



DELAWARE STATISTICAL PLAN MANUAL

**WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE**

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ISSUED BY

DELAWARE COMPENSATION RATING BUREAU, INC.

DELAWARE STATISTICAL PLAN MANUAL



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INTRODUCTION

**DELAWARE
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INTRODUCTION

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

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

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

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

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

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



SECTION I

GENERAL RULES/DEFINITIONS

**DELAWARE
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SECTION I - GENERAL RULES/DEFINITIONS**A. Scope of Report**

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

B. Recording of Statistics

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

C. Fine System for Late Unit Reports

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

SCHEDULE OF STATISTICAL PLAN FINES

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

D. Multiple Year Policies

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

Examples:

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

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

E. Uncollectible Premiums and Corresponding Losses

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

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

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

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

G. Reinsurance

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

H. Excess Insurance

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

I. Experience Under the National Defense Projects Rating Plan

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

J. Admiralty and Federal Employers Liability

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

K. Loss Rules

1. Occupational Disease Incurred Losses

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

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

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

2. Interest on Awards

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

3. Medical on Compensable Cases

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

4. Subrogation Claims

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

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

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

For additional examples, see Section VI.

5. Commuted Cases

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

6. Aircraft Operation Losses

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

7. Employers Liability Claims

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

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

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

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

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

8. Correction and Subsequent Reports

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

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

b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:
 - (a) Loss values are found to have been included or excluded through mistake other than error of judgment.
 - (b) The claim, or any part thereof, is declared non-compensable (as defined in 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 non-statutory benefits not otherwise provided for in this Plan must be excluded. Precautionary reserves in excess of the amount shown on the final settlement receipt as filed at completion of all compensation payments with the Industrial Commission or other body having jurisdiction over workers compensation claims shall not be included in the amount of losses reported under the Statistical Plan. Vocational rehabilitation costs and reserves for future payments shall be included as part of the amount entered as incurred indemnity.
- (f) In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.) the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such fund and the net incurred cost of the claim shall be reported. Anticipated recovery is defined for this purpose as the amount of recovery expected to be recovered from such funds based on the rules governing such funds or a binding agreement between such funds and the carrier on an amount or percentage of the incurred cost to be reimbursed to the carrier on a particular claim.

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

L. Special Reportings

1. Three-Year Fixed Rate Policies

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

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

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

2. **Option A. Schedule Z Basis**

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

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

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

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

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

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

3. **Option B. Unit Report Basis**

- a. *Form of Report.* The complete three-year experience incurred under each policy shall be reported on the current appropriate Unit Report Form.
- b. *Date of Valuation and Filing.* Losses included in the reporting of a given policy shall be valued as of the 42nd month after the month in which the policy became effective, and the reports shall be filed not later than 44 months after the month in which the policy became effective. These reportings shall be specifically identified as three-year fixed rate policy experience (this must be done by entering a code "Y" in the 3 YR. F/R Policy portion of the Policy Conditions field) and shall be segregated and reported independently of the reportings of one-year policies.
- c. *Data to be Reported.* The data required shall be the data specified under the Statistical Plan. Reporting of the following items shall be optional:
- (1) Insured
 - (2) Address
 - (3) Location of Risk
 - (4) Rating Value
- Loss constant premium shall be assigned to Code 0032. Expense constant premium shall be assigned to Code 0900. If the Deposit Premium has been paid in advance, report only the net amount, i.e., the amount of one expense constant; if the premium has been paid in annual installments, report the amount of two expense constants. Cancellation penalty premium shall be assigned to Code 0931.

4. **Option C. Magnetic Tape Reporting**

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

M. General Rules and Definitions

1. **Standard Type of Coverage**

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

2. **Voluntary Plan**

A policy written voluntarily by a carrier.

3. **Delaware Workers Compensation Insurance Plan**

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

4. Vocational Rehabilitation

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and 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/pre-admission, concurrent or retrospective reviews.
 - Preferred provider network/organization expenses.
 - Medical fee review panel expenses.
 - (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.
- b. *Unallocated Loss Adjustment Expenses.* Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:
- (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated expenses.
 - (2) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

14. **Expenses -- Included in Losses**

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

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

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

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

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

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

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

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



SECTION II

REPORTING REQUIREMENTS

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

SECTION II - REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

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

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

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

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy **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.

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

7. Policy Conditions

Report the 1-position **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 **--**.
- 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
4771	Manufacturing of Explosives or Ammunition	0771
--	--	--
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

5. Exposure-Other Than Payroll

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

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

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

6. Carrier Rating Values

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

7. Premium

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

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

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

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

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

8. Exposure Total Record

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

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

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

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

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

9. Miscellaneous Statistical Codes

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

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

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

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

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

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

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

- (4) Waiver of Subrogation Premium - **Code 0930**. For Policies where the carrier waives subrogation rights, the premium charge associated with such waiver of subrogation shall be assigned to **Code 0930** and entered in the "Premium" column. The "Exposure" and "Rate" columns shall be left blank.
- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.
 - (1) Aircraft Operation - Passenger Seat Surcharge - **Code 9108** - Refer to Item B.5.b. of this Section.
 - (2) Short Rate Penalty Premium - **Code 0931**
Where policies are canceled prior to normal expiration, the cancellation date shall be entered in the block captioned Policy Expiration Date and the symbol "Y" entered in the Policy Condition Field Canceled Mid-Term. When a policy is canceled short rate, the payroll and Manual premium by classification shall be reported on the basis of the actual exposure. Any deviation applied to Manual premium and the experience modification, if any, shall then be applied to the Manual premium to determine the total modified premium. The additional premium resulting from application of the short rate cancellation table to such modified premium extended to full annual basis shall be assigned to **Code 0931** and reported in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank. (For an example, see Section VI.)
 - (3) Delaware Construction Classification Premium Adjustment Program (DCCPAP) Credit - **Code 9046**
For carriers using an approved DCCPAP credit, the premium adjustment resulting from the application of the credit factor to the Manual Premium (after the application of the experience modification) shall be reported under **Code 9046**.
 - (4) Delaware Workplace Safety Program (DWSP) - **Code 9880**
For carriers using an approved DWSP credit, report the premium adjustment resulting from the application of the credit factor to the Manual premium (after application of experience modification) shall be reported under **Code 9880**.
 - (5) Schedule Rating Plan Adjustments
Schedule Rating Plan Adjustments must be applied as a percentage factor applicable to manual premium after application of experience/merit rating but prior to any other credit (i.e., Delaware Safety Committee credit, Delaware Construction Classification Premium Adjustment Program)
Code 9887 Schedule Rating Credit - to be subtracted when calculating standard premium
Code 9889 Schedule Rating Debit - to be added when calculating standard premium
NOTE: USE ONLY POSITIVE VALUES
 - (6) Deductibles- **Code 9663**. When a deductible has been elected, the premium on the policy shall be reduced by the deductible credit factor in accordance with the deductible table Section 1 of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance. Such credit amount shall be reported under **Code 9663**.

- (7) Merit Rating Plan Adjustments - Applicable on lines "D," "E" or "F" (on the paper copy of the unit statistical report) in lieu of experience modification.

Code 9884 - Neutral Adjustment - no credit or debit

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

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

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

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

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

- (2) Expense Constant - **Code 0900**. On each policy where an expense constant has been charged, the amount so charged shall be assigned to **Code 0900** for all industry groups. Do not include the expense constant in the Total Standard Premium.

- (3) Flat Charge Waiver of Subrogation – **Code 9115**. For policies where a flat charge has been levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Do not include the flat charge waiver of subrogation premium in the Total Standard Premium. (See Item B.9.a.(4) of this section.)

- (4) Terrorism - **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.

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

17. Fraudulent Claim Code

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

Code	Description
------	-------------

00	Not Fraudulent
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01	Partially Fraudulent
----	----------------------

02	Fully Fraudulent
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18. Paid Indemnity

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

19. Paid Medical

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

20. Claimant's Attorney Fees Incurred (Optional)

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

21. Employer's Attorney Fees

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

22. Weekly Wage Amount

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

23. Allocated Loss Adjustment Paid (ALAE)

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

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

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

D. Loss Totals**1. Total Number of Claims**

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

2. Total Incurred Indemnity

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

3. Total Incurred Medical

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

4. Total Paid Indemnity

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

5. Total Paid Medical

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

6. Total Claimant's Attorney Fees (Optional)

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

7. Total Employer's Attorney Fees

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

8. Total ALAE Paid

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

9. Total ALAE Incurred (Optional)

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



SECTION III

INDIVIDUAL CASE REPORTS

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

SECTION III - INDIVIDUAL CASE REPORTS**A. Individual Case Reports Rules**

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

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

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

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

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

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

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

a. Temporary Indemnity.

- (1) **Number of Weeks.** Report the number of weeks upon which the temporary indemnity benefits is based.
- (2) **Incurred Loss.** Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all benefits to the injured worker related to temporary loss of earnings due to loss time from work as a result of an injury or disease.

b. Scheduled Indemnity.

- (1) **Percent Disability.** Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. **--**
- (2) **Body Member Code.** Report the 2-digit numeric code corresponding to the part of body on which the benefit is based. Body member codes are to be used only with scheduled indemnity cases. Refer to Section IV for the code list and schedule.
- (3) **Number of Weeks.** Report the number of weeks upon which the scheduled indemnity benefit is based.
- (4) **Incurred Loss.** Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all scheduled benefits. Report dollars only.

c. *Non-Scheduled Indemnity.*

- (1) Percent Disability. Report the percentage upon which the non-scheduled indemnity benefit was determined.
- (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all non-scheduled benefits based on a percentage disability. Report dollars only.

d. *Employers Liability or Other Indemnity.*

- (1) Employers Liability. Report the incurred cost of the claim settled in accordance with Section I, Item L.7. of this Plan.
- (2) Other Indemnity (Excluding Vocational Rehabilitation). Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all wage loss or other benefits (excluding vocational rehabilitation) not included in a., b. or c. Any payments to special funds should be reported in this field. Report dollars only. Identify the type of indemnity reported, i.e., wage loss.

e. *Vocational Rehabilitation Total Incurred.* Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding **Vocational Rehabilitation Indicator** also must be used. See Section IV.

f. *Claimant Legal Expense.* Report the incurred cost of the claim in accordance with Section I, Item L.9. of this Plan.

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

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

5. **Totals**

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

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

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



SECTION IV

CODES

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

SECTION IV - CODES**A. Codes Common to Premium and Losses****1. Report Number and Valuation Date**

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

2. Correction Type

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

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

3. Exposure State

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

4. Policy Type ID Code

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

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
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	Coinurance Only Percent with Per Claim Cost
07	-- Coinurance Percent with Per Claim Amount and Coinurance Limit
08	-- Coinurance Percent with Per Claim Accident Amount and Coinurance Limit
09	Per -- Accident Amount with Per Policy Aggregate Limit
10	Per Claim Amount with Per Policy Aggregate Limit
11	Coinurance 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

Limits of Liability (000's omitted)		Codes
100/100/1,000	--	9803
100/100/5,000	--	9805
100/100/10,000	--	9806
500/500/500	--	9807
500/500/1,000	--	9808
500/500/5,000	--	9810
500/500/10,000	--	9811
1,000/1,000/1,000	--	9812
1,000/1,000/5,000	--	9814
1,000/1,000/10,000	--	9815
Over 1,000/1,000/10,000	--	9816
All Other	--	9837

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**Section IV
CODES**

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

- | | |
|--|----------------------------|
| (2) Amount Required to Balance to Increased Limits Minimum Premium | Code 9848 |
| (3) Additional Premium From Flat Increase on Outstanding Policies | Code 0998 |
| (4) Premium Credit Resulting From Flat Decrease on Outstanding Policies | Code 0994 |
| (5) Deductible Applied to Manual Premium Before Experience Modification | Code 9664 |
| (6) Waiver of Subrogation | Code 0930 |
|
b. Premium Not Subject to Experience Modification -- | |
| -- | -- |
| (1) Seat Surcharge | Code 9108 |
| (2) Short Rate Penalty Premium | Code 0931 |
| (3) Risk Minimum Premium | Code 0990 |
| (4) Optional Supplemental Loadings | -- |
| -- | -- |
| For Class 512 | Code 0175 |
| For Class 513 | Code 0176 |
| For Black Lung Experience | Code 0164 |
| -- | -- |
| For Radiation Experience | Code 9985 |
| (5) Mandatory Supplemental Loadings | -- |
| -- | -- |
| For Class 4771 | Code 0771 |
| -- | -- |
| For Class 7405 | Code 7445 |
| For Class 7413 | Code 7453 |
| (6) Delaware Construction Credit Premium Adjustment Program (DCCPAP) | Code 9046 |
| (7) Delaware Workplace Safety Credit (DWSP) | Code 9880 |
| (8) Assigned Risk Surcharge | Code 0277 |
| (9) Deductible Applied to Manual Premium After Experience Modification Deductible | Code 9663 |
| (10) Merit Rating Plan Adjustment Neutral | Code 9884 |
| (11) Merit Rating Plan Adjustment - 5% Credit Adjustment | Code 9885 |
| (12) Merit Rating Plan Adjustment - 5% Debit Adjustment | Code 9886 |
| (13) Schedule Rating Plan Credit | Code 9887 |
| (14) Schedule Rating Plan Debit | Code 9889 |
|
c. Premium Not Subject to Experience Modification and Not to be Included in Standard Premium (Reported on lines "H", "I" or "J") | |
| (1) Premium Discount | Code 0063/Code 0064 |
| (2) Expense Constant | Code 0900 |
| (3) Waiver of Subrogation – Flat Charge | Code 9115 |
| (4) Terrorism | Code 9740 |
| (5) Catastrophe (other than Certified Acts of Terrorism) | Code 9741 |

C. Loss Information Codes

1. Injury Type

Code	Description
01	Death
02	Permanent Total Disability
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:

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

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

6. **Vocational Rehabilitation Indicator**

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

7. **Lump Sum Indicator**

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

8. **Fraudulent Claim Codes**

Code	Description
00	Not Fraudulent
01	Partial Fraudulent
02	Fully Fraudulent

D. Individual Case Report Codes

1. **Report Number**

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

2. Transaction Type

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

--

3. Status

Code	Description
0	Open Claim
1	Closed Claim

4. Managed Care Organization Type Code

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

5. Surgery Code

Code	Description
1	Surgery
2	No Surgery

6. Attorney Code

Code	Description
2	Attorney involved
3	No Attorney involved

7. Worker's Sex

Code	Description
M	Male
F	Female

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

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

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

9. Reserve Type

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

10. Lump Sum Indicator

Indicator	Description
Y	Lump Sum
N	Other than Lump Sum

11. Fraudulent Claim Code

Code	Description
00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

12. Employment Status

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

13. Beneficiary Code

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

Injury Description Coding
Part of Body

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

Injury Description Coding

Part of Body

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

Injury Description Coding
Part of Body

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

Injury Description Coding
Nature of Injury

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

Injury Description Coding
Nature of Injury

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

Injury Description Coding**Nature of Injury**

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

Injury Description Coding

Nature of Injury

Code	Narrative Description
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

Injury Description Coding

Cause of Injury

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

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

Injury Description Coding

Cause of Injury

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

Injury Description Coding
Cause of Injury

Code	Narrative Description
80. Object Handled By Others	Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC.	Not otherwise classified in any other code. Includes kicked, stabbed, bitten.
85. Animal or Insect	Includes bite, sting or allergic reaction.
86. Explosion or Flare Back	Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature.
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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.

Injury Description Coding

Cause of Injury

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

* Intentionally left blank.

SCHEDULED INDEMNITY - MAXIMUM WEEKS

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



SECTION V

TABLES

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section V

Tables

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

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

*1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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Section V

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

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

*1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

Age at Widowhood (X)	\bar{a} [x]	\bar{a} [x]+1	\bar{a} [x]+2	\bar{a} [x]+3	\bar{a} [x]+4	\bar{a} [x]+5	Attained Age** (X+5)
106	1.584	1.433	1.250	0.955	0.500		111
107	1.433	1.250	0.955	0.500			112
108	1.250	0.955	0.500				113
109	0.955	0.500					114
110	0.500						115

*1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

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TABLE II-A
Present Value of Remarriage Dowry*

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

*1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

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

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

*1999 United States Life Table for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

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

*1999 United States Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

*1999 United States Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

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

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

*1999 United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

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

*1999 United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

Age at Widowhood (X)	\bar{a} [x]	\bar{a} [x]+1	\bar{a} [x]+2	\bar{a} [x]+3	\bar{a} [x]+4	\bar{a} [x]+5	Attained Age** (X+5)
106	1.662	1.487	1.275	0.964	0.500		111
107	1.487	1.275	0.964	0.500			112
108	1.275	0.964	0.500				113
109	0.964	0.500					114
110	0.500						115

*1999 United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT**Table USLH-II-B****Present Value of Remarriage Dowry***

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

*1999 United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

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

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

*1999 United States Life Tables for Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Tables

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

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

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

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UNITED STATES LONGSHORE & HARBOR WORKERS ACT

Table USLH-III-F-C

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

Female

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

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section V

Tables

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

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

*1999 United States Life Tables for Total Population and Female Population

Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

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

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

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

Annual Rate of Escalation applied after claimant's death = 4.0%

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

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Section V

Tables

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

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

*1999 United States Life Tables for Total Population and Female Population

Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

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

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

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

Annual Rate of Escalation applied after claimant's death = 4.0%

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

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SECTION VI

EXAMPLES

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

SECTION VI - EXAMPLES

Section VI contains **examples** of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the **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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				99998	WC4444			01/01/09		01/01/10		07																
Insured's Name: PDQ Refining Company															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
11/01/08		11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION																												
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																					Act	Type	Recv	Clm	Settl			
		R	01	0581	110486	6.99		7723	R	15000	04/22/09			125083		900		0581	09	0	01 01 01 01 00					07	00	00
		R	01	0951	75008	.96		720		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		R	01	0953	12850	.49		63		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
S U B J E C T	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R	01	9664				332	R	15001	05/02/09			9000		3000		0581	09	0	01	01	01	01	00	07	00	00
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
N O T S B J	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R						8174	R	15002	06/25/09			1500		250		0581	09	0	01	01	01	01	00	07	00	00
		R						1.080		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
A F T E R S T D	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R						8828	R	15003	07/09/09			350		150		0581	05	1	01	01	01	01	00	07	00	00
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
G.		Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
					40		R	15004	09/18/09			360		160		0581	05	1	01	01	01	01	00	07	00	00		
	H.	006_	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
	J.	9740		.02	40			LOSS TOTALS																				
	K.						Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
	L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred									

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				99998	WC4444		01/01/09		01/01/10		07																	
Insured's Name: : PDQ Refining Company														F.E.I.N. →123456789				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION																												
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
	R	01	0581	129040	6.99	9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	0951	80950	.96	777		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	01	0953	15010	.49	74		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	01	9664			385		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
SUBJECT	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
NOT SUBJ	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		D.					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		E.					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
		F.					Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
AFTER STD	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		423344		19832																								
		H.	006_	Premium Discount Amount			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		I.	0900	Expense Constant Amount			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	R	J.	9740		.02	45	LOSS TOTALS																					
	R	K.	9741		.01	23	Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
	L.					Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred												
						15000								12500		4235												

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																																																			
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																																					
01	01	E		99998	WC4444	01/01/09	01/01/10	07																																											
Insured's Name: : PDQ Refining Company										F.E.I.N. →123456789					Pending File No.																																				
Insured's Address:										T.P.E / F.E.I.N. →																																									
Mod. Effective Date	Rate Effective Date			Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use																														
11/01/08	11/01/08			3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000																																		
EXPOSURE INFORMATION																										LOSS INFORMATION																									
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type																								
																				Act	Type	Recv	Clm	Settl																											
	P	01	0581	110486	6.99	7723		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical																												
	R	01	0581	120486	6.99	8422		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																														
	P	01	9664			332		Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type																								
	R	01	9664			359		Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																							
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																														
								Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type																								
								Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																							
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																														
A F T E R S T D	A. Total Subject Premium				8846			Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type																								
	B. Experience Mod (XX.XXX)				1.080			Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																							
	C. Total Modified Premium				9554			Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																														
								Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type																								
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump				Fraud	Deduct.	Paid Indemnity						Paid Medical																							
							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																															
							Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type																									
							Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																								
							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																															
G.				Total Standard Exposure		Total Standard Premium			Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type																							
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud				Deduct.	Paid Indemnity			Paid Medical																										
							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred																															
LOSS TOTALS																																																			
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical																							
Tot. Claimant's Attnry. Fees								Tot. Employer's Attnry. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred																											

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No								
01	01	E		99998	WC4444		01/01/09		01/01/10		07																				
Insured's Name: PDQ Refining Company															F.E.I.N. →123456789					Pending File No.											
Insured's Address:															T.P.E / F.E.I.N. →																
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03 01		1000														
EXPOSURE INFORMATION																															
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
																			Act	Type	Recv	Clm	Settl								
	P	01	0581	129040	6.99	9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
	R	01	0581	119040	6.99	8321		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	P	01	9664			385		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	01	9664			358		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
A. Total Subject Premium						8814		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
							Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical				
	R					1.160		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
						10224		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
N O T S B J								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	D.						Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical				
	E.							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
G.				Total Standard Exposure		Total Standard Premium		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
			423344		19778		Case Number		Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical				
		H.	006__	Premium Discount Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
		J.	9740		.02	45		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
	P	J.	9740		.02	45		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	K.	9740		.02	43		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	L.	9741		.01	22		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attnry. Fees								Tot. Employer's Attnry. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred							

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".

UNIT STATISTICAL REPORT

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

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No								
01				12345	WC14579		01/01/09		01/01/10		07																				
Insured's Name: ABC, Inc.															F.E.I.N. →123456789					Pending File No.											
Insured's Address:															T.P.E / F.E.I.N. →																
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																	
				N	Y		N	N	N	N		01	01	01	03	02		1000													
EXPOSURE INFORMATION														LOSS INFORMATION																	
CODES SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
																			Act	Type	Recv	Clm	Settl								
	R	01	0928	155121	3.68	5708		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	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											
	R	01	0952	111599	1.89	2109		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	01	0953	58493	.49	287		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	D.	9663			340		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
		E.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
AFTER STD	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	J.	9740		.02	101		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	K.	9741		.01	51		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred							

Example 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

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

Page 7

Section VI

EXAMPLES

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

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

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

3) Annual Premiums

a) Rated

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

b) Non-rated

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

4) Short Rate Percentage 6 months = .60

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

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

UNIT STATISTICAL REPORT

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

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				19872	WC2795461	01/01/09	01/01/10	07																			
Insured's Name: FBA Company											F.E.I.N. → 123456789				Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
			3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
			N	N		N	Y	N	N		01	01	01														
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
		R	01	7405	82351	55.37		45598																			
S U B J E C T	Upd Type	R	01	0953	1587	.49	8		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
N O T S B J	Upd Type								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
G.	Upd Type	A. Total Subject Premium				45606		Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R	B. Experience Mod (XX.XXX)				0.915		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
			C. Total Modified Premium				41729		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
A F T E R S T D	Upd Type								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
		Total Standard Exposure				Total Standard Premium		Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R	H.	0064	Premium Discount Amount	1636		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	I.	0900	Expense Constant Amount	210		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
		R	J.	9740		.02	17	LOSS TOTALS																			
R	Upd Type	R	K.	9741		.01	8		Reserved For Future Use	Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical		
									Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees			Reserved For Future Use						Total ALAE Paid			Total ALAE Incurred					

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 non-ratable 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				16928	97523A		01/01/09		01/01/10		07																
Insured's Name: GEE Corp														F.E.I.N. → 123456789				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
				N	Y		N	N	N	N		01	01	01													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
		R	01	0512	258870	55.37		143336		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S B J	Upd Type	A. Total Subject Premium				143343	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R B. Experience Mod (XX.XXX)				0.915			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		C. Total Modified Premium				131159			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	D.	0175	258870	.59		1527		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
			E.							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	G.				Total Standard Exposure 260198	Total Standard Premium 132686	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		H. 006_				Premium Discount Amount			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I. 0900				Expense Constant Amount			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	J.	9740		.02	52			LOSS TOTALS																	
		R	K.	9741		.01	26			Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical					
	L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred								

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

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				94999	WC54321		07/01/09		07/01/10		07																	
Insured's Name: PAZ Industries Corporation														F.E.I.N. → 123456789				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
				N	N		N	Y	N	N		01	01	01														
EXPOSURE INFORMATION												LOSS INFORMATION																
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl				
	R	01	0101	1214435	6.91	83917	R	46096		07/28/09			181500		7027		0101	09	0	01	01	01	01	00		00	00	
	R	01	0951	675210	.96	6482		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	R	01	0953	20800	.49	102		Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								46114		08/05/09			1323		137					0101	05	1	01	01				01
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
								Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
							46122		10/01/09			273743		13000		0101				02	0	01	01	01				01
	R						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
							C. Total Modified Premium											ALAE Paid			ALAE Incurred							
N O T S B J	R	D.	9880		.05	7331		Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		F.						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
A F T E R S T D	G.			Total Standard Exposure		Total Standard Premium			Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
				1910445		139281																						
		H.	006_	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
	R	J.	9740		.02	382		LOSS TOTALS																				
	R	K.	9741		.01	191		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
		L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred									
								35000								20000												

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EXAMPLES

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

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

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$459) = \306

Present Value of \$1 @ Age 53 = 15.948 {Table III-M-A}

$\$306 \times 52 \times 15.948 = \$253,765$

Indemnity Paid to Valuation

Date - $65.286 \times 306 = 19,978$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 46122		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME PAZ Industries Corporation							ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 04 01 57		SURG CODE 1	ATTNY CODE* 3
WORKER LAST NAME Jones	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP 00	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR 09 01 80			
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							1	04	01	57	Paid to valuation date					
											65.286 x 306 = 19978					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future Payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 15.948 = 253765					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				19978					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				253765						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				273743						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				13000						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				20871						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				6000						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 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.

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EXAMPLES

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

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

Type - USL & HW-Trauma	Date of Accident - 10/01/09
Average Weekly Wage - \$459	Date of Birth - 03/15/45
Effective Date - 07/01/09	Employee's age @ Valuation Date - 66 (sex - M)
Date of Valuation - 01/01/11	Loss Conditions - 02/01/01/01/00
1st Level Report - Open	

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

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

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.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corporation						ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* → 42	PART 49	NATURE 56	CAUSE	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →				DATE OF HIRE →	MO	DAY	YR	
BENEFITS OTHER THAN PENSION							PENSION BENEFITS								
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY							1	03	15	45	Paid to valuation date				
											65.286 x 306 = 19978				
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 16.150 = 256979				
5. VOCATIONAL REHABILITATION TOTAL INCURRED															
6. CLAIMANT LEGAL EXPENSE						7. PENSION INDEM. PAID TO VAL. DATE				19978					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				256979					
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				276957					
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				25000					
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				8008					
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				15000					
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 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, $^a[x] + 1$ Value

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

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0244

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

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/11 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,434$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789749	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corporation						ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09		DATE REPORTED MO DAY YR 08 01 09		DATE OF BIRTH MO DAY YR 07 25 44		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →		DATE OF HIRE →		MO	DAY	YR		
BENEFITS OTHER THAN PENSION							PENSION BENEFITS								
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY							2	05	01	44	Paid to valuation date				
											74 x 316.68 = 234.34				
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											316.68 x 52 x 12.611 = 207670				
5. VOCATIONAL REHABILITATION TOTAL INCURRED															
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				23434				
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				207670					
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500					
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				804					
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				235408					
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				0					
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				13346					
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0					
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 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.

!

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.

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EXAMPLES

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) $\times \$306 = \$35,933$

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTN CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							1	03	15	45	Paid to valuation date					
											117.429 x 306.00 = 35933					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 15.430 = 245522					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				35933					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				245522						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				281455						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				27500						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				18715						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				20000						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

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EXAMPLES

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 \times 104 \times .0195 = \642

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks

$(126.143 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 00	MCO TYPE 00
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09		DATE REPORTED MO DAY YR 08 01 09		DATE OF BIRTH MO DAY YR 07 25 44		SURG CODE	ATTN CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Shup Builder				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 01 01 80							
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							2	05	01	44	Paid to valuation date					
											126.143 x 316.68 = 39947					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											316.68 x 52 x 12.290 = 202384					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				39947					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				202384						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500						
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				642						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM..(SUM 1-11)				246473						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				22786						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 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

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				99622	198265	07/01/09	07/01/10	07																
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789			Pending File No.										
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
N	Y		Y	N	N	N		01	01	01														
EXPOSURE INFORMATION															LOSS INFORMATION									
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
									Act	Type	Recv						Clm	Settl						
R	02	0655	120000	19.92	23904	R	845	02/01/10			696968	25000	0655	02	0		02	01	01	01	00	07	00	00
S U B J E C T	R	01	0655	1000000	12.61	126100		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								40	28	25	Iron Worker			N		00		17201			12000			
	R	01	0951	95000	.96	912		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
S U B J E C T	R	01	0953	105000	.49	515	R	896	03/01/10			600	350	0655	05	1		01	01	01	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								38	37	59				N		00		600			350			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
N O T S B J							R	897	03/15/10			750	800	0655	05	1		01	01	01	00	00	00	
	R							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								31	28	26				N		00		750			800			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
S U B J		D.					R	898	04/11/10			250		0953	06	1		01	01	01	00	00	00	
		E.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19								250						
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
	R	H.	0063	Premium Discount Amount	12065			Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
	R	I.	0900	Expense Constant Amount	270																			
	R	J.	9740		.01	132																		
S T D	R	K.	9741		.01	132																		
		L.																						
LOSS TOTALS																								
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical						
4								698318		26400				18551		13400								
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred										
50000												25000												

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section VI

EXAMPLES

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

Present Value of Future Payments

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

Present Value of \$1 = 31.954

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

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

Benefits

Present Value of Benefits = 9.782

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

Indemnity to Valuation Date Benefits Paid from 02/01/10 to 01/01/11 - 334 days / 7 = 47.714 Wks

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0655	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 99622	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 845		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00			
INSURED NAME Doelron Erections, Inc.							ACC. DATE MO DAY YR 02 01 10			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 10			DATE OF BIRTH MO DAY YR 05 01 62			SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe	WORKERS SEX M	AVG. WEEKLY WAGE 500	INJURY DESC. CODE* →		PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET		
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO 01	DAY 01	YR 80				
BENEFITS OTHER THAN PENSION								PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY								1	05	01	62	Paid to valuation date								
								2	07	01	64	47.714 x 333.35 = 15905								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												(333.35 x 52 x 31.954) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED												(250.00 x 52 x 9.782) = 681063								
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					15905							
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID												
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					681063							
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE												
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE												
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					696968							
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					25000							
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					17201							
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					12000							
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.												

*SEE MANUAL FOR CODING

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				99998	WC12345		01/01/09																				
01	01	H		99998	WC54321		01/01/09		01/01/10		07																
Insured's Name: ABC Corp														F.E.I.N. →				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier	For Carrier Use	For Bureau Use				
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
A F T E R S T D	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A. Total Subject Premium																											
B. Experience Mod (XX.XXX)																											
C. Total Modified Premium																											
N O T S B J	Upd Type	D.					Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
G.	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
Total Standard Exposure																											
Total Standard Premium																											
A F T E R S T D	Upd Type	H.	006_	Premium Discount Amount			Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
		I.	0900	Expense Constant Amount																							
LOSS TOTALS																											
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred													

Example 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 1st level total corrections.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
02	04	T		99998	WC54321		01/01/09		01/01/10		07																
Insured's Name:														F.E.I.N. →				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A. Total Subject Premium	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
B. Experience Mod (XX.XXX)	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
C. Total Modified Premium	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
D.	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
E.	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
F.	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
G.	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
H. 006_	Upd Type	Premium Discount Amount				Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
I. 0900	Upd Type	Expense Constant Amount				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
J.	Upd Type					Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
K.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
L.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
LOSS TOTALS																											
Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical															
14		136033		7000		35471		6775																			
Tot. Claimant's Attnry.		Tot. Employer's Attnry. F		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred																			
15000						12500																					

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.

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

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01	01	M		99999	WC12345		12/20/95		12/20/96		07																	
Insured's Name: ABC Corp.														F.E.I.N. →				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S S U B J E C T	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl				
	P	11	0953	175485	.49	860	P	23456		02/05/96					1000		0951	06	1	11								
	R	11	0953	233945	.49	1146		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R						R	23456		02/05/96					1565					0951	06	1	11					
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	N O T S B J		D.					Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
						P																						
		E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		F.						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
A F T E R S T D	G.			Total Standard Exposure		Total Standard Premium		Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
				317313		1654		R																				
		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	J.						LOSS TOTALS																					
	K.						Reserved For Future Use		Total No. Claims			Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use			Total Paid Indemnity			Total Paid Medical						
	L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred										

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.

!

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.

POLICY INFORMATION

USR FORM - 6/1/13

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				12345	1234567		12/01/08		12/01/09		07																		
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.									
Insured's Address:															T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
10/01/08		10/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000												
EXPOSURE INFORMATION														LOSS INFORMATION															
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																				Act	Type	Recv	Clm	Settl					
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	S U B J E C T	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
N O T S B J		Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	A F T E R S T D	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
G.		Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	LOSS TOTALS	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
LOSS TOTALS																													
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical											
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use								Total ALAE Paid		Total ALAE Incurred									

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No					
01				12345	1234567		12/01/08		12/01/09		07																	
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
10/01/09		10/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																			Act	Type	Recv	Clm	Settl					
	R	01	0609	6600	10.04	663		Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	R	01	4771	11550	4.15	479		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	S U B J E C T	R	01	0951	1650	.85	14		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
R		01	0953	1650	.43	21		Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R		02	6843	9900	10.16	1006		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
A F F I L I A T E S	A. Total Subject Premium							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	B. Experience Mod (XX.XXX)							Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
C. Total Modified Premium							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
N O T S U B J	R	D.	0771	11550	1.03	119		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	E.	9887		.25	684		Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
R	F.	9046		.22	451		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
G.				Total Standard Exposure		Total Standard Premium			Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A F F I L I A T E S	H.	006_	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	J.							LOSS TOTALS																				
	K.							Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
	L.							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred									

POLICY INFORMATION

USR FORM -6/1/13

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section VI

EXAMPLES

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 x (\$378) = \$252.01

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

\$252.01 x 52 x 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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08			CLAIM NO. 3214		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00			
INSURED NAME 123, Inc.								ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42			SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer					DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO	DAY	YR					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS													
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR												
2. SCHEDULED INDEMNITY								2	05	09	43	Paid to valuation date									
												58.143 x 252.01 = 14653									
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												252.01 x 52 x 12.290 = 161055									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					14653								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					161055								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					511								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					179719								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					5000								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					14653								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					2000								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

*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.

!

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

POLICY INFORMATION																																	
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																			
02				12345	1234567	12/01/08	12/01/09	07																									
Insured's Name: 123 Inc.										F.E.I.N. → 123456789			Pending File No.																				
Insured's Address:										T.P.E / F.E.I.N. →																							
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use														
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																							
N	Y		Y	N	N	N		01	01	01	03	01			1000																		
EXPOSURE INFORMATION															LOSS INFORMATION																		
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type									
								1234	02/13/09	2000	1500	0609	05	0	Act	Type	Recv	Cm	Settl	00	00	00											
															01	01	01	01	00														
															Paid Indemnity								Paid Medical										
															1000								1000										
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																	
40	28	25				N		00		1000					1000																		
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type									
								1234	02/13/09	1000	1000	0609	05	1	01	01	01	01	00	00	00	00											
															01	01	01	01	00														
															Paid Indemnity								Paid Medical										
															1000								1000										
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																	
40	28	25				N		00		1000					1000																		
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type									
								3214	04/20/09	179719	5000	4771	01	0	01	01	01	01	00	00	00	00											
															01	01	01	01	00														
															Paid Indemnity								Paid Medical										
															14653								2000										
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																	
44	03	99	Laborer			N		00		14653					2000																		
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
G.	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type									
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00	00											
															01	01	01	01	00														
															Paid Indemnity								Paid Medical										
															22087								5500										
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical																	
44	03	99	Laborer			N		00		22087					5500																		
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical									
																											Paid Indemnity					Paid Medical	
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred																				
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	LOSS TOTALS																									
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical																			
									4	190893	11000		24587	9000																			
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred																	

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section VI

EXAMPLES

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 x (\$378) = \$252.01

Present Value of \$1 = 11.958 - Widowhood at age 65, $a[x] + 3$ Value

\$252.01 x 52 x 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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08		CLAIM NO. 3214		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00			
INSURED NAME 123, Inc.							ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42		SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →	PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							2	05	09	43	Paid to valuation date								
											110.286 x 252.01 = 27793								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											252.01 x 52 x 11.958 = 156704								
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				27793								
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				156704									
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500									
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				396									
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				188393									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				7500									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				22087									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				5500									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

*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

POLICY INFORMATION																																				
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																						
01				99998	111222	07/01/09	07/01/10	07																												
Insured's Name: Bob's Roofing											F.E.I.N. → 123456789				Pending File No.																					
Insured's Address:											T.P.E / F.E.I.N. →																									
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use																
	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																									
	N	N		N	N	N	N		01	01	01																									
EXPOSURE INFORMATION														LOSS INFORMATION																						
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type										
								Act	Type	Recv	Clm	Settl																								
	R	01	0659	98076	41.13	40339	R	68235	11/01/09			195196		500		0659	01	0	01	01	01	01	00	00	00											
	R	01	9807			766		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical														
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred															
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
								Case Number	Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred															
	N O T S B J		D.				Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
													Case Number	Part	Nature				Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
													Claimant's Attorney Fees	Employer's Attorney Fees					Deductible Reimbursement			Weekly Wage					ALAE Paid			ALAE Incurred						
G.			Total Standard Exposure	98076	Total Standard Premium	40694	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
														Case Number	Part				Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
														Claimant's Attorney Fees	Employer's Attorney Fees				Deductible Reimbursement			Weekly Wage					ALAE Paid			ALAE Incurred						
A F T E R S T D		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical														
														Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred									
								LOSS TOTALS																												
								R	J.	9740		.01	10		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical															
R	K.	9741		.01	10		1	195196	500	6799	500																									
	L.						Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred																					

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section VI

EXAMPLES

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 = $\$196.68 \times 104 \times .2114 = \$4,324$

4) Indemnity Paid to Valuation Date

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

No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks

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

5) Funeral Allowance = \$3,500

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0659	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 99998	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 111222		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 68235		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00			
INSURED NAME Bob's Roofing							ACC. DATE MO DAY YR 11 01 09			DATE OF DEATH MO DAY YR 11 01 09			DATE REPORTED MO DAY YR 11 01 09			DATE OF BIRTH MO DAY YR 12 01 59		SURG CODE	ATTN CODE*
WORKER LAST NAME Harris	WORKERS SEX M	AVG. WEEKLY WAGE 295	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							2	09	01	70	Paid to valuation date								
							4	12	01	93	60.857 x 206.50 = 12567								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX			4	05	01	95	Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											(196.68 x 52 x 17.046 = 174336) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED											(9.82 x 47.714) = 174805								
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				12567								
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				174805									
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500									
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				4324									
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				195196									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				500									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				6799									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				500									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

Example 19 - Merit Rating

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				12345	123456789		01/01/09		01/01/10		07																
Insured's Name: Dee's Electric														F.E.I.N. → 123456789				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
01/01/09		01/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00											
EXPOSURE INFORMATION																											
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																			Act	Type	Recv	Clm	Settl				
	R	01	0661	40000	5.71	2284																					
	R	01	9807			43		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
S U B J E C T	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
	A. Total Subject Premium					2327	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	B. Experience Mod (XX.XXX)							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	C. Total Modified Premium							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S B J	R	D.	9885		.05	116	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		F.						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
G.			Total Standard Exposure			Total Standard Premium	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
			40000			2211		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
A F T E R S T D	H.	006_	Premium Discount Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
	R	I.	0900	Expense Constant Amount			160																				
	R	J.	9740		.01	4	LOSS TOTALS																				
	R	K.	9741		.01	4																					
		L.																									
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
Tot. Claimant's Attnry. Fees								Tot. Employer's Attnry. Fees		Reserved For Future Use								Total ALAE Paid		Total ALAE Incurred							

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.

UNIT STATISTICAL REPORT

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

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				00200	WC123456789	12/01/08	12/01/09	07																			
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789				Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
11/01/08	11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000											
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																		Act	Type	Recv	Clm	Settl					
	R	01	0665	255000	7.84	19992		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	0953	48000	.24	115		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	R	01	9664			3277		Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
S U B J E C T	Upd. Type						Upd. Type	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
							Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	Upd. Type	A. Total Subject Premium				16830	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	B. Experience Mod (XX.XXX)					0.930	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		C. Total Modified Premium				15652		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S B J	Upd. Type	R	D.	9887	.25	3913	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	E.	9880	.10	1174		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	F.	9046	.25	2935		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
A F T E R S T D	Upd. Type	G.					Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	H.	0063	Premium Discount Amount	261		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	I.	0900	Expense Constant Amount	119		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
		LOSS TOTALS																									
		Reserved For Future Use				Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use				Total Paid Indemnity				Total Paid Medical							
		Tot. Claimant's Attny. Fees				Tot. Employer's Attny. Fees				Reserved For Future Use				Total ALAE Paid				Total ALAE Incurred									

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No					
01				00200	WC123456789		12/01/08		12/01/09		07																	
Insured's Name: A. B. C. Inc.															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000											
EXPOSURE INFORMATION																												
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
		R	01	0665	255000	7.54		19227		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		R	01	0953	48000	.20		96		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	01	9664				2126		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
A F T E R S T D	Upd Type	A. Total Subject Premium				17197	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		R	B. Experience Mod (XX.XXX)					0.953	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
			C. Total Modified Premium					16389	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
		R	D.	9887		.25		4097	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		R	E.	9046		.30		3688	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
G.	Upd Type	Total Standard Exposure				Total Standard Premium	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		606000				16234		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	H.	0063	Premium Discount Amount			90	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
		R	I.	0900	Expense Constant Amount			41	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		R	J.	9740		.01		30	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
L.	Upd Type	LOSS TOTALS				Upd Type	Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
		Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees			Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred															



SECTION VII

GLOSSARY OF TERMS

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

SECTION VII -- GLOSSARY**Bureau Data Card**

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

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

Bureau Loss Costs

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

Bureau Rating Values

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

Carrier Rate

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

Carrier Rating Value

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

Contract Medical

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

Correction Report

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

Cumulative Injury

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

Employers Liability

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

Expense Constant

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

Experience Modification

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

Rated Risk

A risk which has an experience modification.

Non-Rated Risk

A risk which has no experience modification.

Exposure

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

Loss Constant

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

Loss Cost

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

Loss Ratio

The ratio of losses to premiums.

Man-Year

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

Merit Rating

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

Minimum Premium

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

Non-Rateable Element

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

Occupational Disease

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

Per Capita Classification

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

Premium Discount

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

Provision for Claim Payment

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

Rating Value

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

Reinsurance

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

Scheduled Indemnity

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

Second Injury Fund

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

Schedule Rating Plan

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

Subrogation

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

Subsequent Report

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

Supplemental Non-Rateable Loading

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

Vocational Rehabilitation

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

Voluntary Compensation Insurance

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



SECTION VIII

SAMPLE FORMS

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

SECTION VIII - SAMPLE FORMS

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

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.

Insured's Name:

Insured's Address:

F.E.L.N.

Pending File No.

Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct.		Deduct.	Deductible Amount Per	Deductible Amount	Reserved	For Carrier Use	For Bureau Use
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	Type 1 2	Percent	Claim/Accident	Aggregate			

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
														Act	Type	Recov	Cov	Settl					
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
														Act	Type	Recov	Cov	Settl					
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
														Act	Type	Recov	Cov	Settl					
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
														Act	Type	Recov	Cov	Settl					
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							LOSS TOTALS																
							Reserved for Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred						

SUPPLEMENTAL LOSS REPORT

														Pending File No.			Page No		Last Page No.							
Report No.		Corr. No.		Corr. Type		Replace Rpt. Ind.		Carrier Code		Policy Number				Policy Effective Date			Policy Expiration Date			Expos. State						
Insured's Name:															F.E.I.N.			Card Serial No.								
Insured's Address:																										
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
Upd Typ	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code		Injury		Status		Loss Conditions					Jurisdic State		Cat. No.		MCO Type		
															Act		Type		Recov		Cov		Settl			
	Social Security Number		Part		Nature		Cause		Occupation Description				Voc.		Lump		Fraud		Deduct		Paid Indemnity			Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid			ALAE Incurred								
LOSS TOTALS																										
Reverse for Future Use		Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved for Future Use				Total Paid Indemnity				Total Paid Medical				
Total Claimant's Attorney Fees		Total Employer's Attorney Fees				Reserved for Future Use										Total ALAE Paid				Total ALAE Incurred						

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

*SEE REVERSE FOR CODING

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

Transmittal No. _____

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

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

Signature and Title _____ Date _____

Carrier Name _____ Group Code _____

Address _____ No. of Reports Included: _____

_____ No. of Cards Included: _____

Check One Submission and Complete the Following:

☐ 1. By State: State Name _____ State Code _____ Report Type _____

☐ 2. Effective Month: _____

☐ 3. Underground Coal Mine From Serial # _____ to Serial # _____

☐ 4. Interstate Specials (MA, MN, NY, TX)

NCCI--RECEIPT OF UNIT REPORTS

No. of Reports Received _____ Received By _____

No. of Cards Received _____

DATE RECEIVED

SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES

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

CARRIER _____ CARRIER NO. _____

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

B. EXPOSURE TOTALS

1. PAYROLL _____

2. PER CAPITA _____

3. OTHER _____

C. STD. EARNED PREM. _____

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



SECTION IX

ELECTRONIC SUBMISSION

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

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Delaware has adopted the WCIO Electronic Data Interchange (EDI) Committee's changes to WCSTAT. The 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 Manual can be found on the WCIO website at www.wcio.org.



SECTION X

PREMIUM ALGORITHM

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

SECTION X - 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.

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section X

PREMIUM ALGORITHM

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	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: June 1, 2013

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Section X

PREMIUM ALGORITHM

Premium Calculation Algorithm

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



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

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:

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 not provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover or, limit ~~or exclude~~ 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 after ~~before~~ 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	70% <u>0.1%</u>
9804	100/100/2,500	1.20%
9805	100 / 100 / 5,000	4.70% <u>0.5%</u>
9806	100 / 100 / 10,000	2.40% <u>1.0%</u>
9807	500 / 500 / 500	4.90% <u>0.8%</u>
9808	500 / 500 / 1,000	2.20% <u>0.9%</u>
9809	500/500/2,500	2.70%
9810	500 / 500 / 5,000	3.20% <u>1.3%</u>
9811	500 / 500 / 10,000	3.90% <u>1.8%</u>
9812	1,000 / 1,000 / 1,000	3.30% <u>1.1%</u>
9813	1,000/1000,2,500	3.80%
9814	1,000 / 1,000 / 5,000	4.40% <u>1.5%</u>
9815	1,000 / 1,000 / 10,000	5.00% <u>2.0%</u>
9816	Over 1,000 / 1,000 / 10,000	(a)
<u>9837</u>	<u>All other</u>	<u>Refer to Table 1</u>
	<u>(a) Apply to DCRB for higher limit charges.</u>	

Table 1

	<u>Loss Limits</u>	<u>Minimum * Premiums</u>	<u>500</u>	<u>1,000</u>	<u>2,000</u>	<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>
<u>Bodily</u>													
<u>Injury by</u>	<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>
<u>Accident</u>	<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>
<u>Each</u>	<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>
<u>Accident</u>	<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>
<u>Limit and</u>	<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>
<u>Bodily</u>	<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>
<u>Injury by</u>	<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>
<u>Disease</u>	<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>
<u>Each</u>	<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>
<u>Employee</u>	<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>	<u>6,000</u>		-	-	-	-	-	-	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>
<u>(\$000</u>	<u>7,000</u>		-	-	-	-	-	-	-	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>	<u>2.70%</u>
<u>Omitted)</u>	<u>8,000</u>		-	-	-	-	-	-	-	-	<u>2.60%</u>	<u>2.70%</u>	<u>2.80%</u>
<u>-</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/\$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.

(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 ~~V~~voluntary ~~C~~ompensation insurance may be increased.
- (b) The premium for the increased limits shall be determined ~~by using on the basis of~~ the Table factors in Rule A.2. b. the following table:

Limit of Liability	Factor
000s omitted	
100 / 100 / 1,000	1.053
100 / 100 / 2,500	1.127
100 / 100 / 5,000	1.225
100 / 100 / 10,000	1.284
500 / 500 / 500	1.186
500 / 500 / 1,000	1.206
500 / 500 / 2,500	1.286
500 / 500 / 5,000	1.368
500 / 500 / 10,000	1.424
1,000 / 1,000 / 1,000	1.280
1,000 / 1,000 / 2,500	1.357
1,000 / 1,000 / 5,000	1.436
1,000 / 1,000 / 10,000	1.509
Over 1,000 / 1,000 / 10,000	(a)
(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.

No Change

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	No Change
B. Coverage	No Change
	No Change

~~G. 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 bcampbell@dcrb.com.

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)

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 bpiacentino@dcrb.com.

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

Timothy L. Wisecarver
President

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

DELAWARE STATISTICAL PLAN MANUAL CHANGES

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

All Other Changes
Optional Effective June 1, 2013
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SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the **Delaware Compensation Rating Bureau Inc., The Widener United Plaza Building, 6th Floor Suite 1500, One South Penn Square 30 South 17th Street, Philadelphia, PA 19107-19103-35774077.**

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 plan Plan).

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 ~~Coverage~~ Claim

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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.~~

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SECTION II – REPORTING REQUIREMENTS

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 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 indicator or code for each policy condition ~~which is indicated by a "Y" in the appropriate box for each condition~~ that applies: three-year fixed rate indicator, multistate policy indicator, estimated ~~exposure indicator~~ audit code, 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 s that identify ies the type of deductible being reported.

First Two Positions Losses Subject to Deductible Code

Code Description

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

Second Two Positions Basis 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 <u>Percent with Per Claim Limit</u>
07	Benefits Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	Per Accident Coinsurance <u>Percent with Per Accident Amount and Coinsurance Limit</u>
09	Per Policy & Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per</u> Policy Aggregate <u>Limit</u>
11	Coinsurance Percent With <u>Per</u> Claim <u>Amount Limit</u> and <u>Per</u> Policy Aggregate Limits
12	Variable

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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 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.

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, 0176~~**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, 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
4771	Manufacturing of Explosives or Ammunition	0771
4773	Manufacturing of high explosives	0773
4774	Manufacturing of high explosives	0774
4775	Handling of explosives or mixing of fulminate	0775
4776	Handling of explosives or mixing of fulminate	0776
4779	Mixing and/or loading of charges	0779
7323	Stevedoring -- handling of ammunition	0763
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

Items Number **5 through 10** remain unchanged.

C. Loss Information

Item Number **1** remains unchanged.

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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. Numbers 48 or 87, 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, 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(e)~~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.

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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	<u>Federal Coal Mine Health and Safety Act Only</u>
04	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

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. 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.~~

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**.

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16. Lump Sum Indicator

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

<u>Indicator</u>	<u>Description</u>
------------------	--------------------

<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
----------	---

<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>
----------	--

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.~~

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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 **l.** remains unchanged.

- m. *Claim Status Code.* Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.

Item **n.** remains unchanged.

- o. *Loss Conditions Codes.* ~~This-These~~ fields ~~is-are~~ not required since the information is on the Unit Statistical Report. However, if reported, ~~this-these entry-entries~~ should be identical with the ~~entry-entries~~ 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.

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~~z~~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.

~~aa.~~ *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the ~~three~~ 62-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.**

~~gghh.~~ *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.~~

~~hhij.~~ *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.*

- (1) *Percent Disability.* Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. ~~In Delaware, the percentage MUST be 100.~~

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 condition~~ Vocational 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.

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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 Percent with Per Claim Cost
- 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 the unit report are estimated.

"N" = Exposures expressed on the unit report are the result of the 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.

Items e. through g. remain unchanged.

B. Exposure Information Codes

Item Number 1 remains unchanged.

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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	1.70%	9803
<u>100/100/2,500</u>	<u>1.20%</u>	<u>9804</u>
100/100/5,000	<u>1.70%</u>	9805
100/100/10,000	<u>2.40%</u>	9806
500/500/500	<u>1.90%</u>	9807
500/500/1,000	<u>2.20%</u>	9808
<u>500/500/2,500</u>	<u>2.70%</u>	<u>9809</u>
500/500/5,000	<u>3.20%</u>	9810
500/500/10,000	<u>3.90%</u>	9811
1,000/1,000/1,000	<u>3.30%</u>	9812
<u>1,000/1,000/2,500</u>	<u>3.80%</u>	<u>9813</u>
1,000/1,000/5,000	<u>4.40%</u>	9814
1,000/1,000/10,000	<u>5.00%</u>	9815
Over 1,000/1,000/10,000	<u>a</u>	9816
<u>All Other</u>		<u>9837</u>

Note: The iIncreased 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	Code 0175
For Class 513	Code 0176
For Black Lung Experience	Code 0164
For Carcinogen Experience	Code 0133

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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 Adjustment Program (DCCPAP)	Code 9046
(87) Certified Safety Committee Credit Program Delaware Workplace Safety Credit (DWSP)	Code 9880
(98) Assigned Risk Surcharge	Code 0277
(409) Deductible Applied to Manual Premium After Experience Modification Deductible	Code 9663
(4410) Merit Rating Plan Adjustment Neutral	Code 9884
(4211) Merit Rating Plan Adjustment - 5% Credit Adjustment	Code 9885
(4312) Merit Rating Plan Adjustment - 5% Debit Adjustment	Code 9886
(4413) Schedule Rating Plan Credit	Code 9887
(4514) Schedule Rating Plan Debit	Code 9889

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	<u>Federal Coal Mine Health and Safety Act Only</u>
04	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

Type of Coverage Claim

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

Items Number 4 through 6 remain unchanged.

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7. Lump Sum Indicator

<u>Indicator</u>	<u>Description</u>
<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
<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

<u>Code</u>	<u>Description</u>
<u>4</u>	<u>Claim involving Life Pension Benefits</u>
<u>2</u>	<u>Claim not involving Life Pension Benefits</u>

4. Managed Care Organization Type Code

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

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

<u>Code</u>	<u>Description</u>
<u>M</u>	<u>Male</u>
<u>F</u>	<u>Female</u>

9.8 Reserved Type

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

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13.42 **Beneficiary Code**

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

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

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

DELAWARE STATISTICAL PLAN MANUAL CHANGES

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

All Other Changes
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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	<u>NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.</u>
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.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

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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	
91. Mold	
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.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

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87. Foreign Matter (Body) in Eye(s)	<u>Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.</u>
<u>88. Natural Disaster</u>	<u>Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.</u>
89. Person in Act of a Crime	<u>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.</u>
90. Other Than Physical Cause of Injury	<u>Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.</u>
<u>91. Mold</u>	<u>Includes mildew.</u>
<u>93. Gunshot</u>	<u>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>
<u>96. Terrorism</u>	<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.</u>
98. Cumulative, NOC	<u>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.</u>
99. Other - Miscellaneous, NOC	<u>Not otherwise classified in any other code.</u>

* Intentionally left blank.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
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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 Manual. Delaware has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing~~Electronic Data Interchange (EDI) Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's ~~Systems & Programming~~Systems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. ~~Carriers desiring a copy of the 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 not be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the **examples** should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				99998	WC4444		01/01/09		01/01/10		07																	
Insured's Name: : PDQ Refining Company														F.E.I.N. →123456789				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION																												
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
	R	01	0581	129040	6.99	9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	0951	80950	.96	777		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	01	0953	15010	.49	74		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	01	9664			385		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
SUBJECT	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
NOT SUBJ	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		D.					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		E.					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
		F.					Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
AFTER STD	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		423344		19832																								
		H.	006_	Premium Discount Amount			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		I.	0900	Expense Constant Amount			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	R	J.	9740		.02	45	LOSS TOTALS																					
	R	K.	9741		.01	23	Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
	L.					Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred														

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				99998	WC4444			01/01/09		01/01/10		07																
Insured's Name: PDQ Refining Company															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
11/01/08		11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION																												
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																					Act	Type	Recv	Clm	Settl			
		R	01	0581	110486	6.99		7723	R	15000	04/22/09			125083		900		0581	09	0	01 01 01 01 00					07	00	00
		R	01	0951	75008	.96		720		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		R	01	0953	12850	.49		63		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
SUBJECT	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R	01	9664				332	R	15001	05/02/09			9000		3000		0581	09	0	01	01	01	01	00	07	00	00
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
NOT SUBJECT	Upd Type	A. Total Subject Premium				8174	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R	B. Experience Mod (XX.XXX)					1.080		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
			C. Total Modified Premium					8828		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
			D.						R	15003	07/09/09			350		150		0581	05	1	01	01	01	01	00	07	00	00
			E.							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
AFTER STD	Upd Type	G.					Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
			H.	006_	Premium Discount Amount			R	15004	09/18/09			360		160		0581	05	1	01	01	01	01	00	07	00	00	
			I.	0900	Expense Constant Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
			J.	9740	.02	40			Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
			L.						LOSS TOTALS																			
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical										
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use								Total ALAE Paid		Total ALAE Incurred								

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																														
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No											
01	01	E		99998	WC4444		01/01/09		01/01/10		07																			
Insured's Name: PDQ Refining Company														F.E.I.N. →123456789				Pending File No.												
Insured's Address:														T.P.E / F.E.I.N. →																
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use					
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000													
EXPOSURE INFORMATION														LOSS INFORMATION																
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
																				Act	Type	Recv	Clm	Settl						
		P	01	0581	129040	6.99		9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
		R	01	0581	119040	6.99		8321		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
SUBJECT	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
		P	01	9664				385		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
NOT SUBJ	Upd Type	A. Total Subject Premium				8814	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
		R B. Experience Mod (XX.XXX)				1.160			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		C. Total Modified Premium				10224			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
										Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
AFTER STD	Upd Type	G.				Total Standard Exposure 423344	Total Standard Premium 19778	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		H. 006_ Premium Discount Amount							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		I. 0900 Expense Constant Amount							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
		LOSS TOTALS																												
		P	J.	9740		.02	45			Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
R	K.	9740		.02	43		Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use						Total ALAE Paid		Total ALAE Incurred											
R	L.	9741		.01	22																									

POLICY INFORMATION

USR FORM - 4/1/13

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".

UNIT STATISTICAL REPORT

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

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No				
01				12345	WC14579			01/01/09		01/01/10		07																
Insured's Name: ABC, Inc.																F.E.I.N. →123456789				Pending File No.								
Insured's Address:																T.P.E / F.E.I.N. →												
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
				N	Y		N	N	N	N		01	01	01	03	02		1000										
EXPOSURE INFORMATION														LOSS INFORMATION														
CODES SUBJECT	C	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl				
	R	01	0928	155121	3.68	5708		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	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								
	R	01	0952	111599	1.89	2109		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	01	0953	58493	.49	287		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
NOT SUBJ								Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	D.	9663			340		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		E.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
		F.						Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
AFTER STD			H.	006_	Premium Discount Amount				Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	J.	9740		.02	101		LOSS TOTALS																				
	R	K.	9741		.01	51		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
		L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. 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

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

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

Page 7

Section VI

EXAMPLES

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

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

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

3) Annual Premiums

a) Rated

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

b) Non-rated

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

4) Short Rate Percentage 6 months = .60

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

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

UNIT STATISTICAL REPORT

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

Example 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				19872	WC2795461	01/01/09	01/01/10	07																			
Insured's Name: FBA Company											F.E.I.N. → 123456789				Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																
	N	N		N	Y	N	N		01	01	01																
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																		Act	Type	Recv	Clm	Settl					
		R	01	7405	82351	55.37		45598																			
S U B J E C T	Upd Type	R	01	0953	1587	.49	8		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	Upd Type								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
	Upd Type	A. Total Subject Premium				45606			Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
										B. Experience Mod (XX.XXX)				0.915													
	Upd Type	C. Total Modified Premium				41729																					
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
N O T S B J	Upd Type	R	D.	7445	82351	6.09	5015		Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
			E.							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
			F.																								
	Upd Type	G.				Total Standard Exposure	83938	Total Standard Premium	46744																		
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
A F T E R S T D		R	H.	0064	Premium Discount Amount		1636																				
		R	I.	0900	Expense Constant Amount		210																				
		R	J.	9740		.02	17																				
		R	K.	9741		.01	8																				
			L.																								
LOSS TOTALS																											
Reserved For Future Use									Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical			
Tot. Claimant's Attny. Fees									Tot. Employer's Attny. Fees			Reserved For Future Use									Total ALAE Paid			Total ALAE Incurred			

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 non-ratable 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No							
01				16928	97523A			01/01/09		01/01/10		07															
Insured's Name: GEE Corp															F.E.I.N. → 123456789					Pending File No.							
Insured's Address:															T.P.E / F.E.I.N. →												
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
				N	Y		N	N	N	N		01	01	01													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
		R	01	0512	258870	55.37		143336		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
										Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
N O T S B J	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
A F T E R S T D	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
G.		Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		260198		132686				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		Premium Discount Amount						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		Expense Constant Amount						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
LOSS TOTALS																											
							Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
							Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred										

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

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				94999	WC54321		07/01/09		07/01/10		07																	
Insured's Name: PAZ Industries Corporation														F.E.I.N. → 123456789				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
				N	N		N	Y	N	N		01	01	01														
EXPOSURE INFORMATION													LOSS INFORMATION															
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl				
	R	01	0101	1214435	6.91	83917	R	46096		07/28/09			181500		7027		0101	09	0	01	01	01	01	00		00	00	
	R	01	0951	675210	.96	6482		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
										31	02	86	Miller			N		00		7025			3600					
	R	01	0953	20800	.49	102		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
										35000									20000									
							Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R						R	46114		08/05/09			1323		137					0101	05	1	01	01				01
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									35	40	10				N		00		900			137						
							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
N O T S B J	Upd Type	D.	9880		.05	7331	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		F.																										
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
G.	Upd Type			Total Standard Exposure	1910445	Total Standard Premium	139281	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		H.	006_	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
R		J.	9740		.02	382			LOSS TOTALS																			
A F T E R S T D			K.	9741		.01	191		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
											3		456566		20164				28796		9737							
									Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred											
		L.							35000								20000											

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Section VI

EXAMPLES

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

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

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$459) = \306

Present Value of \$1 @ Age 53 = 15.948 {Table III-M-A}

$\$306 \times 52 \times 15.948 = \$253,765$

Indemnity Paid to Valuation

Date - $65.286 \times 306 = 19,978$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 46122		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME PAZ Industries Corporation							ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 04 01 57		SURG CODE 1	ATTNY CODE* 3
WORKER LAST NAME Jones	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP 00	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR 09 01 80			
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							1	04	01	57	Paid to valuation date					
											65.286 x 306 = 19978					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future Payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 15.948 = 253765					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				19978					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				253765						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				273743						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				13000						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				20871						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				6000						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 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

POLICY INFORMATION																																
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No													
01				16928	99887		07/01/09		07/01/10		07																					
Insured's Name: Steve Ho Corp														F.E.I.N. → 123456789				Pending File No.														
Insured's Address:														T.P.E / F.E.I.N. →																		
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use							
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																		
				N	N		N	N	N	N		01	01	01																		
EXPOSURE INFORMATION														LOSS INFORMATION																		
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
																				Act	Type	Recv	Clm	Settl								
	R	02	6843	127896	23.90	30567	R	789803		10/01/09		276957		25000		6843	02	0	02	01	01	01	00	00	00							
	R	01	0718	279132	11.77	32854		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
	R						R	789749		08/01/09		235408		0		0718	01	0	01	01	01	01	00	00	00							
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
N O T S B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
		D.						Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
		E.						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
		F.						Total Standard Exposure		Total Standard Premium																						
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
	R	H.	0063	Premium Discount Amount	5627		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
	R	I.	0900	Expense Constant Amount	270		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
							LOSS TOTALS																									
	R	J.	9740		.01	41		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical												
	R	K.	9741		.01	41		2		512365		25000				21354		15000														
		L.					Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred														

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Section VI

EXAMPLES

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 Table III-M-C}

$\$306 \times 52 \times 16.150 = \$256,979$

(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date

Benefits Paid from 10/01/09 to 01/01/11 [457 days / 7 = 65.286 (Wks)]

$65.286 \times \$306 = \$19,978$

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.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09			CLAIM NO. 789803		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00			
INSURED NAME Steve Ho Corporation								ACC. DATE MO DAY YR 10 01 09			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 09			DATE OF BIRTH MO DAY YR 03 15 45			SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →		PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO	DAY	YR					
BENEFITS OTHER THAN PENSION									PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*		NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X						CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY									1	03	15	45	Paid to valuation date								
													65.286 x 306 = 19978								
3. NON-SCHEDULED INDEMNITY			X X X		XXXX								Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY													306.00 x 52 x 16.150 = 256979								
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE					19978							
PHYSICIAN PAID				TEMP. DISABILITY PAID					8. PENS. INDEM. PREV. RSVD., NOT PAID												
HOSPITAL PAID				PERM. PARTIAL PAID					9. PRES. VALUE FUTURE INDEM. PMNT.					256979							
APP. MED. EVAL. PAID				PERM. TOTAL PAID					10. FUNERAL ALLOWANCE												
DEFENSE MED. EVAL PAID				DEATH PAID					11. LUMP SUM REMARRIAGE												
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM					12. TOTAL INCURRED INDEM.,(SUM 1-11)					276957							
LEGAL EXP. - DEFENSE				V.R. PAID					13. TOTAL INCURRED MEDICAL					25000							
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED					14. TOTAL INDEM. PAID TO VAL. DATE					8008							
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED					15. TOTAL MED. PAID TO VAL. DATE					15000							
				V.R. EVAL. INCURRED					16. SOC. SEC. OR OTHER OFFSET AMT.												

*SEE MANUAL FOR CODING

Example 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, $^a[x] + 1$ Value

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

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0244

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

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/11 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,434$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00		
INSURED NAME Steve Ho Corporation							ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09			DATE REPORTED MO DAY YR 08 01 09			DATE OF BIRTH MO DAY YR 07 25 44		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET		
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →				DATE OF HIRE →		MO	DAY	YR			
BENEFITS OTHER THAN PENSION							PENSION BENEFITS											
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS							
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR										
2. SCHEDULED INDEMNITY							2	05	01	44	Paid to valuation date							
											74 x 316.68 = 234.34							
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments							
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											316.68 x 52 x 12.611 = 207670							
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				23434							
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID												
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				207670								
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500								
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				804								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				235408								
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				0								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				13346								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0								
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.												

*SEE MANUAL FOR CODING

Example 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.

!

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
02				16928	99887	07/01/09	07/01/10	07																
Insured's Name: Steve Ho Corporation										F.E.I.N. → 123456789			Pending File No.											
Insured's Address:										T.P.E / F.E.I.N. →														
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
N	N		N	N	N	N		01	01	01														
EXPOSURE INFORMATION															LOSS INFORMATION									
C O D E S	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type			
														Act	Type	Recv	Clim	Settl						
						P	789803	10/01/09	276957	25000	6843	02	0	02	01	01	01	00		00	00			
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							42	49	56	Iron Worker	N		00			8008			15000					
S U B J E C T							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
						R	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type			
							789803	10/01/09	281455	27500	6843	02	0	02	01	01	01	00		00	00			
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							42	49	56	Iron Worker	N		00			18715			20000					
						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D						P	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type			
							789749	08/01/09	235408	0	0718	01	0	01	01	01	01	00		00	00			
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			13346								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
					R	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type				
							789749	08/01/09	246473	0	0718	01	0	01	01	01	01	00		00	00			
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90	13	75	Ship Builder	N		00			22786								
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
							Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							90																	

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

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) $\times \$306 = \$35,933$

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803		STAT CODE* 0	DATE ATTN Y DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00			
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 10 01 09			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 09			DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTN CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 01 01 80									
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							1	03	15	45	Paid to valuation date								
											117.429 x 306.00 = 35933								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 15.430 = 245522								
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				35933								
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				245522									
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE													
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE													
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				281455									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				27500									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				18715									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				20000									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

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 \times 104 \times .0195 = \642

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks

$(126.143 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789749		STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 01 01 01 01 00				JURIS STATE 00	MCO TYPE 00
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09		DATE REPORTED MO DAY YR 08 01 09		DATE OF BIRTH MO DAY YR 07 25 44		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Shup Builder				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							2	05	01	44	Paid to valuation date					
											126.143 x 316.68 = 39947					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											316.68 x 52 x 12.290 = 202384					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				39947					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				202384						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500						
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				642						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				246473						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				22786						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 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

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				99622	198265	07/01/09	07/01/10	07																
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789			Pending File No.										
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
N	Y		Y	N	N	N		01	01	01														
EXPOSURE INFORMATION															LOSS INFORMATION									
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
															02	01	01	01	00					
R		02	0655	120000	19.92	23904	R	845	02/01/10	696968	25000	0655	02	0								07	00	00
S U B J E C T	R	01	0655	1000000	12.61	126100		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								40	28	25	Iron Worker			N		00		17201			12000			
	R	01	0951	95000	.96	912		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
	R	01	0953	105000	.49	515	R	896	03/01/10	600	350	0655	05	1								00	00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								38	37	59				N		00		600			350			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
N O T S B J								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		D.					R	897	03/15/10	750	800	0655	05	1							00	00	00	
	R							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								31	28	26				N		00		750			800			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		E.					R	898	04/11/10		250	0953	06	1							00	00	00	
		F.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		G.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		H.	0063					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		I.	0900					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		J.	9740					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		K.	9741					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		L.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								36	40	19				N		00		250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
								50000										25000						
A F T E R S T D								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act									

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

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

Present Value of Future Payments

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

Present Value of \$1 = 31.954

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

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

Benefits

Present Value of Benefits = 9.782

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

Indemnity to Valuation Date Benefits Paid from 02/01/10 to 01/01/11 - 334 days / 7 = 47.714 Wks

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0655	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 99622	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 845		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00			
INSURED NAME Doelron Erections, Inc.							ACC. DATE MO DAY YR 02 01 10			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 10			DATE OF BIRTH MO DAY YR 05 01 62		SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe	WORKERS SEX M	AVG. WEEKLY WAGE 500	INJURY DESC. CODE* →	PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							1	05	01	62	Paid to valuation date								
							2	07	01	64	47.714 x 333.35 = 15905								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											(333.35 x 52 x 31.954) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED											(250.00 x 52 x 9.782) = 681063								
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				15905								
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				681063									
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE													
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE													
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				696968									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				25000									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				17201									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				12000									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				99998	WC12345		01/01/09																				
01	01	H		99998	WC54321		01/01/09		01/01/10		07																
Insured's Name: ABC Corp														F.E.I.N. →				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A. Total Subject Premium	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
B. Experience Mod (XX.XXX)	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
C. Total Modified Premium	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
D.	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
E.	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
F.	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
G.	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
H. 006_	Upd Type	Premium Discount Amount				Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
I. 0900	Upd Type	Expense Constant Amount				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
J.	Upd Type					Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
K.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
L.	Upd Type					Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
LOSS TOTALS																											
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
Tot. Claimant's Attnry. Fees								Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred											

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 1st level total corrections.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
02	04	T		99998	WC54321		01/01/09		01/01/10		07																
Insured's Name:														F.E.I.N. →				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A. Total Subject Premium	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
B. Experience Mod (XX.XXX)	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
C. Total Modified Premium	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
D.	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
E.	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
F.	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
G.	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
H. 006_	Upd Type	Premium Discount Amount				Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
I. 0900	Upd Type	Expense Constant Amount				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
J.	Upd Type					Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
K.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
L.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
LOSS TOTALS																											
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use				Total Paid Indemnity		Total Paid Medical							
								14		136033		7000						35471		6775							
Tot. Claimant's Attnry.								Tot. Employer's Attnry. F				Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred									
								15000								12500											

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.

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

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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01	01	M		99999	WC12345		12/20/95		12/20/96		07																	
Insured's Name: ABC Corp.														F.E.I.N. →				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
S U B J E C T	Upd. Type						Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
N O T S B J	Upd. Type						Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A F T E R S T D	Upd. Type						Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
A. Total Subject Premium				1946	Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
B. Experience Mod (XX.XXX)				0.850																								
C. Total Modified Premium				1654																								
G.	Upd. Type	Total Standard Exposure		Total Standard Premium		Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		317313		1654																								
H. I. J. K. L.	Upd. Type	Premium Discount Amount				Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		Expense Constant Amount																										
							LOSS TOTALS																					
Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical																
7		15635		8260																								
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred																				

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.

!

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.

POLICY INFORMATION

USR FORM - 4/1/13

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No							
01				12345	1234567		12/01/08		12/01/09		07																
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.							
Insured's Address:															T.P.E / F.E.I.N. →												
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
10/01/09		10/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000										
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
	R	01	0609	6600	10.04	663		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	R	01	4771	11550	4.15	479		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
	R	01	0951	1650	.85	14		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	01	0953	1650	.43	21		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
S U B J E C T	Upd. Typ						Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	02	6843	9900	10.16	1006		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
N O T S B J	Upd. Typ						Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	D.	0771	11550	1.03	119		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	R	E.	9887		.25	684		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
	R	F.	9046		.22	451		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
A F T E R S T D	Upd. Typ						Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
		J.						LOSS TOTALS																			
		K.						Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
	L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred								

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No											
01				12345	1234567		12/01/08		12/01/09		07																				
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.											
Insured's Address:															T.P.E / F.E.I.N. →																
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
10/01/08		10/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000														
EXPOSURE INFORMATION														LOSS INFORMATION																	
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
								Act					Type						Recv								Cim				
								Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical					
	S U B J E C T								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage				ALAE Paid					ALAE Incurred							
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act					Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical		
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage				ALAE Paid					ALAE Incurred								
A F T E R S T D	Upd. Type	R	A. Total Subject Premium			7194	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act					Jurisdic State	Cat. No.	MCO Type					
			B. Experience Mod (XX.XXX)			1.254		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical			
		C. Total Modified Premium			9021		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage				ALAE Paid					ALAE Incurred									
	S B J	R	D.	9046		.20	1425		Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical				
		R	E.	9663			160		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage				ALAE Paid					ALAE Incurred							
		F.						Total Standard Exposure		Total Standard Premium			Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act					Jurisdic State	Cat. No.	MCO Type
	G.							Case Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct.				Paid Indemnity							
A F T E R S T D	Upd. Type	R	H.	0063	Premium Discount Amount	280	Upd. Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage				ALAE Paid					ALAE Incurred								
			R	I.	0900	Expense Constant Amount		224																							
	S T D	R	J.	9740		.01	11		LOSS TOTALS																						
		R	K.	9741		.01	11		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical										
			L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid				Total ALAE Incurred										

POLICY INFORMATION

USR FORM - 4/1/13

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

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 x (\$378) = \$252.01

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

\$252.01 x 52 x 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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08			CLAIM NO. 3214		STAT CODE* 0	DATE ATTN DISC MO. DAY YR 01 01 01			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE 07	MCO TYPE 00					
INSURED NAME 123, Inc.								ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42			SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer					DATE CLOSED MO YR 01 01		RESERVE CODE* 00	LUMP SUM 00	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →		MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO	DAY	YR						
BENEFITS OTHER THAN PENSION									PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 09 43												
2. SCHEDULED INDEMNITY								2				Paid to valuation date									
												58.143 x 252.01 = 14653									
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												252.01 x 52 x 12.290 = 161055									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					14653								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					161055								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					511								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					179719								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					5000								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					14653								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					2000								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

*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.

!

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.

POLICY INFORMATION

USR FORM – 4/1/13

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section VI

EXAMPLES

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 x (\$378) = \$252.01

Present Value of \$1 = 11.958 - Widowhood at age 65, $a[x] + 3$ Value

\$252.01 x 52 x 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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08			CLAIM NO. 3214		STAT CODE* 0	DATE ATTN DISC MO. DAY YR 01 01 01			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE 07	MCO TYPE 00					
INSURED NAME 123, Inc.								ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42			SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer					DATE CLOSED MO YR 01 01		RESERVE CODE* 00	LUMP SUM 00	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO	DAY	YR					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS													
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 09 43												
2. SCHEDULED INDEMNITY								2				Paid to valuation date									
												110.286 x 252.01 = 27793									
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												252.01 x 52 x 11.958 = 156704									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					27793								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					156704								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					396								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					188393								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					7500								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					22087								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					5500								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

*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

POLICY INFORMATION																														
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																
01				99998	111222	07/01/09	07/01/10	07																						
Insured's Name: Bob's Roofing											F.E.I.N. → 123456789				Pending File No.															
Insured's Address:											T.P.E / F.E.I.N. →																			
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use											
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																		
		N	N		N	N	N	N		01	01	01																		
EXPOSURE INFORMATION														LOSS INFORMATION																
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
								Act	Type	Recv	Clm	Settl																		
	R	01	0659	98076	41.13	40339	R	68235	11/01/09			195196		500		0659	01	0	01	01	01	01	00	00	00					
	R	01	9807			766		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred									
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred									
	N O T S B J		D.				Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
													Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
													Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
G.			Total Standard Exposure	98076	Total Standard Premium	40694	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
														Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
														Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
A F T E R S T D		H.	006__	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred									
								LOSS TOTALS																						
								R	J.	9740		.01	10		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
								R	K.	9741		.01	10		Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees	Reserved For Future Use		Total ALAE Paid	Total ALAE Incurred										
	L.																													

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section VI

EXAMPLES

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 = $\$196.68 \times 104 \times .2114 = \$4,324$

4) Indemnity Paid to Valuation Date

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

No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks

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

5) Funeral Allowance = \$3,500

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0659	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 99998	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 111222		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 68235		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00			
INSURED NAME Bob's Roofing							ACC. DATE MO DAY YR 11 01 09			DATE OF DEATH MO DAY YR 11 01 09			DATE REPORTED MO DAY YR 11 01 09			DATE OF BIRTH MO DAY YR 12 01 59		SURG CODE	ATTN CODE*
WORKER LAST NAME Harris	WORKERS SEX M	AVG. WEEKLY WAGE 295	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							2	09	01	70	Paid to valuation date								
							4	12	01	93	60.857 x 206.50 = 12567								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX			4	05	01	95	Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											(196.68 x 52 x 17.046 = 174336) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED											(9.82 x 47.714) = 174805								
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				12567								
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				174805									
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500									
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				4324									
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				195196									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				500									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				6799									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				500									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

Example 19 - Merit Rating

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				12345	123456789		01/01/09		01/01/10		07																
Insured's Name: Dee's Electric														F.E.I.N. → 123456789				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
01/01/09		01/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00											
EXPOSURE INFORMATION																											
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions				Jurisdic State	Cat. No.	MCO Type		
																			Act	Type	Recv	Clm	Settl				
	R	01	0661	40000	5.71	2284																					
	R	01	9807			43		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
S U B J E C T	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
	A. Total Subject Premium					2327	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	B. Experience Mod (XX.XXX)							Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
	C. Total Modified Premium							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
N O T S B J	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	D.	9885		.05	116																					
		E.						Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
		F.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
	G.					Total Standard Exposure	Total Standard Premium	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
						40000	2211																				
A F T E R S T D		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
	R	I.	0900	Expense Constant Amount		160																					
	R	J.	9740		.01	4		LOSS TOTALS																			
	R	K.	9741		.01	4		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
	L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred										

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.

UNIT STATISTICAL REPORT

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

Example 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No															
01				00200	WC123456789	12/01/08	12/01/09	07																					
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789				Pending File No.														
Insured's Address:											T.P.E / F.E.I.N. →																		
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use									
11/01/09	11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000													
EXPOSURE INFORMATION														LOSS INFORMATION															
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																				Act	Type	Recv	Clm	Settl					
		R	01	0665	255000	7.54		19227																					
		R	01	0953	48000	.20		96		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	01	9664				2126		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
S U B J E C T	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
									Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
A F T E R S T D	Upd Type	A. Total Subject Premium				17197	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	B. Experience Mod (XX.XXX)					0.953																					
			C. Total Modified Premium					16389		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S U B J	Upd Type	R	D.	9887		.25	4097		Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		R	E.	9046		.30	3688		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
			F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
A F T E R S T D	Upd Type	G.				Total Standard Exposure	606000	Total Standard Premium	16234		Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		R	H.	0063	Premium Discount Amount		90		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		R	I.	0900	Expense Constant Amount		41		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
		R	J.	9740		.01	30		LOSS TOTALS																				
		R	K.	9740		.01	30		Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
	L.						Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees			Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred										

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				00200	WC123456789	12/01/08	12/01/09	07																			
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789				Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
11/01/08	11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000											
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																		Act	Type	Recv	Clm	Settl					
	R	01	0665	255000	7.84	19992		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	0953	48000	.24	115		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	R	01	9664			3277																					
S U B J E C T	Upd. Type						Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	Upd. Type	A. Total Subject Premium				16830	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	B. Experience Mod (XX.XXX)					0.930	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		C. Total Modified Premium				15652		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S B J	Upd. Type	R	D.	9887	.25	3913	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	E.	9880	.10	1174		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	F.	9046	.25	2935		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
G.	Upd. Type	Total Standard Exposure			Total Standard Premium		Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
A F F I R M E D	Upd. Type	R	H.	0063	Premium Discount Amount		261	Upd. Type	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		R	I.	0900	Expense Constant Amount		119		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
	R	J.	9740	.01	30	LOSS TOTALS																					
	R	K.	9741	.01	30		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical														
		L.					Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred												