										35	5000										200	000						

# Example 9a - Individual Case Report; Permanent Total Disability

## Use Table III-M-A

Type Claim - State Act Trauma Average Weekly Wage - \$459 Effective Date - 07/01/09 Date of Valuation - 01/01/11 1st Level Report - Open

Present Value of Future Payments Weekly Benefit =  $.6667 \times ($459) = $306$ Present Value of \$1 @ Age **53** = **15.948** {Table III-M-A}  $$306 \times 52 \times 15.948 = $253,765$ 

Date of Accident - 10/01/09 Date of Birth - 04/01/57 Employee's age @ Valuation - 53 (sex - M) No. Wks. Benefits Pd. to Valuation Date - 457 days / 7 days = 65.286 wks

Indemnity Paid to Valuation Date - 65.286 x 306 = 19,978

							N - I	NDI	VIDUA				EPO	RT									
CLASS CODE	REPORT NO. CODE*	TRAN. TYP CODE*			CARF	RIER NU	IMBER				CARRII	ER NA	AME			S	PAYRC STATE C		r	ADI	M. FILE I	NUMBE	R
0101	01	1	0	2		94999	9										07						
POLICY NUMBER		CERT. NO	POLI	CY EFFE DATE	CTIVE		CLAI	/ NO.		STAT	DA	TE A	TTNY I	DISC		LO	SS CON	DITIO	NS		JUR	IS	MCO
			MO.	DATE	YR					CODE*	мо	. C	DAY	YR	ACT	TYPE	RCOV	/ (	CLM S	SETTL	STA	ΓE	TYPE
WC54321			07	01	09		46 <sup>-</sup>	22		0					01	01	01		01	00	07		00
		INSURED NA	ME							ACC. DATE		DAT	TE OF	DEATH	DAT	E REPO	RTED	DA	TE OF BI	RTH	SUR	3	ATTNY
									MO	DAY	YR	MO	DA۱	Y YR	MO	DAY	YR	MO	DAY	YR	COD	Ξ	CODE*
	PAZ I	ndustries Co	orporation					-	10	01	09				10	01	09	04	01	57	1		3
WORKER LAST NAME	-	WORKERS SEX	AVG. WEEKL	Y		PART	NATU	RE C	CAUSE			οςςι	JPATIO	NC			DATE LOSED		RESERV	E LU	JMP	FRAUD	S/S
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	В	ENEFITS O	THER THAN	PENSI	ON											PE	NSION I	BENI	EFITS				
KIND OF E	BENEFIT		% DISAB.		Y MEM. ODE*		O. EKS		INC	URRED			BEN	IEFICIA	RY DAT	TA*		D	ATA PRO	OVIDE	R COM	MENTS	6
1. TEMPORARY INDEMNITY			XXX	X	ХХ							CC	DDE	D/ MO	TE OF BIF	rth Yr							
2. SCHEDULED INDEMNITY												· ·	1	04	01	57			Paid to	o valu	ation o	date	
																			65.286	6 x 30	6 = 19	978	
3. NON-SCHEDULED INDEM	NITY			X	ХХ	XX	XX												Futu	ire Pa	ymen	ts	
4. EMPLOYERS LIABILITY OF	EMNITY	I														:	306.	.00 x 5	2 x 15	.948 =	253	765	
5. VOCATIONAL REHABILITA	INCURRED																						
6. CLAIMANT LEGAL EXPENS														DEM. P								19978	
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HOSPITAL PAID				PARTIAL										IE FUTU		DEM. PN	/NT.					253765	
APP. MED. EVAL. PAID		P	ERM. T	OTAL P	AID						10	. FUN	ERAL	ALLOW	ANCE								
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LEGAL EXP DEFENSE				.R. PAI								_	-	-	URRED	-							13000
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TOTAL GROSS INCURRED					AINING I		RED						-		D. PAID	-							6000
			V	.R. EV/	AL. INCU	IRRED						16	. SOC	C. SEC.	OR OT	HER OF	FSET A	λMT.					

# Example 10 - Individual Risk Experience with USL & HW Coverage

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

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

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

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

UNIT STATISTICAL REPORT

Re	oort No.	Cor	r. No Ci	orr. Type	Replace Rpt. Ind	Carrier Code	NFORMA <sup>e</sup>	Policy Num	nber		Policy Effective	Date	Policy Ex	piration	n Date	Expos State	e St	tate Effective	e Date	Certifica	te Numbe	r Card	Serial No.	Risk II	D Number	Page N	o Last	Page No
01					-	16928	99887				07/01/09		07/01/1	0		07												
		Name	: Steve I	Ho Corr	)	10920	99007				07/01/09		07/01/1	0		07					FFIN	$\rightarrow 1234$	456789			Pending	File No.	
	ured's			10 001	,																T.P.E / F							
-	d. Effec			e Effective				y Condition					Policy Typ				Deduct		eductible		Deducti		Busir		For Carri	er Use	For Bure	au Use
					3 YR Pol		e Interstate Rating	Estimated Exposures	Retro Policy		MCO C.H.C. Indicator Network	Туре С	Cov. Plan Ind	Non S	Std Ty	/pe I	Percen	t Amount Pe	er Claim/Ac	cident A	mount Age	jregate	Segment	Identifier				
					N	N N	Rung	N	N	N	N	01	01	01				-										
				<b>XPOS</b>	URE INFOR							01	01	01				LO	OSS INF	ORMA	TION							
С		Exp.	Class Co		osure Amount		Premium An	nount		Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C		ury Sta	tus	Loss Con	ditions		Jurisdic State	Cat. No	. MCO Type
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E	R	02	6843	127	7896	23.90	30567			789803		10/01		2	276957		2500		6843	02		02			00 10		00	00
S										Case N	lumber	Part	Nature	Cause		Occupation	n Desc	cription	Voc.	Lump		Deduct.		d Indemr	nity		d Medica	
	R	01	0718	279	132	11.77	32854					42	49	56		Worker			N		00		8008	D. II		15000		
S										Claimant's A	ttorney Fees	Emplo	yer's Attorne	ey Fees	s D	eductible R	Reimbur	rsement	VV	eekly Wa	ge		ALAE	Paid		ALAI	E Incurred	1
U									Upd	Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C	ode Inj	ury Sta	tus Act	Туре	Recv (	Clm Settl	Jurisdic	Cat. No	. MCO
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									Upd Type	Claim N	umper	ACC. D	ate/No. Cla	ims i	Incurred	Indemnity	Incurr	red Medical	Class C	ode inj	ury Sta	tus Act	Туре	Recv (	Clm Settl	Jurisdic State	Cat. No	MCO Type
		A. T	otal Su	ibject I	Premium		63421																					
			_							Case N	lumber	Part	Nature	Cause	е	Occupatior	n Descr	ription	Voc.	Lump	Fraud	Deduct.	Pai	d Indemr	nity	Pai	d Medica	1
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Ν			o tai ini				01000		Upd	Claim N	umber	Acc. D	ate/No. Cla	ims l	Incurred	Indemnity	Incurr	red Medical	Class C	ode Inj	ury Sta	tus Act	Туре	Recv 0	Clm Settl		Cat. No	
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Т		D.								Case N	lumber	Part	Nature	Cause	е	Occupation	n Desc	ription	Voc.	Lump	Fraud	Deduct.	Pai	d Indemr	nity	Pai	d Medica	1
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В										Claimant's A	ttorney Fees	Emplo	yer's Attorn	ey Fees	s De	eductible R	eimbur	sement	We	ekly Wa	е		ALAE	E Paid		ALA	E Incurre	d
J		F.																										
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										Case N	lumber	Part	Nature	Cause	е	Occupation	n Desc	cription	Voc.	Lump	Fraud	Deduct.	Pai	d Indemr	nity	Pai	d Medica	1
Α	R	Η.	0063	Pre	mium Discour	nt Amount	5627																					
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E R	R	Ι.	0900	Exp	ense Constar	nt Amount	270																					
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S	R	J.	9740			.01	41																					
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		L.								Tot. Claim	ant's Attrny. Fees	10	t. Employer'	s Aitrny	y. Fees	Réserve	eu For	Future Use					Total ALA	E Palo		TOTAL	AE Incuri	ed

# Example 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 - 07/01/09 Date of Valuation - 01/01/11 1st Level Report - Open Date of Accident - 10/01/09 Date of Birth - 03/15/45 Employee's age @ Valuation Date -66 (sex - M) Loss Conditions - 02/01/01/01/00

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$459) = \$306$ Present Value of  $\$1 = 16.150 \{USLH \text{ Table III-M-C}\}$  $\$306 \times 52 \times 16.150 = \$256,979$ (Wkly Benefit)  $\times (52 \text{ Wks}) \times (\text{Pres. Val. Factor})$ 

Indemnity Paid to Valuation Date Benefits Paid from 10/01/09 to 01/01/11 [457 days / 7 = 65.286 (Wks)] 65.286 x \$306 = \$19,978

Total Indemnity Incurred = \$256,979+ \$19,978 = \$276,957

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

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CLASS CODE	REPORT NO. CODE*	TRAN. TY CODE			CAR	RRIER NU	UMBER				CARR	ER NAME	<u>.</u>				PAYR STATE (				adm. Fil	E NUMBER	
6843	01	1	02	2		1692	8										0	7					
POLICY NUMBER		CERT. NO	). POLICY	EFFECTIVE	DATE		CLAI	M NO.		STAT	[	DATE ATT	NY DI	SC		l	LOSS COI	NDITIO	NS		J	URIS	MCO
			MO.	DAY	YR					CODE*	MO	. DA	Y	YR	ACT	TYPE	RCO	V	CLM	SETTL	S	TATE	TYPE
99887			07	01	09		789	803		0					02	01	01		01	00		07	00
		INSURED N	AME							ACC. DATE		DATE	OF D	EATH	DA	TE REPO	RTED	E	DATE OF B	IRTH	SL	JRG	ATTNY
									MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	СС	DDE	CODE*
		Steve Ho Cor	poration						10	01	09				10	01	09	03	15	45			
WORKER LAST NAME		WORKERS	AVG. WEEKLY			PART	NATU	RE	CAUSE	1		OCCUP	ATION	N		DA	TE CLOSI	ED	RESERV	· · ·	LUMP	FRAUD	S/S
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2. SCHEDULE	D INDEMNITY											1		03		45			Paic	l to val	uation	date	
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3. NON-SCHEDU		,			· v																		
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HOSPITAL PAID					-	IAL PAI																	2569
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INDEP. MED. EVAL. PAID				SING	LE LUN	/IP SUM	1					1	12. T(	OTAL IN	ICURREE	) INDEM	.,(SUM 1	-11)					2769
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				V.R. E	AL. IN	CURRE	D						16. S	SOC. SE	C. OR O	HER OF	FSETA	MT.					

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

## Use Table I-A & Table II-A

Type - State Act-Trauma Average Weekly Wage - \$475 Effective Date - 07/01/09 Date at Valuation - 01/01/11 Date of Accident - 08/01/09 Widow's Date of Birth - 05/01/44 Age at Widowhood - 65 Age at Valuation - 66 1st Level Report - Open Date of Death - 08/01/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$475) = \$316.68$ Present Value of \$1 = 12.611 - Widowhood at age 65, <sup>a</sup>[x] + 1 Value  $\$316.68 \times 52 \times 12.611 = \$207,670$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$316.68 Present Value of Remarriage Dowry = .0244 \$316.68 x 104 x .0244 = \$804

Indemnity Paid to Valuation Date Benefits Paid from 08/01/09 to 01/01/11 - 518 days / 7 = 74 Wks (74 Wks) x \$316.68 = \$23,434

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0718	01	1	01			16928											07						
POLICY NUMBER		CERT. NO.	POLICY	EFFECTIVE	DATE		CLAIM N	10.	S	STAT	D	ATE ATT	fny di	ISC		L	OSS COND	ITIONS			JL	JRIS	MCO
			MO.	DAY	YR				CC	ODE*	MO.	DA	AY .	YR	ACT	TYPE	RCOV	CL	M	SETTL	ST	ATE	TYPE
99887			07	01	09		78974	19		0					01	01	01	(	01	00	(	07	00
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	S	teve Ho Corp	oration						08 0	01	09	08	01	09	08	01	09	07	25	44			
WORKER LAST NAME		WORKERS	AVG. WEEKLY			PART	NATURE	CAL	JSE			OCCUP	PATIO	N		DAT	FE CLOSED	F	RESERVE	E L	UMP	FRAUD	S/S
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KIND OF BI	ENEFIT		% DISAB.	BODY I COD		NO. WE	EEKS		INCURRE	ED			BEI	NEFICIA	RY DATA	*		[	DATA PF	ROVIDE	RCOM	MENTS	
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3. NON-SCHEDULE	ED INDEMNITY			ХХ	X	XXX	X										_		Fu	ture p	aymen	ts	
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5. VOCATIONAL REH	ABILITATION TO	TAL INCURRE	D																				
6. CLAIMANT LE	GAL EXPENSE												7. PI	ENSION	INDEM. F	PAID TO	VAL. DATE	Ξ					23434
PHYSICIAN PAID				TEMP. I	DISABILI	ITY PAID							8. PE	ens. Ind	EM. PRE	/. RSVD	., NOT PAI	D					
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# Example 11 - Second Reporting of Losses for Unit for Example 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation  $\frac{01}{12}$ ).

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.

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

Refer to **Examples** 11a and 11b for Individual Case Reports.

Example 11

UNIT STATISTICAL REPORT

Page	15.1

Rep	oort No.	Corr.	No Cor	т. Туре	Replace Rpt. Ind	Carrier Cod	e e	Policy Num	iber		Policy Effective	Date	Policy Exp	iration Da	ite Expos St	tate Sta	ate Effective	Date Cei	rtificate Nu	imber Card	d Serial No.	. Risk ID Num	nber Page	e No Last F	Page No
02						16928	99887				07/01/09		07/01/10	)	07										
		Name:	Steve H	o Corp	oration	10720	//00/				0//0//07		0//01/10	,	07				F.E		456789		Pend	ling File No.	
		Addres		<u>o o o i p</u>	oration															.E / F.E.I.N.					
		tive Date		Effective			Polic	y Conditior	IS				Policy Type	ID	Deduct.	Deduct		eductible		ductible	Busir		Carrier Use	e For Burea	au Use
						R F/R Multistate	e Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO C.H.C. Indicator Network	Туре С	ov. Plan Ind	Non Std	Туре	Percen	t Amount Pe	er Claim/Accider	nt Amour	t Aggregate	Segment	Identifier			
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			F	VPOSI				IN	IN	IN	IN	01	01	01			10	SS INFOR	ρωστιο	N					
С		Exp.	Class Cod			Manual Rate	Premium An	nount		Claim Nu	umber	Acc. D	ate/No. Clain	ns Incu	Irred Indemnit	ty Incurr	ed Medical	Class Code		Status	Loss Con	ditions		isdic Cat. No.	
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B			_						(	Claimant's At	torney Fees	Employ	yer's Attorney	y Fees	Deductible	e Reimbur	sement	Weekly	/ Wage		ALAE	E Paid	ŀ	LAE Incurred	ł
J		F.																							
				Total S	Standard Expo	sure	Total Standar	d Premium	Upd Type	Claim Nu	umber	Acc. D	ate/No. Clain	ns Incu	irred Indemnit	ty Incurr	ed Medical	Class Code	e Injury	Status Ac	t Type	Recv Clm		sdic Cat .No ate	. MCO Type
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S T										Reserved F	or Future Use	Tot	al No. Claim:	s Total	Incurred Inder	mnity	Total Incurr	red Medical	Res	erved For Fu	uture Use	Total Paid Ind	emnity	Total Paid M	edical
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## Example 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 - 07/01/09 Date of Valuation - 01/01/12 Date of Accident - 10/01/09 Date of Birth - 03/15/45 Employee's Age at Valuation Date - 67 (sex - M) Maximum Weekly Benefit - \$1,224.66

Present Value of Future Payments \$306 x 52 x **15.430** = **\$245,522** 

Indemnity Paid to Valuation Date Benefits Paid from 10/01/09 to 01/01/12 [822 days / 7 = 117.429 (Wks)] (117.429 Wks) x \$306 = \$35,933

Total Indemnity Incurred - \$245,522+ \$35,933 = \$281,455

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CLASS CODE	REPORT NO. CODE*	TRAN. T COD		PE OF CODE*	CARF	RIER NU	JMBER				CARR	IER NA	AME			:	PAYR STATE C		*	A	DM. FIL	e numbi	ĒR
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		Steve Ho	Corp						10	01	09				10	01	09	03	15	45			
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	E	BENEFITS	OTHER THAN	N PENSI	ION					•						PE	NSION	BEN	IEFITS				•
KIND OF E	BENEFIT		% DISAE		DY MEM. CODE*		IO. EKS		INC	URRED			BEN	NEFICIA	RY DA	ΓA*		D	DATA PF	ROVIDE	R CO	MMENT	S
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															10			1	17.429	9 x 30	6.00 :	= 3593	3
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4. EMPLOYERS LIABILITY OI	R OTHER IND	DEMNITY				L						1						306	.00 x 5				522
5. VOCATIONAL REHABILITA		INCURRED	)																				
6. CLAIMANT LEGAL EXPEN	SE											7.	PENS	SION IN	DEM. P	AID TO	VAL. D	DATE					35933
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## Example 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 - 07/01/09 Date at Valuation - 01/01/12 Date of Accident - 08/01/09 Widow's Date of Birth - 05/01/44 Age at Widowhood - 65 Age at Valuation - 67 2nd Level Report - Open Date of Death - 08/01/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$475) = \$316.68$ Present Value of \$1 = 12.290 - Widowhood at age 65, a[x] + 2 Value  $\$316.68 \times 52 \times 12.290 = \$202,384$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$316.68 Present Value of Remarriage Dowry = .0195 \$316.68 x 104 x .0195 = \$642

Indemnity Paid to Valuation Date Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks (126.143 Wks) x \$316.68 = \$39,947

			UNIT	STAT	IST	ICAL	. PLAN	N - IN		/IDUA	L C	ASE	E RI	EPO	RT							
CLASS CODE	REPORT NO. CODE*	TRAN. TY CODI			CARI	RIER NU	JMBER			(	CARRI	ER NA	AME			:	PAYROL STATE CC			ADM. FI	LE NUMBE	ĒR
0718	02	1	01			16928	8										07					
POLICY NUMBER		CERT. N	O. POLIC	Y EFFEC DATE	TIVE		CLAIM	NO.		STAT	DA	TE AT	TTNY	DISC		LC	SS COND	ITIONS			JURIS	MCO
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# Example 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 the applicable USL & HW percentage and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

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

Note: Class 665's rating value as of 7/1/09 is 8.36, the rating value including coverage for the USL & HW Act is  $8.36 \times 1.508 \times 1.580 = 19.92$ . 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 Example 12a for Individual Case Report.

UNIT STATISTICAL REPORT

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

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

Type - USL & HW-Trauma Average Weekly Wage - \$500 Date of Accident - 02/01/10 Effective Date - 07/01/09 Maximum Benefit - 200% NAWW = \$1,224.66 Claimant's Birth Date - 05/01/62 Spouse's Birth Date - 07/01/64 Date of Valuation - 01/01/11 Claimants Age at Valuation - 48 (sex - M) Spouse's Age at Valuation - 46

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 02/01/10 to 01/01/11 - 334 days / 7 = 47.714 Wks \$333.35 x 47.714 = \$15,905

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# Example 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, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

Report No.

01

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Insured's Name: ABC Corp

Insured's Address: Mod. Effective Date

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				POLICY I	NFORMA	TION																		
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USR FORM - 4/1/13

## Example 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, Correction Type, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

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

Page 2	21.1
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Rep	oort No.	Cor	r. No Corr	. Туре	Replace Rpt. Ind	Carrier Co	INFORMA <sup>de</sup>	Policy Num	nber		Policy Effective	e Date	Policy Expira	ation Date	e Expos Sta	ate Sta	ate Effective	e Date	Certifica	ate Number	Card Seria	al No. R	isk ID Nur	mber Page	No Last I	Page No
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# Example 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 **Example** 15a showing the correction on the ASWG form.

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# Example 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.

Page 2	23.1
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Report N	No.	Corr. No	Corr. Typ	Replace Rpt. Ind	Carrier Code		Policy Num	iber		Policy Effective	e Date	Policy E	Expiration	n Date E	Expos Stat	ie Stat	te Effective	Date C	Certificate Nu	umber Ca	rd Serial No.	. Risk IE	) Number	Page N	o Last P	age No
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# Example 16 - Combination Example

This example 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 **a claim** requiring an Individual Case Report.

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

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

Refer to **Example** 16a for the Individual Case Report.

Re	port No.	. Cor	r. No C	orr. Type	Replace Rpt. Ind	Carrier Code	NFORMAT	Policy Num	nber		Policy Effectiv	e Date	Policy Ex	piration D	ate Expos St	tate	State Effective	e Date C	Certificat	e Number	Card Seria	Il No. R	isk ID Numb	er Pag	je No	Last Pa	ige No
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#### Example 16a - Individual Case Report; Death, Widow Only

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/08 Date at Valuation - 06/01/10 Date of Accident - 04/20/09 Widow's Date of Birth - 05/09/43 Age at Widowhood - 65 Age at Valuation - 67 1st Level Report - Open Date of Death - 04/20/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$378) = \$252.01$ Present Value of \$1 = 12.290 - Widowhood at age 65, a[x] + 2 Value  $\$252.01 \times 52 \times 12.290 = \$161,055$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$252.01 Present Value of Remarriage Dowry = .0195 \$252.01 x 104 x .0195 = \$511

Indemnity Paid to Valuation Date Benefits Paid from 04/20/09 to 06/01/10 - 407 days / 7 = 58.143 Wks (58.143 Wks) x \$252.01 = \$14,653

## Example 16a

			UNI	r st/	ATIST	ICAL	. PLAN	- IN	DIVIDU		CASI	E R	EPO	₹Т								
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			MO.	DAY					CODE	Ν	ИО. І	DAY	YR	ACT	TYPE	RCOV	С	LM	SETTL	ST	ATE	TYPE
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WORKER LAST NAM	IE	WORKERS	AVG. WEEK	LY		PART	NATURE	CAL	USE		OCCI	UPATI	ON	•		DATE CLOSED	F	RESERV	E L	UMP	FRAUD	) S/S
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2. SCHEDULED INDEMNITY												2	05	09	43			Paid to	o valu	ation	date	
														00			58	3.143	x 252	.01 =	14653	3
3. NON-SCHEDULED INDEM	INITY			)	<b>XX</b>	ХХ	xx											Fut	ure pa	aymei	nts	
4. EMPLOYERS LIABILITY O	R OTHER INI	DEMNITY														2	252.0	01 x 5				055
5. VOCATIONAL REHABILIT	ATION TOTAI		)																			
6. CLAIMANT LEGAL EXPEN	ISE										7.	PENS	SION IN	DEM. P	AID TO	VAL. DA	λΤΕ					14653
PHYSICIAN PAID				TEMP.	DISABILI	TY PAI	D				8.	PENS	S. INDE	M. PRE	V. RSV	D., NOT	PAID	)				
HOSPITAL PAID				PERM.	PARTIAL	PAID					9.	PRES	S. VALL	E FUTL	IRE INI	DEM. PN	INT.					161055
APP. MED. EVAL. PAID					TOTAL P	PAID					_	-		ALLOW	-							3500
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LEGAL EXP DEFENSE				V.R. PA										URRED								5000
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				v.R. E\	AL. INCU	JKKED					16	5. 500	J. SEC.	OR OT	HER OI	FFSET A	MI.					

\*SEE MANUAL FOR CODING

#### Example 17 - Second Reporting of Losses for Unit for Example 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 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.

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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 **Example** 17a for Individual Case Report.

Re	port No.	Corr	. No Corr	. Туре	Replace Rpt. Ind	Carrier Code	NFORMA e	Policy Num	nber		Policy Effective	e Date	Policy Ex	piration E	Date Exp	pos State	State Effect	ive Date	Certifica	te Number	Card S	Serial No.	Risk ID N	umber	Page No	D Last P	age No
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			FX	POSI				I	IN	IN	IN	01	01	01	03	01		OSS IN	FORMA	TION							
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														<del></del>													
									Upd Type P	Claim N	umber	Acc. D	ate/No. Cla	ims Ind	curred Ind	demnity I	ncurred Medica	al Class	Code Inj	ury Stati	us Act	Туре Б	lecv Clm	Settl	Jurisdic State	Cat. No.	MCO Type
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NI	_	C. I	otal Mod	lified	Premium	1			Ind	Claim N	umbor	Ass D	ata/Na Cla	imo In	urrod Ind	lompitu l	nourrod Modio	al Class	Codo	un Ctat	in Act	Turno	logy Clm	Settl	Jurisdic	Cat. No.	МСО
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				Total S	Standard Expo	sure	Total Standar	d Premium	Upd Type	Claim N	umber	Acc. D	ate/No. Cla	iims Ind	curred Ind	demnity I	ncurred Medica	al Class	Code Inj	ury Stati	us Act	Туре Р	lecv Clm	Settl	Jurisdic State	Cat .No.	MCO Type
	G.																										51
										Case N	umber	Part	Nature	Cause	00	ccupation	Description	Voc.	Lump	Fraud D	Deduct.	Paid	ndemnity		Paic	Medical	
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		I.	0900	Expe	ense Constar	nt Amount																					
E R																LOS	S TOTALS										
c		J.																									
S T										Reserved I	For Future Use	Tot	tal No. Clair	ms Tota	I Incurred	d Indemnity	y Total Inc	urred Med	ical	Reserved	For Futu	ure Use 1	otal Paid I	ndemnit	y Tota	al Paid Me	edical
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		L.		1																							

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

Type - State Act-Trauma Average Weekly Wage - \$378 Effective Date - 12/01/08 Date at Valuation - 06/01/11 Date of Accident - 04/20/09 Widow's Date of Birth - 05/09/43 Age at Widowhood - 65 Age at Valuation - 68 2nd Level Report - Open Date of Death - 04/20/09

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$378) = \$252.01$ Present Value of \$1 = 11.958 - Widowhood at age 65, a[x] + 3 Value  $\$252.01 \times 52 \times 11.958 = \$156,704$ 

Lump Sum Dowry Benefit Duration - 2 years = 104 weeks Weekly Benefit - \$252.01 Present Value of Remarriage Dowry = .0151 \$252.01 x 104 x .0151 = \$396

Indemnity Paid to Valuation Date Benefits Paid from 04/20/09 to 06/01/11 - 772 days / 7 = 110.286 Wks (110.286 Wks) x \$252.01 = \$27,793

## Example 17a

					STAT	ISTI	CAL	. PLA	N -	NDI	VIDU		CAS	E RI	EPO	₹Т								
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POLICY NUMBER		CERT.	NO.		' EFFECT DATE	TIVE		CLAII	M NO.		STAT	C	ATE A	TTNY	DISC		LC	DSS CO	NDITI	ONS		JL	IRIS	MCO
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		123,	nc.							04	20	09	04	20	09	04	20	09	09	27	42			
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2. SCHEDULED INDEMNITY														2	05	09	43			Paid t	o val	uatior	date	
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3. NON-SCHEDULED INDEM	NITY				ХХ	x	хх	xx												Fut	ure p	ayme	nts	
4. EMPLOYERS LIABILITY O		DEMNITY																	252	2.01 x 5				704
5. VOCATIONAL REHABILIT	ATION TOTAL	INCURRE	D																					
6. CLAIMANT LEGAL EXPEN	SE												7.	PENS	SION IN	DEM. P	AID TC	VAL. I	DATE					27793
PHYSICIAN PAID				TE	MP. DIS	SABILIT	TY PAI	D					8.	PENS	6. INDE	M. PRE	V. RSV	D., NO	T PAI	ID				
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LEGAL EXP DEFENSE								_											<u> </u>					7500
ANNUITY PURCHASE AMT.					R. INDE											EM. PA								22087
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\*SEE MANUAL FOR CODING

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

Claim 68235 is a death claim.

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

Re	port No.	. Corr	r. No Co	orr. Type	Replace Rpt. Ind	POLICY I Carrier Code		Policy Nun	nber		Policy Effective	e Date	Policy Ex	piration Da	ate Expos St	tate Sta	ate Effective	Date C	Certificate	e Number	Card Serial	No. Ris	k ID Number	Page N	o Last F	Page No
01					-	99998	111222				07/01/09		07/01/1	10	07											
		Name	: Bob's F	Roofing						•				-						F.E.I.N. →	1234567	89		Pending	File No.	
Ins	sured's	Addre	SS:	0																T.P.E / F.E	E.I.N. →					
Mo	d. Effec	tive Dat	te Rate	e Effective		E/D Multistate		y Condition	1	Concelled	1100 0110		Policy Typ ov. Plan Ind		Deduct.	Deduct. Percent		eductible ar Claim/Acci	dont An	Deductibl nount Aggre		usiness nent Identifie	For Carr	ier Use	For Burea	au Use
					3 YR Pol		Interstate Rating	Estimated Exposures	Retro Policy		MCO C.H.C. Indicator Network		ov. Plan Ind	I INON SID	Туре	Percent	Amountre		uciii Aii	nouni Aggio	.gate Segi		51			
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					URE INFOR													SS INFC								
С 0		Exp. Cov.	Class Co	de Exp	osure Amount	Manual Rate	Premium Arr	nount	Upd	Claim Nu	ımber	Acc. D	ate/No. Cla	ims Inci	urred Indemnit	y Incurre	ed Medical	Class Co	de Injui	ry Statu	s Loss	Conditions	5	Jurisdic State	Cat. No.	МСО Туре
D E	Type R	01	0659	980	176	41.13	40339		Type R (	68235		11/01	/09	19	5196	500		0659	01	0	Act Ty 01 0	pe Recv 1 01	Clm Sett 01 00		00	00
S										Case Nu	umber	Part	Nature	Cause		ition Descr	ription		Lump I			Paid Inde			d Medical	
	R	01	9807				766					90	13		Roofer			Ν		00	679			500		
S										Claimant's At	torney Fees	Employ	yer's Attorn	ey Fees	Deductible	e Reimburs	sement	Wee	ekly Wag	е	A	LAE Paid		ALA	E Incurred	
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N									Upd Type	Claim Nu	Imber	Acc. D	ate/No. Cla	ims Inci	urred Indemnit	y Incurre	ed Medical	Class Co	de Inju	ry Statu	s Act Ty	pe Recv	Clm Sett	I Jurisdic State	Cat. No.	МСО Туре
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J		_							(	Claimant's At	torney Fees	Employ	yer's Attorn	ey Fees	Deductible	Reimburs	sement	Weel	kly Wage	;	ļ	LAE Paid		ALA	E Incurred	
		F.	_	Total	Standard Expos	sure	Total Standar	d Premium	Upd	Claim Nu	umber	Acc. D	ate/No. Cla	ims Inci	urred Indemnit	v Incurre	ed Medical	Class Co	de Inju	ry Statu	s Act Ty	pe Recv	Clm Sett	I Jurisdic	Cat .No.	MCO
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S T										Reserved F	or Future Use		al No. Clair		Incurred Inder	2	Total Incurr	red Medica	l I	Reserved I	For Future U		Paid Indem	2	tal Paid M	edical
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#### Example 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma Average Weekly Wage - \$295 Effective Date - 07/01/09 Date at Valuation - 01/01/11 Date of Accident - 11/01/09 Widow's Date of Birth - 09/01/70 Age at Widowhood - 39 Age at Valuation - 40 1st Level Report - Open Date of Death - 11/01/09

Present Value of Future Payments 1) Widow's Benefit plus child #1 Benefits Weekly Benefit =  $.6667 \times (\$295) = \$196.68$ Present Value of \$1 = 17.046 - Widowhood at age 39, a[x] + 1 Value  $\$196.68 \times 52 \times 17.046 = \$174,336$ 

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

Weekly Benefit =  $.0333 \times (\$295) = \$9.82$ No. of Weeks Payable = 01/01/11 to 12/01/11 + 334 days / 7 = 47.714 wks.  $\$9.82 \times 47.714 = \$469$ 

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) = \$206.50No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks  $$206.50 \times 60.857 = $12,567$ 

5) Funeral Allowance = \$3,500

			UNIT	STATIST	ICAL	PLAN	I - INC	DIVIDUA	LC	ASE R	EPOF	RT						
CLASS CODE	REPORT NO. CODE*	TRAN. TY CODE	PE TYPE	OF CAF	RIER NU					ER NAME				PAYROLL		ADM. F	FILE NUMBE	R
0659	01	1	01		99998	3								07				
POLICY NUMBER		CERT. NO		EFFECTIVE		CLAIM	NO.	STAT	DA	TE ATTNY	DISC		LOS	S CONDIT	IONS		JURIS	MCO
			MO.	DAY YR				CODE*	МС	D. DAY	YR	ACT	TYPE	RCOV	CLM SE	TTL	STATE	TYPE
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		INSURED N	IAME	•	•			ACC. DATE		DATE OF	DEATH	DAT	E REPOR	TED D	ATE OF BIRT	н	SURG	ATTNY
							N	IO DAY	YR	MO DA	Y YR	MO	DAY	YR M	O DAY	YR	CODE	CODE*
		Bob's Roo	ofing	-			1	1 01	09	11 0	1 09	11	01	09 12	2 01 5	59		_
WORKER LAST NAME	E	WORKERS SEX	AVG. WEEKLY WAGE		PART	NATURI	E CAUS	SE		OCCUPAT	ION			ATE OSED	RESERVE	LUMF	FRAUE	S/S
			WAGE	INJURY DESC.									МО	YR	CODE*	SUM	CODE	OFF- SET
Horrio		Ν.4	205	CODE*	00	10	25			Roofe	-						00	
Harris SOCIAL SECURITY I	NUMBER	M	295 DATE SINGLE	→ MO DA	90 Y Y	<u>13</u> в емі			1	YEAR LAS	-			DA	TE OF	мо	DAY	YR
			SUM PAID $\rightarrow$				TATUS -			EXPOSED					HRE →			
	E	BENEFITS C	OTHER THAN P	ENSION									PEN	SION BE	NEFITS			
KIND OF E	BENEFIT		% DISAB.	BODY MEM. CODE*		O. EKS	IN	NCURRED		BEN	NEFICIA	RY DA	ΓA*		DATA PRO	/IDER C	OMMENT	6
1. TEMPORARY INDEMNITY			XXX	ХХХ						CODE	DA MO	TE OF BI	rth Yr					
2. SCHEDULED INDEMNITY										2	09	01	70		Paid to	valuati	on date	
										4	12	01	93		60.857 x	206.50	) = 12567	,
3. NON-SCHEDULED INDEM	NITY			ХХХ	XX	XX				4	05	01	95		Futur	e payn	nents	
4. EMPLOYERS LIABILITY OF	R OTHER IND	EMNITY												(196	.68 x 52 x	17.04	6 = 1743	36) +
5. VOCATIONAL REHABILITA		INCURRED													( 9.82 x 4	7.714)	= 17480	
6. CLAIMANT LEGAL EXPENS	SE									7. PEN	SION IN	DEM. P	AID TO \	/AL. DATI	E			12567
PHYSICIAN PAID			TE	MP. DISABIL	ITY PAI	D				8. PEN	S. INDE	M. PRE	V. RSVD	., NOT PA	ND			
HOSPITAL PAID			PE	RM. PARTIA	L PAID					9. PRE	S. VALU	E FUTU	JRE INDE	EM. PMN	Г.			174805
APP. MED. EVAL. PAID			PE	RM. TOTAL I	PAID					10. FUN	NERAL /	ALLOW.	ANCE					3500
DEFENSE MED. EVAL PAID			DE	ATH PAID						11. LUN	/IP SUM	REMA	RRIAGE					4324
INDEP. MED. EVAL. PAID			SI	IGLE LUMP	SUM					12. TO	TAL INC	URRED	INDEM.	,(SUM 1-1	1)			195196
LEGAL EXP DEFENSE			V.F	R. PAID						13. TO	TAL INC	URRED	MEDICA	AL.				500
ANNUITY PURCHASE AMT.			V.F	R. INDEM. IN	CURREI					14. TO	TAL IND	EM. PA	ID TO VA	L. DATE				6799
TOTAL GROSS INCURRED			V.F	R. TRAINING	INCURF	RED				15. TO	TAL MEI	D. PAID	TO VAL.	DATE				500
			V.F	R. EVAL. INC	URRED					16. SO	C. SEC.	OR OT	HER OFF	SET AM	г.			

\*SEE MANUAL FOR CODING

### Example 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).

Page 30.1
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Report N	o. Co	orr. No	Corr. Ty	pe Replac Rpt. In	ce C	arrier Code	Policy N	umber		Policy Effectiv	e Date	Policy Exp	iration Da	te Expos Sta	ate Sta	ate Effective	Date	Certifica	ite Num	ber Caro	l Serial No.	Risk I	D Number	Page N	o Last P	age No
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					3 YR F/R Policy	R Multistate Policy	Interstate Estimate Rating Exposure			MCO C.H.C. Indicator Networ		ov. Plan Ind	INON SID	Туре	Percent	Amountre			Allount 7	чуугсушс	Segment	Identifier				
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									Claimant's A	ttorney Fees	Employ	er's Attorne	y Fees	Deductible	Reimburs	sement	We	ekly Wa	ge		ALAE	E Paid		ALA	E Incurred	
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	L.																									

### Example 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 for specific premium calculation sequence.

Page	31	.1
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Percent No         Cur. Topic         Right method         Cur. Topic         Right method         Policy Name:         Pulky Ellicities Data         Cur. Topic         Pulky Ellicities Data	Image: Section of the secting of the secting of the sectio																									
OI         OD200         WC123456789         1001/09         1001/10         07         FELN         Particle         Particle           Insured's Name:         A.B.C. Inc.         Test eff. Name:         A.B.C. Inc.         Test eff. Name:         FELN         Test eff. Name:         Sparse State         SparseState	01         0220         WC123455789         100109         100170         07         Part of the second state	Rep	ort No	. Cor	rr. No Corr		Carrier Cod	le Policy Nurr	nber		Policy Effectiv	olicy Effective Date Policy Expirat			ate Expos Sta	ate Sta	te Effective Dat	te Ce	ertificate N	lumber	Card Serial N	o. Risk ID Numb	Number	Page No	Last Pa	ige No
Insure:         A. B. C. Inc.         Fourds Mane:         A. B. C. Inc.         Fourds Mane:         B. C. Board         Party         Party </td <td>Insures         A.B. C. Inc.         IFELN         IFELN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td>	Insures         A.B. C. Inc.         IFELN																									
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# Example 21 – Anniversary Rated Policy with the Premium Charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism)

In this example it is assumed that more than one experience modification applies during the policy period and the premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) is applicable.

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

The premium charge for Terrorism, **Code 9740**, and Catastrophe (other than Certified Acts of Terrorism), **Code 9741**, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for each code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and 9741.

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

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R R	J.	9740		.01	30	R	Reserved Fo	or Future Use	Tot	al No. Clain	ns Total I	ncurred Indem	nity	Total Incurr	ed Medic	al	Reser	ved For F	uture Use	Total P	aid Inder	nnity	otal Paid	Medical		
R	J. K.	9740 9740		.01	30 30	R	Reserved Fo	or Future Use		al No. Clain			nnity	Total Incurre	ed Medic	al	Reser	ved For F	uture Use Total ALA		aid Inder	5	otal Paid			

Page	32.	1
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			Corr. No Corr. Type Replace Carrier Code Policy Number Policy Effective Date Policy Effective Date Policy Expiration Date Expos State State Effective Date Certificate Number Card Serial No. Risk ID Number																						
Rep	oort No	No. Corr. No Corr. Type Replace Carrier Code Rpt. Ind				Policy Nu	Imper		Policy Effectiv	ve Date	Policy Expir	ation Date	e Expos Sta	te Stat	te Effective	Date Ce	rtificate Nu	umber C	ard Serial No	Risk ID Nu	imber P	Page No	Last Pag	e No	
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J								Туре											F				State	'	Гуре
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		A. T	otal Sub	oject F	Premium		16830																		51
									Case N	umber	Part	Nature C	ause	Occupatio	n Descrip	otion	Voc. Lu	imp Frai	ud Dedu	uct. Pai	d Indemnity		Paid	Medical	
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		C. Total Modified Premium					15652	l la d					1				01		Chat	Act Turce	Dagu Clm	Cottl	Luriadia	Cat No.	100
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	R	F.	9046			.25	2935														D 01			0.1.1.1	100
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F									Claimant's A	ttorney Fees	Employ	er's Attorney	Fees	Deductible F	Reimburse	ement	Weekl	y Wage		ALA	E Paid		ALAE	Incurred	
Е	R	Т.	0900	Expe	ense Consta	nt Amount	119																		
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D	R	К.	9741			.01	30		TLOU			F 1								T					
									Tot. Claima	ant's Attrny. Fee	es lot.	Employer's A	attrny. Fe	es Reserv	red For Fi	uture Use				Total ALA	e Paid	Т	otal ALA	E Incurred	