# DELAWARE STATISTICAL PLAN MANUAL

WORKERS COMPENSATION and EMPLOYERS LIABILITY INSURANCE

**ISSUED BY** 

DELAWARE COMPENSATION RATING BUREAU, INC.

#### DELAWARE STATISTICAL PLAN MANUAL



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## **INTRODUCTION**

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#### INTRODUCTION

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

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

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

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

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Section I

#### SECTION I - GENERAL RULES/DEFINITIONS

#### A. Scope of Report

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

#### **B.** Recording of Statistics

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

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

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

#### SCHEDULE OF STATISTICAL PLAN FINES

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

#### D. Multiple Year Policies

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

#### **Examples:**

- 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.

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

1997 and January 1, 1998. Losses shall be valued as of July 1997, July 1998 and July 1999, respectively.

#### E. Uncollectible Premiums and Corresponding Losses

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

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

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

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

#### G. Reinsurance

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

#### H. Excess Insurance

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

#### I. Experience Under the National Defense Projects Rating Plan

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

#### J. Admiralty and Federal Employers Liability

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

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#### K. Loss Rules

#### 1. Occupational Disease Incurred Losses

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

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

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

#### 2. Interest on Awards

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

#### 3. Medical on Compensable Cases

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

#### 4. Subrogation Claims

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

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

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

For additional examples, see Section VI.

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#### 5. Commuted Cases

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

#### 6. Aircraft Operation Losses

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

#### 7. Employers Liability Claims

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

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

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

Medical examination to determine the extent of company's liability

Expert medical or other testimony

Laboratory and x-ray

Autopsy

Stenographic

Witnesses and summonses

Copies of documents

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

- 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)

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#### 8. Correction and Subsequent Reports

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

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

#### b. Correction Reports

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

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

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

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

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#### 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.

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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.

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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.

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#### 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.

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#### 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. 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.

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d. Joint Coverage. Coverage furnished by other than the one policy for which experience is being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes:

- (1) The injured party has co-employers.
- (2) Overlapping coverage on the same employer.
- (3) Injury developed over an extended period. When a carrier has determined that the loss is chargeable to two or more policies written by such carrier or when two or more carriers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage furnished by other than the one policy for which experience is being reported is pertinent to the division of the total incurred loss.

#### 10. Type of Coverage

- a. Workers Compensation Only. The entire loss is incurred under provisions of Part I of the Workers Compensation and Employers Liability Insurance Policy.
- b. *Employers Liability Only.* The entire loss is incurred under provisions of Part II of the Workers Compensation and Employers Liability Insurance Policy.
- c. Workers Compensation and Employers Liability. The loss is incurred under provisions of both Part I and Part II of the Workers Compensation and Employers Liability Insurance Policy.
- d. Liability Over. Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.

#### 11. Type of Settlement

- a. Non-compensable Previously Alleged. When the employer provided notification to the insurer that in the employer's opinion no compensation is payable and the claim was later found to be noncompensable, 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 noncompensable, 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.

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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.

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b. *Unallocated Loss Adjustment Expenses*. Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:

- (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated
- (2) 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:

- 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.

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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

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#### **SECTION II - REPORTING REQUIREMENTS**

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

#### 1. Form of Report

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

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

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

#### 2. Estimated Audits

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

#### 3. Fraction of Dollars

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

#### 4. Method of Transmittal

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

#### 5. Dates

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

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#### 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.

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

Delaware -- 07

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

#### 7. Policy Conditions

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

#### 8. Policy Type ID Code

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

Type of Coverage Code Description

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

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Plan Type

#### **Code Description**

- 01 Voluntary Policy
- 02 Normal Assigned Risk Policy

#### Non-Standard Type

#### **Code Description**

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

#### 9. Deductible Type

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

#### First Two Positions

#### **Code Description**

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

#### Second Two Positions

#### **Code Description**

- 00 No Deductible
- 01 Per Claim
- 02 Per Accident
- 03 Per Policy
- 04 Percent of Claim Cost
- 05 Percent of Premium
- 06 Coinsurance Only
- 07 Benefits Coinsurance
- 08 Per Accident Coinsurance
- 09 Per Policy & Accident

#### 10. 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.

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

#### 1. Update Type

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

#### **Code Description**

- P Previously Reported
- R Revised

#### 2. Exposure Coverage

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

#### Code Description

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

#### 3. Class Code

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

#### 4. Exposure Amount

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

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

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

f. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the Bureau Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

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

#### 5. Exposure-Other Than Payroll

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

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

#### 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.

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#### 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.

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(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 Higher 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.

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 higher 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.

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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" and "I" 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.

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(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.

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. Premiums by classifications are not required.

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i. Previous premium discounts and revised discounts also shall be reported in the space provided.

#### C. Loss Information

#### 1. Update Type

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

#### **Code Description**

- P Previously Reported
- R Revised

#### 2. Claim Number

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

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

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

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

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

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

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#### 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.

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b. Permanent Total Disability Code - 02

- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial. In establishing reserves on permanent total cases Table III, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V. (For examples, see Section VI.)
- (2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV shall be used. (For an example, see Section VI.)
- c. Temporary Total or Temporary Partial Disability Code 05
  Enter as Temporary every case, which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.
- d. Medical Only Claims Code 06
   When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.
- e. Contract Medical Code 07

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

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

#### 8. Claim Status

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

#### **Code Description**

- Open (final payment not made)
- 1 Closed

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#### 9. Loss Conditions

Act

Report the 2-digit code for each loss condition.

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
Type of	f Loss
Code	<b>Description</b>
01 02 03	Trauma Occupational Disease (OD) Cumulative Injury other than Disease
Type of <b>Code</b>	f Recovery <b>Description</b>
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Injury
Type of <b>Code</b>	f Coverage <b>Description</b>
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability.
Type of <b>Code</b>	f Settlement  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.

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#### 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. A separate series of catastrophe numbers shall be used for each policy.

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

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

#### 12. Managed Care Organization Type

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

#### Code Description 00 The claim is not administrated by an approved managed care organization. 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.

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

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

#### 14. Injury Description Code

05

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.)

The claim's medical losses are administrated by an independent practice association.

#### 15. Occupation Description

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

#### 16. Vocational Rehabilitation Indicator

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

Code	Description
Υ	Claim includes Vocational Rehabilitation Costs
Ν	Claim does not include Vocational Rehabilitation Costs

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#### 17. Fraudulent Claim Code

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

# Code Description 00 Not Fraudulent 01 Partially Fraudulent 02 Fully Fraudulent

#### 18. Paid Indemnity

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

#### 19. Paid Medical

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

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

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

#### 21. Employer's Attorney Fees

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

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

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

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

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

#### D. Loss Totals

#### 1. Total Number of Claims

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

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#### 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

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

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

- 2. **General Instructions** for Reporting Information on the Individual Case Reports. ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.
  - a. Forms. For ALL Individual Case Reports (pension and other than pension) use the Individual Case Report form. (See Section VIII.)
  - b. Class Code. Report the numeric code to which the loss was assigned.
  - c. Report Number Code. Enter the code from the code list in Section IV, Item A.1. of this Plan which corresponds to the policy valuation date.
  - d. Transaction Type Code.
    - (1) Initial Report-Code 1. Must be used for the first time the Individual Case Report for the claim is submitted, regardless of the Unit Statistical Report number based on valuation date.
    - (2) Subsequent Report-Code 2. Must be used on all Individual Case Reports submitted for a particular claim subsequent to the valuation date for which an initial Individual Case Report (Code 1) was submitted.
    - (3) Revised Report-Code 3. Individual Case Report filed due to the rejection by the Bureau Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.
    - (4) Correction Report-Code 4. Individual Case Report filed when the carrier discovers a need for change on an Individual Case Report previously filed for the particular claim.
  - e. Type of Injury Code. Enter the type of injury code as shown on the corresponding unit report for the particular claim.
  - f. Carrier Number. Report the 5-digit carrier code assigned to the company by the National Council on Compensation Insurance, Inc.
  - g. *Payroll State Code*. Report the 2-digit numeric code corresponding to the state to which the injured worker's payroll was assigned. Code "07" is required in Delaware.
  - h. Administration File Number. This field is not required by Delaware.

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i. *Policy Number.* Report the policy identification number as set forth on the policy information page and reported on the corresponding unit report.

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

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

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

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

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c. Non-Scheduled Indemnity.

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

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

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

#### 5. Totals

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

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INDIVIDUAL GAGE REFORTO

c. Total Indemnity and Total Medical Paid to Valuation Date. Enter the totals of indemnity and medical that been paid as of the valuation date.

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

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s. Vocational Rehabilitation Paid. Enter the total dollar amount paid as of the valuation date in vocational

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

### **SECTION IV**

### **CODES**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective: October 1, 2002 Section IV CODES

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

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

#### 1. Report Number and Valuation Date

ective.

#### 2. Correction Type

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

Code	Description
Н	Header Record Correction
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

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

Normal Assigned Risk Policy

**Voluntary Policy** 

#### Non-Standard Type

01

02

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

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#### 5. Deductible Type

Identifies the type of deductible being reported.

#### First Two Positions

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

#### Second Two Positions

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only
07	Benefits Coinsurance
80	Per Accident Coinsurance
09	Per Policy & Accident

#### 6. Policy Conditions

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

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

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g. Managed Care Organization Indicator

"Y" = Policy has provisions for the administration of losses under an approved managed care organization.

"N" = Policy does not have provisions for the administration of losses by an approved managed care organization.

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

#### 1. Update Type.

Code	Description	
Р	Previously Reported	
R	Revised	

#### 2. Exposure Coverage.

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

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

#### 3. Premium Codes

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

(1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/88

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

(2) Amount Required to Balance to Increased Limits Minimum Premium

(3) Additional Premium From Flat Increase on Outstanding Policies
 (4) Premium Credit Resulting From Flat Decrease on Outstanding Policies
 (5) Deductible Applied to Manual Premium Before Experience Modification

(6) Waiver of Subrogation

**Code 9848** Code 0998 Code 0994 Code 9664 Code 0930

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

(1) (2) (3) (4) (5)	Loss Constant Seat Surcharge Short Rate Penalty Premium Risk Minimum Premium Optional Supplemental Leadings	Code 0032 Code 9108 Code 0931 Code 0990
	Optional Supplemental Loadings For Class 447 For Class 445 For Class 513 For Carcinogen Experience For Radiation Experience	Code 0066 Code 0067 Code 0176 Code 0133 Code 9985
(6)	Mandatory Supplemental Loadings For Class 615 For Class 810 For Class 4773 For Class 4774 For Class 4775 For Class 4776 For Class 7323 For Class 7405 For Class 7413	Code 0152 Code 0164 Code 0162 Code 0773 Code 0774 Code 0775 Code 0776 Code 0763 Code 7445 Code 7453
(7) (8) (9) (10) (11) (12) (13) (14) (15)	Delaware Construction Credit Premium Adjustment Program (DCCPAP) Certified Safety Committee Credit Program (DWSP) Assigned Risk Surcharge Deductible Applied to Manual Premium After Experience Modification Deductible Merit Rating Plan Adjustment Neutral Merit Rating Plan Adjustment - 5% Credit Adjustment Merit Rating Plan Adjustment - 5% Debit Adjustment Schedule Rating Plan Credit Schedule Rating Plan Debit	Code 9046 Code 9880 Code 0277 Code 9663 Code 9884 Code 9885 Code 9886 Code 9887 Code 9889

#### C. Loss Information Codes

#### 1. Injury Type

ry Partial Disability
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I

#### 2. Claim Status

Code	Description
0	Open
1	Closed

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#### 3. Loss Conditions

Report the 2-digit code for each loss condition.

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

#### Type of Loss

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

#### Type of Recovery

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

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

#### Type of Settlement

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

#### 4. Managed Care Organization Type

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

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- 5. **Injury Description Code.** This code is made up of three separate components:
  - a. First two positions (XX -- -- ) identify the part of body injured.
  - b. Middle two positions ( -- XX -- ) identify the nature of the injury.
  - c. Last two positions ( -- -- XX) identify the specific cause of injury.

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

#### 6. Vocational Rehabilitation Indicator

Code	Description
Υ	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

#### 7. Fraudulent Claim Codes

Code	Description
0	Not Fraudulent
1	Partial Fraudulent
2	Fully Fraudulent

#### D. Individual Case Report Codes

#### 1. Report Number

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

#### 2. Transaction Type

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

#### 3. Report Type

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

- 4. **Injury Description Code.** This code is made up of three separate components:
  - a. First two positions (XX -- -- ) identify the part of body injured.
  - b. Middle two positions ( -- XX -- ) identify the nature of the injury.
  - c. Last two positions ( -- -- XX) identify the specific cause of injury.

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

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#### 5. Status

Code	Description
0	Open Claim
1	Closed Claim

#### 6. Surgery Code

Code	Description
1	Surgery
2	No Surgery

#### 7. Attorney Code

Code	Description
2	Attorney involved
3	No Attorney involved

#### 8. Reserved Type

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

#### 9. Lump Sum Indicator

Code	Description
Υ	Lump Sum
N	Other than Lump Sum

#### 10. Fraudulent Claim Code

Code	Description
0	Not Fraudulent
1	Partially Fraudulent
2	Fully Fraudulent

#### 11. Employment Status

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

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### 12. Beneficiary

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

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### Injury Description Coding Part of Body

Code

### **Narrative Description**

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

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### Injury Description Coding Part of Body

**Narrative Description** 

Code

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

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### Injury Description Coding Part of Body

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.

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### Injury Description Coding Nature of Injury

Code

**Narrative Description** 

Code	Narrative Description
I. Specific Injury	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface. Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxtion, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity

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### Injury Description Coding Nature of Injury

Code Narrative Description

Narrative Description	
The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Protozoa or Insects, With or Without Manifest Disease.	
The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain	
Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing	
Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.	
A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Speticemia or Infected Wounds.	
A Hole Made by the Piercing of a Pointed Instrument	
To Separate, Divide or Take Off	
Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.	
Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.	
Swooning, Fainting, Passing Out, No Other Injury	
Strangulation, Drowning	

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### Injury Description Coding Nature of Injury

Code Narrative Description

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

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### Injury Description Coding Nature of Injury

Code Narrative Description

A Clinically Significant Behavioral or Psychological S

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
80. All Other Cumulative Injury, NOC	
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

Code

15. Broken Glass

16. Hand Tool, Utensil; Not Powered17. Object Being Lifted or Handled18. Powered Hand Tool, Appliance19. Caught, Puncture, Scrape, NOC.

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### Injury Description Coding Cause of Injury

**Narrative Description** 

Exposures - Contact With	
01. Chemicals	
02. Hot Objects or Substances	
03. Temperature Extremes	
04. Fire or Flame	
05. Steam or Hot Fluids	
06. Dust, Gases, Fumes or Vapors	
07. Welding Operation	
08. Radiation	
09. Contact With, NOC.	
11. Cold Objects or Substances	
14. Abnormal Air Pressure	
84. Electrical Current	
II. Caught In, Under or Between	
10. Machine or Machinery	
12. Object Handled	
13. Caught In, Under or Between, NOC.	
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	

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### Injury Description Coding Cause of Injury

Code Narrative Description

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

Effective: October 1, 2002 Section IV Page 18 CODES

### Injury Description Coding Cause of Injury

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

Effective: October 1, 2002 Section IV CODES

### Injury Description Coding Cause of Injury

Code Narrative Description

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

Effective: October 1, 2002 Section IV Page 20 CODES

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

CODE	BODY MEMBER CODE	<u>WEEKS</u>
35	Hand	220
31	Arm	250
56	Foot	160
54	Leg	250
14	Eye	200
13	Hearing (one ear)	75
13	Hearing (both ears)	175
37	Thumb	75
36	First finger	50
36	Second finger	40
36	Third finger	30
36	Fourth finger	20
37	One-half of thumb	371/2
36	One-half of first finger	25
36	One-half of second finger	20
36	One-half of third finger	15
36	One-half of fourth finger	10
57	Great toe	40
57	Other than great toe	15
57	One-half of great toe	20
57	One-half other than great toe	8
18	Facial disfigurement	150

### **SECTION V**

### **TABLES**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2002 Section V **TABLES** Page 1

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

	Surviving Spouse Pension Table*										
Age at	_	_	_	_	_	_	Attained				
Widowhood	а	a	a a	а	а	а	Age**				
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)				
40	0.007	7.000	0.505	0.504	40.400	44.050	0.4				
16	8.097	7.926	8.595	9.524	10.439	11.252	21				
17	8.798	8.642	9.319	10.245	11.152	11.956	22				
18	9.504	9.361	10.036	10.951	11.840	12.625	23				
19	10.208	10.076	10.741	11.635	12.499	13.257	24				
20	10.906	10.781	11.431	12.296	13.128	13.855	25				
21	11.592	11.472	12.099	12.930	13.725	14.417	26				
22	12.262	12.145	12.746	13.538	14.292	14.946	27				
23	12.912	12.796	13.336	14.116	14.826	15.439	28				
24	13.535	13.419	13.954	14.659	15.323	15.894	29				
25	14.127	14.009	14.508	15.165	15.782	16.310	30				
26	14.686	14.564	15.025	15.633	16.202	16.686	31				
27	15.209	15.082	15.503	16.061	16.582	17.023	32				
28	15.692	15.560	15.941	16.450	16.922	17.319	33				
29	16.137	15.998	16.339	16.798	17.223	17.577	34				
30	16.542	16.396	16.698	17.108	17.485	17.797	35				
31	16.906	16.753	17.015	17.377	17.709	17.979	36				
32	17.230	17.069	17.293	17.609	17.896	18.126	37				
33	17.515	17.345	17.531	17.802	18.046	18.238	38				
		17.545	17.731	17.802	18.161	18.315					
34	17.759		17.731				39				
35	17.966	17.780	17.094	18.080	18.243	18.361	40				
36	18.135	17.940	18.021	18.167	18.292	18.376	41				
37	18.268	18.065	18.113	18.222	18.311	18.362	42				
38	18.367	18.155	18.173	18.246	18.301	18.320	43				
39	18.434	18.212	18.201	18.240	18.262	18.253	44				
40	18.469	18.239	18.200	18.207	18.198	18.161	45				
41	18.474	18.235	18.170	18.146	18.110	18.046	46				
42	18.451	18.204	18.115	18.063	18.999	17.911	47				
43	18.402	18.146	18.034	17.956	17.867	17.757	48				
44	18.327	18.064	17.930	17.828	17.716	17.583	49				
45	18.229	17.958	17.805	17.680	17.546	17.393	50				
46	18.109	17.831	17.659	17.513	17.358	17.186	51				
46 47	17.968	17.684	17.495	17.313	17.154	16.964	52				
48	17.809	17.518	17.312	17.326	16.934	16.728	53				
	17.632	17.316	17.112	16.910	16.701	16.479					
49 50	17.632	17.334	16.897	16.910	16.701	16.479	54 55				
51	17.226	16.916	16.667	16.434	16.194	15.944	56				
52	17.001	16.685	16.424	16.176	15.923	15.659	57				
53	16.762	16.440	16.167	15.906	15.639	15.364	58				
54	16.509	16.182	15.898	15.624	15.346	15.060	59				
55	16.245	15.912	15.617	15.332	15.044	14.748	60				
* 00.04.11.0		Table for Esmale	D 1 ()								

**<sup>55</sup>** | 16.245 | 15.912 | 15.61 89-91 U.S. Decennial Life Table for Female Population

Remarriage rates based on 1979 NCCI study 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.

Effective Date: October 1, 2002

Page 2

Section V **TABLES** 

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

	Surviving Spouse Pension Table*										
Age at Widowhood	a a	a a	a a	– a	a a	a a	Attained Age**				
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)				
56	15.968	15.630	15.326	15.031	14.733	14.429	61				
56 57	15.681	15.337	15.026	14.722	14.735	14.101	62				
58	15.383	15.036	14.717	14.722	14.088	13.766	63				
59	15.077	14.726	14.400	14.404	13.754	13.424	64				
60	14.763	14.408	14.400	13.745	13.413	13.424	65				
60	14.703	14.400	14.074	13.745	13.413	13.073	65				
61	14.441	14.082	13.741	13.405	13.065	12.720	66				
62	14.111	13.748	13.401	13.058	12.711	12.358	67				
63	13.774	13.407	13.054	12.704	12.350	11.991	68				
64	13.430	13.059	12.701	12.343	11.983	11.618	69				
65	13.080	12.705	12.340	11.977	11.610	11.242	70				
66	12.723	12.344	11.974	11.605	11.235	10.864	71				
67	12.360	11.977	11.602	11.230	10.857	10.484	71 72				
68	11.991	11.605	11.227	10.852	10.478	10.104	73				
69	11.617	11.229	10.850	10.473	10.098	9.724	74				
70	11.240	10.851	10.471	10.094	9.718	9.342	75				
71	10.861	10.472	10.092	9.714	9.337	8.959	76				
72	10.481	10.093	9.712	9.334	8.955	8.574	77				
73	10.101	9.714	9.332	8.951	8.570	8.189	78				
74	9.720	9.333	8.949	8.567	8.185	7.807	79				
75	9.338	8.950	8.565	8.182	7.803	7.431	80				
76	8.955	8.566	8.181	7.801	7.427	7.062	81				
77	8.570	8.181	7.799	7.425	7.059	6.701	82				
78	8.185	7.800	7.424	7.057	6.699	6.349	83				
79	7.803	7.424	7.056	6.697	6.347	6.005	84				
80	7.427	7.056	6.696	6.345	6.003	5.670	85				
81	7.058	6.696	6.344	6.002	5.668	5.346	86				
82	6.698	6.345	6.001	5.667	5.344	5.035	87				
83	6.346	6.001	5.666	5.343	5.034	4.738	88				
84	6.003	5.667	5.343	5.033	4.737	4.454	89				
85	5.668	5.343	5.033	4.736	4.453	4.183	90				
86	5.344	5.033	4.736	4.452	4.182	3.928	91				
87	5.034	4.736	4.736	4.432	3.927	3.695	91				
88	4.737	4.452	4.432	3.927	3.695	3.482	93				
89	4.453	4.181	3.926	3.694	3.482	3.285	94				
90	4.181	3.927	3.694	3.481	3.284	3.100	95				
91	3.927	3.694	3.481	3.284	3.099	2.927	96 97				
92	3.694	3.481	3.284	3.099	2.926	2.768	97				
93	3.482	3.284	3.099	2.926	2.767	2.621	98				
94	3.284	3.099	2.926	2.767	2.620	2.481	99				
95	3.099	2.926	2.767	2.620	2.481	2.346	100				

<sup>95 | 3.099 | 2.926 | 2.767</sup> 89-91 U.S. Decennial Life Table for Female Population Remarriage rates based on 1979 NCCI study 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.

Effective Date: October 1, 2002 Section V **TABLES** Page 3

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

	Surviving Spouse Pension Table*										
Age at	_	_	_	_	_	_	Attained				
Widowhood	а	a a	a	a	а	a a	Age**				
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)				
96	2.926	2.767	2.620	2.480	2.345	2.215	101				
96 97	2.926	2.767	2.620	2.460	2.345	2.215	101				
	2.767	2.620	2.460	2.343	2.214	1.962	102				
98			2.345		1.962						
99	2.481	2.345		2.088		1.840	104				
100	2.345	2.214	2.088	1.962	1.840	1.720	105				
101	2.214	2.088	1.962	1.840	1.719	1.590	106				
102	2.088	1.962	1.840	1.719	1.589	1.438	107				
103	1.962	1.840	1.719	1.589	1.438	1.254	108				
104	1.840	1.719	1.589	1.438	1.254	0.983	109				
105	1.720	1.589	1.438	1.254	0.983	0.500	110				
106	1.589	1.438	1.254	0.983	0.500	0.000	111				
107	1.438	1.254	0.983	0.500	0.000	0.000	112				
108	1.254	0.983	0.500	0.000	0.000	0.000	113				
109	0.983	0.500	0.000	0.000	0.000	0.000	114				
110	0.500	0.000	0.000	0.000	0.000	0.000	115				

<sup>89-91</sup> U.S. Decennial Life Table for Female Population
Remarriage rates based on 1979 NCCI study
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.

Effective Date: October 1, 2002 Page 4

Section V **TABLES** 

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

	Present Value of Remarriage Dowry*										
Age at Widowhood	A'	A'	A´	A´	A´	A´	Attained Age**				
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)				
16	0.7006	0.7047	0.6771	0.6392	0.6012	0.5666	21				
17	0.6722	0.6754	0.6471	0.6087	0.5705	0.5357	22				
18	0.6430	0.6456	0.6168	0.5783	0.5402	0.5056	23				
19	0.6135	0.6154	0.5865	0.5482	0.5105	0.4763	24				
20	0.5837	0.5851	0.5563	0.5185	0.4815	0.4479	25				
21	0.5539	0.5548	0.5263	0.4893	0.4531	0.4204	26				
22	0.5241	0.5247	0.4967	0.4606	0.4254	0.3936	27				
23	0.4947	0.4949	0.4676	0.4326	0.3985	0.3678	28				
24	0.4657	0.4656	0.4392	0.4054	0.3726	0.3430	29				
25	0:4374	0.4371	0.4116	0.3791	0.3477	0.3193	30				
26	0.4099	0.4095	0.3850	0.3539	0.3238	0.2967	31				
27	0.3833	0.3828	0.3594	0.3298	0.3012	0.2753	32				
28	0.3577	0.3571	0.3349	0.3068	0.2796	0.2551	33				
29	0.3333	0.3326	0.3115	0.2850	0.2593	0.2361	34				
30	0.3099	0.3093	0.2894	0.2643	0.2401	0.2181	35				
31	0.2878	0.2871	0.2684	0.2448	0.2220	0.2013	36				
32	0.2668	0.2661	0.2486	0.2264	0.2050	0.1855	37				
33	0.2470	0.2464	0.2300	0.2092	0.2030	0.1708	38				
34	0.2470	0.2404	0.2300	0.2092	0.1891	0.1708	39				
35	0.2109	0.2104	0.1961	0.1931	0.1743	0.1372	40				
	0.2109	0.2104	0.1901	0.1701	0.1003	0.1443	40				
36	0.1946	0.1941	0.1809	0.1641	0.1477	0.1327	41				
37	0.1794	0.1790	0.1667	0.1510	0.1358	0.1218	42				
38	0.1652	0.1648	0.1534	0.1389	0.1248	0.1117	43				
39	0.1520	0.1516	0.1411	0.1277	0.1145	0.1024	44				
40	0.1397	0.1394	0.1297	0.1173	0.1051	0.0938	45				
41	0.1283	0.1281	0.1191	0.1077	0.0963	0.0859	46				
42	0.1178	0.1176	0.1093	0.0987	0.0883	0.0785	47				
43	0.1080	0.1078	0.1003	0.0905	0.0808	0.0718	48				
44	0.0990	0.0988	0.0919	0.0829	0.0739	0.0656	49				
45	0.0906	0.0905	0.0841	0.0759	0.0676	0.0598	50				
46	0.0829	0.0828	0.0770	0.0694	0.0617	0.0546	51				
47	0.0758	0.0758	0.0704	0.0634	0.0563	0.0497	52				
48	0.0692	0.0692	0.0643	0.0579	0.0514	0.0452	53				
49	0.0632	0.0632	0.0587	0.0528	0.0468	0.0411	54				
50	0.0576	0.0577	0.0536	0.0320	0.0426	0.0373	55				
51	0.0525	0.0526	0.0488	0.0438	0.0387	0.0339	56				
51 52	0.0323	0.0326	0.0466	0.0438	0.0357	0.0339	56 57				
				0.0398	0.0352	0.0307					
53 54	0.0435	0.0435	0.0404	0.0362		0.0277	58 50				
54 55	0.0395 0.0359	0.0396 0.0360	0.0367 0.0333		0.0289		59 60				
		O.U36U		0.0298	0.0261	0.0226	υσ				

<sup>550.03590.03600.03389-91</sup> U.S. Decennial Life Table for Female Population<br/>Remarriage rates based on 1979 NCCI study<br/>Annual Rate of Interest = 3.5%

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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.

Effective Date: October 1, 2002 Section V **TABLES** Page 5

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

	Present Value of Remarriage Dowry*										
Age at Widowhood	A´	A´	A´	A´	A´	A´	Attained Age**				
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)				
56 57	0.0325 0.0294	0.0326 0.0295	0.0302 0.0274	0.0270 0.0244	0.0236 0.0213	0.0203 0.0182	61 62				
58	0.0266	0.0267	0.0248	0.0220	0.0191	0.0163	63				
59	0.0241	0.0242	0.0224	0.0198	0.0172	0.0146	64				
60	0.0217	0.0218	0.0202	0.0179	0.0154	0.0130	65				
61	0.0196	0.0197	0.0182	0.0160	0.0138	0.0116	66				
62	0.0176	0.0177	0.0163	0.0144	0.0123	0.0103	67				
63	0.0158	0.0159	0.0147	0.0129	0.0110	0.0091	68				
64	0.0142	0.0143	0.0132	0.0115	0.0097	0.0080	69				
65	0.0128	0.0129	0.0118	0.0103	0.0087	0.0070	70				
66	0.0114	0.0115	0.0106	0.0092	0.0077	0.0062	71				
67	0.0102	0.0103	0.0094	0.0082	0.0068	0.0054	72				
68	0.0092	0.0092	0.0084	0.0073	0.0060	0.0047	73				
69	0.0082	0.0083	0.0075	0.0065	0.0053	0.0041	74				
70	0.0073	0.0074	0.0067	0.0057	0.0047	0.0035	75				
71	0.0065	0.0066	0.0060	0.0051	0.0041	0.0031	76				
72	0.0058	0.0059	0.0053	0.0045	0.0036	0.0026	77				
73	0.0052	0.0053	0.0048	0.0040	0.0032	0.0023	78				
74	0.0046	0.0047	0.0042	0.0036	0.0028	0.0019	79				
75	0.0041	0.0042	0.0038	0.0031	0.0024	0.0017	80				
76	0.0037	0.0037	0.0034	0.0028	0.0021	0.0014	81				
77	0.0033	0.0033	0.0030	0.0025	0.0019	0.0012	82				
78	0.0029	0.0030	0.0027	0.0022	0.0016	0.0010	83				
79	0.0026	0.0026	0.0024	0.0019	0.0014	0.0009	84				
80	0.0023	0.0024	0.0021	0.0017	0.0012	0.0007	85				
81	0.0020	0.0021	0.0019	0.0015	0.0011	0.0006	86				
82	0.0018	0.0019	0.0017	0.0013	0.0010	0.0005	87				
83	0.0016	0.0017	0.0015	0.0012	0.0008	0.0004	88				
84	0.0014	0.0015	0.0013	0.0011	0.0007	0.0004	89				
85	0.0012	0.0013	0.0012	0.0009	0.0006	0.0003	90				
86	0.0011	0.0012	0.0011	0.0008	0.0006	0.0002	91				
87	0.0010	0.0010	0.0010	0.0008	0.0005	0.0002	92				
88	0.0009	0.0009	0.0008	0.0007	0.0004	0.0002	93				
89	0.0007	0.0008	0.0008	0.0006	0.0004	0.0001	94				
90	0.0007	0.0007	0.0007	0.0006	0.0004	0.0001	95				
91	0.0006	0.0007	0.0006	0.0005	0.0003	0.0001	96				
92	0.0005	0.0006	0.0006	0.0004	0.0003	0.0001	97				
93	0.0004	0.0005	0.0005	0.0004	0.0003	0.0001	98				
94	0.0004	0.0005	0.0004	0.0004	0.0002	0.0001	99				
95	0.0003	0.0004	0.0004	0.0003	0.0002	0.0000	100				
* 00.04.11.0		0.0004		0.0003	0.0002	0.0000	100				

**<sup>95</sup>** | 0.0003 | 0.0004 | 0.0004 89-91 U.S. Decennial Life Table for Female Population

Remarriage rates based on 1979 NCCI study Annual Rate of Interest = 3.5%

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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.

Effective Date: October 1, 2002 Section V **TABLES** Page 6

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

		Ρ.	resent value	or Remarria	age 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)
96 97 98 99 100	0.0003 0.0003 0.0002 0.0002 0.0002	0.0004 0.0003 0.0003 0.0003 0.0002	0.0004 0.0003 0.0003 0.0003 0.0002	0.0003 0.0003 0.0002 0.0002 0.0002	0.0002 0.0002 0.0002 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	101 102 103 104 105
101 102 103 104 105	0.0002 0.0001 0.0001 0.0001 0.0001	0.0002 0.0002 0.0002 0.0001 0.0001	0.0002 0.0002 0.0002 0.0002 0.0001	0.0002 0.0002 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	106 107 108 109 110
106 107 108 109 110	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	111 112 113 114 115

<sup>89-91</sup> U.S. Decennial Life Table for Female Population

Remarriage rates based on 1979 NCCI study
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)

			waie		
	Present		Present		Present
Age	Value	Age	Value	Age	Value
11	24.906	41	19.192	71	8.930
12	24.765	42	18.910	72	8.584
13	24.620	43	18.621	73	8.243
14	24.475	44	18.324	74	7.909
15	24.330	45	18.020	75	7.578
13	24.550	43	10.020	13	7.570
16	24.186	46	17.710	76	7.252
17	24.043	47	17.394	77	6.930
18	23.898	48	17.072	78	6.612
19	23.752	49	16.745	79	6.300
20	23.601	50	16.412	80	5.995
21	23.447	51	16.073	81	5.701
22	23.288	52	15.730	82	5.420
23	23.266	52 53	15.383	83	5.420
	23.125		15.032		4.894
24	22.783	54	14.679	84	4.638
25	22.703	55	14.079	85	4.030
26	22.603	56	14.323	86	4.388
27	22.417	57	13.964	87	4.148
28	22.225	58	13.604	88	3.920
29	22.028	59	13.244	89	3.702
30	21.825	60	12.885	90	3.496
31	21.617	61	12.526	91	3.302
32	21.403	62	12.166	92	3.125
33	21.183	63	11.805	93	2.966
34	20.957	64	11.444	94	2.822
35	20.725	65	11.084	95	2.687
36	20.487	66	10.723	96	2.559
30 37	20.242	67	10.723	97	2.441
38	19.991	68	10.000	98	2.327
39	19.733	69	9.640	99	2.218
40	19.467	70	9.282	100	2.108
40	13.401	70	3.202	100	2.100

<sup>89-91</sup> U.S. Decennial Life Table for Male Population

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

Effective Date: October 1, 2002 Section V TABLES

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

			remaie		
	Present		Present		Present
Age	Value	Age	Value	Age	Value
11	25.891	41	20.871	71	10.919
12	25.783	42	20.616	72	10.530
13	25.673	43	20.355	73	10.143
14	25.560	44	20.087	74	9.756
15	25.444	45	19.812	75	9.369
13	25.444	43	19.012	73	9.509
16	25.326	46	19.532	76	8.981
17	25.205	47	19.246	77	8.592
18	25.082	48	18.954	78	8.204
19	24.955	49	18.657	79	7.819
20	24.823	50	18.353	80	7.440
21	24.688	51	18.044	81	7.070
22	24.548	52	17.730	82	6.708
23	24.403	53	17.411	83	6.354
24	24.254	54	17.086	84	6.010
25	24.100	55	16.757	85	5.674
26	23.940	56	16.421	86	5.348
27	23.775	57	16.081	87	5.037
28	23.605	58	15.736	88	4.740
29	23.429	59	15.388	89	4.455
30	23.248	60	15.037	90	4.184
31	23.062	61	14.681	91	3.929
32	22.871	62	14.321	92	3.696
33	22.673	63	13.958	93	3.483
34	22.470	64	13.590	94	3.285
35	22.261	65	13.219	95	3.100
36	22.045	66	12.844	96	2.927
37	21.823	67	12.465	97	2.768
38	21.595	68	12.082	98	2.621
39	21.360	69	11.695	99	2.481
40	21.119	70	11.307	100	2.346

<sup>89-91</sup> U.S. Decennial Life Table for Female Population

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

Effective Date: October 1, 2002 Section V Page 9 **TABLES** 

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

Surviving Spouse Pension Table\*

			ai titiiig Opt	use rension	. 45.0		
Age at	_	_	_	_	_	_	Attained
Widowhood	а	а	а	а	a a	а	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
16	16.455	16.515	18.360	20.765	23.122	25.219	21
17	18.357	18.419	20.277	22.670	24.990	27.034	22
18	20.275	20.326	22.167	24.515	26.767	28.731	23
19	22.179	22.209	24.005	26.280	28.437	30.300	24
20	24.052	24.051	25.778	27.953	29.997	31.743	25
21	25.870	25.831	27.469	29.525	31.439	33.055	26
22	27.621	27.536	29.070	30.991	32.762	34.241	27
23	29.285	29.150	30.565	32.340	33.961	35.297	28
24	30.843	30.654	31.941	33.561	35.026	36.218	29
25	32.283	32.037	33.190	34.649	35.957	37.003	30
26	33.595	33.291	34.305	35.603	36.752	37.654	31
27	34.773	34.410	35.284	36.420	37.414	38.174	32
28	35.812	35.392	36.127	37.104	37.945	38.568	33
29	36.712	36.236	36.836	37.656	38.350	38.841	34
30	37.474	36.945	37.413	38.083	38.635	38.999	35
31	38.101	37.521	37.861	38.387	38.805	39.050	36
32	38.595	37.967	38.186	38.576	38.866	38.999	37
33	38.962	38.288	38.392	38.654	38.824	38.852	38
34	39.206	38.491	38.487	38.628	38.688	38.618	39
35	39.335	38.582	38.477	38.507	38.463	38.304	40
36	39.356	38.567	38.371	38.297	38.158	37.915	41
	39.275	38.455	38.173	38.005	37.779	37.460	
37							42
38	39.102	38.253	37.894	37.639	37.333	36.945	43
39	38.842	37.969	37.539	37.204	36.827	36.377	44
40	38.505	37.610	37.115	36.710	36.268	35.762	45
41	38.096	37.182	36.631	36.161	35.661	35.106	46
42	37.623	36.693	36.090	35.564	35.013	34.415	47
43	37.093	36.149	35.502	34.926	34.330	33.694	48
44	36.510	35.556	34.870	34.251	33.616	32.947	49
45	35.882	34.921	34.202	33.545	32.875	32.176	50
46	35.215	34.249	33.502	32.811	32.111	31.388	51
46 47	34.514	33.545	32.773	32.054	31.329	30.585	52
48	33.783	32.814	32.021	31.277	30.531	29.771	53
49	33.028	32.058	31.248	30.485	29.722	28.947	54
50	32.250	31.283	30.460	29.681	28.903	28.117	55
51	31.454	30.491	29.658	28.866	28.077	27.282	56
52	30.645	29.687	28.846	28.044	27.246	26.444	57
53	29.825	28.873	28.027	27.216	26.411	25.606	58
54	28.996	28.051	27.201	26.384	25.576	24.772	59
55	28.160	27.222	26.371	25.552	24.745	23.942	60

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<sup>89-91</sup> U.S. Decennial Life Table for Female Population
Remarriage rates based on 1979 NCCI study
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.

Effective Date: October 1, 2002 Section V Page 10 **TABLES** 

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

Surviving Spouse Pension Table\*

			ar viving ope	dac i ciiaioi	Table		
Age at	_	_	_	_	_	_	Attained
Widowhood	a a	a a	a a	– a	a	а	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
\		` '					` ′
56	27.320	26.391	25.541	24.723	23.917	23.116	61
57	26.478	25.559	24.713	23.897	23.094	22.296	62
58	25.635	24.728	23.888	23.076	22.276	21.482	63
<b>59</b>	24.796	23.902	23.068	22.260	21.463	20.676	64
60	23.962	23.080	22.252	21.449	20.659	19.878	65
00	23.902	23.000	22.232	21.449	20.059	19.070	65
61	23.134	22.263	21.442	20.646	19.862	19.088	66
62	22.310	21.452	20.640	19.850	19.074	18.307	67
63	21.494	20.648	19.845	19.063	18.294	17.535	68
64	20.684	19.852	19.057	18.284	17.523	16.774	69
65	19.883	19.064	18.279	17.514	16.763	16.026	70
66	19.091	18.284	17.509	16.754	16.016	15.293	71
67	18.308	17.513	16.750	16.008	15.283	14.575	72
68	17.534	16.753	16.004	15.276	14.567	13.874	73
69	16.771	16.007	15.272	14.560	13.866	13.190	74
70	16.022	15.274	14.556	13.860	13.182	12.520	75
70	10.022	15.274	14.550	13.000	13.102	12.520	75
71	15.288	14.558	13.857	13.177	12.513	11.864	76
72	14.570	13.859	13.174	12.508	11.858	11.221	77
73	13.868	13.175	12.505	11.853	11.216	10.594	78
74	13.184	12.506	11.851	11.211	10.589	9.986	79
7 <del>.</del> 75	12.514	11.851	11.209	10.585	9.981	9.399	80
75	12.514	11.051	11.209	10.565	9.901	9.599	80
76	11.858	11.210	10.583	9.978	9.395	8.836	81
77	11.215	10.584	9.976	9.392	8.833	8.297	82
78	10.588	9.976	9.391	8.830	8.294	7.781	83
79	9.980	9.391	8.829	8.291	7.778	7.286	84
80	9.394	8.829	8.290	7.775	7.283	6.813	85
00	9.594	0.029	0.290	1.115	1.203	0.013	65
81	8.832	8.290	7.774	7.281	6.811	6.363	86
82	8.293	7.775	7.281	6.809	6.361	5.940	87
83	7.777	7.281	6.808	6.360	5.938	5.542	88
84	7.283	6.808	6.359	5.937	5.540	5.166	89
85	6.810	6.359	5.936	5.539	5.165	4.813	90
65	0.010	0.559	3.930	3.339	3.103	4.013	90
86	6.361	5.937	5.538	5.164	4.812	4.487	91
87	5.938	5.539	5.164	4.811	4.486	4.192	92
88	5.540	5.164	4.811	4.485	4.191	3.924	93
89	5.165	4.811	4.485	4.190	3.923	3.678	94
90	4.812	4.485	4.190	3.923	3.677	3.450	95
<b>55</b>				0.020	0.077	0.100	
91	4.486	4.190	3.923	3.677	3.449	3.239	96
92	4.191	3.923	3.677	3.449	3.238	3.046	97
93	3.923	3.677	3.449	3.238	3.046	2.869	98
94	3.677	3.449	3.238	3.046	2.869	2.703	99
95	3.449	3.238	3.046	2.869	2.702	2.542	100
90	J.449	3.230	J.040	2.009	2.702	2.042	1 100

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<sup>89-91</sup> U.S. Decennial Life Table for Female Population
Remarriage rates based on 1979 NCCI study
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.

Effective Date: October 1, 2002 Section V Page 11 **TABLES** 

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

Surviving Spouse Pension Table\*

		<u> </u>	urviving Spc	ouse relision	i i abie		
Age at	_	_	_	_	_	_	Attained
Widowhood	a	a a	a a	a a	a a	а	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
96	3.238	3.046	2.869	2.702	2.542	2.388	101
97	3.046	2.869	2.702	2.542	2.388	2.241	102
98	2.869	2.702	2.542	2.388	2.241	2.095	103
99	2.702	2.542	2.388	2.240	2.095	1.954	104
100	2.542	2.388	2.240	2.095	1.954	1.816	105
101	2.388	2.241	2.095	1.954	1.816	1.668	106
102	2.241	2.095	1.954	1.816	1.668	1.498	107
103	2.095	1.954	1.816	1.668	1.498	1.295	108
104	1.954	1.816	1.668	1.498	1.294	1.002	109
105	1.816	1.668	1.498	1.294	1.002	0.500	110
105	1.010	1.000	1.490	1.294	1.002	0.500	110
106	1.668	1.498	1.294	1.002	0.500	0.000	111
107	1.498	1.294	1.002	0.500	0.000	0.000	112
108	1.294	1.002	0.500	0.000	0.000	0.000	113
109	1.002	0.500	0.000	0.000	0.000	0.000	114
110	0.500	0.000	0.000	0.000	0.000	0.000	115
							I

<sup>89-91</sup> U.S. Decennial Life Table for Female Population Remarriage rates based on 1979 NCCI study

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.

Effective Date: October 1, 2002 Section V Page 12 **TABLES** 

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

Present Value of Remarriage Dowry\*

Age at							Attained
Widowhood	A'	Α´	A´	A´	A´	A´	Age**
(X)	[x]	[x]+1	[x]+2	[x]+3	[x]+4	[x]+5	(X+5)
16	0.8834	0.8711	0.8435	0.8090	0.7727	0.7370	21
17	0.8566	0.8436	0.8140	0.7774	0.7395	0.7026	22
18	0.8277	0.8141	0.7829	0.7447	0.7056	0.6679	23
19	0.7971	0.7830	0.7505	0.7113	0.6714	0.6333	24
20	0.7650	0.7506	0.7173	0.6773	0.6370	0.5988	25
20	0.7050	0.7300	0.7173	0.0773	0.0370	0.5300	23
21	0.7318	0.7173	0.6833	0.6430	0.6027	0.5648	26
22	0.6976	0.6831	0.6490	0.6087	0.5687	0.5312	27
23	0.6629	0.6485	0.6145	0.5745	0.5351	0.4983	28
24	0.6281	0.6138	0.5802	0.5408	0.5022	0.4664	29
25	0.5933	0.5794	0.5463	0.5078	0.4703	0.4355	30
26	0.5589	0.5453	0.5131	0.4757	0.4394	0.4059	31
27	0.5251	0.5120	0.4808	0.4447	0.4097	0.3775	32
28	0.4921	0.4796	0.4495	0.4148	0.3813	0.3504	33
29	0.4601	0.4482	0.4193	0.3862	0.3541	0.3247	34
30	0.4293	0.4179	0.3904	0.3588	0.3284	0.3004	35
31	0.3997	0.3890	0.3628	0.3328	0.3039	0.2775	36
32	0.3715	0.3613	0.3366	0.3082	0.2809	0.2559	37
33	0.3446	0.3351	0.3118	0.2850	0.2593	0.2357	38
34	0.3192	0.3103	0.2883	0.2632	0.2390	0.2168	39
35	0.2951	0.2868	0.2663	0.2427	0.2200	0.1992	40
36	0.2725	0.2648	0.2456	0.2235	0.2023	0.1829	41
37	0.2513	0.2442	0.2263	0.2057	0.1858	0.1677	42
38	0.2315	0.2249	0.2082	0.1890	0.1705	0.1536	43
39	0.2129	0.2068	0.1913	0.1735	0.1563	0.1405	44
40	0.1956	0.1900	0.1757	0.1591	0.1431	0.1285	45
41	0.1795	0.1744	0.1611	0.1458	0.1310	0.1173	46
42	0.1793	0.1744	0.1611	0.1436	0.1310	0.1173	47
43	0.1507	0.1399	0.1470	0.1334	0.1197	0.1076	48
44	0.1379	0.1404	0.1235	0.1220	0.0997	0.0888	49
45	0.1260	0.1333	0.1233	0.1017	0.0908	0.0808	50
46	0.1150	0.1117	0.1030	0.0927	0.0827	0.0734	51
47	0.1049	0.1019	0.0939	0.0844	0.0752	0.0666	52
48	0.0956	0.0929	0.0855	0.0768	0.0683	0.0604	53
49 50	0.0869 0.0790	0.0845 0.0768	0.0777 0.0706	0.0698 0.0633	0.0619 0.0561	0.0547 0.0494	54 55
	0.0790					0.0434	
51	0.0718	0.0698	0.0641	0.0574	0.0508	0.0446	56
52	0.0651	0.0633	0.0581	0.0520	0.0459	0.0402	57
53	0.0590	0.0574	0.0526	0.0470	0.0414	0.0362	58
54	0.0534	0.0519	0.0476	0.0425	0.0373	0.0325	59
55	0.0482	0.0469	0.0430	0.0383	0.0336	0.0291	60

<sup>89-91</sup> U.S. Decennial Life Table for Female Population

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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Effective Date: October 1, 2002 Section V Page 13 **TABLES** 

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

			ai titiiig opt	dac i chalor	1 4 5 1 5		
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)
56	0.0435	0.0424	0.0388	0.0345	0.0302	0.0261	61
57	0.0392	0.0382	0.0350	0.0310	0.0271	0.0233	62
58	0.0353	0.0344	0.0315	0.0278	0.0242	0.0208	63
59	0.0318	0.0309	0.0283	0.0250	0.0216	0.0185	64
60	0.0285	0.0278	0.0254	0.0223	0.0193	0.0164	65
61	0.0256	0.0249	0.0227	0.0200	0.0172	0.0145	66
62	0.0229	0.0223	0.0203	0.0178	0.0152	0.0128	67
63	0.0204	0.0200	0.0181	0.0158	0.0135	0.0112	68
64	0.0183	0.0178	0.0162	0.0141	0.0119	0.0098	69
65	0.0163	0.0159	0.0144	0.0125	0.0105	0.0086	70
66	0.0145	0.0142	0.0128	0.0111	0.0093	0.0075	71
67	0.0129	0.0126	0.0114	0.0098	0.0081	0.0065	72
68	0.0115	0.0112	0.0101	0.0087	0.0071	0.0057	73
69	0.0102	0.0100	0.0090	0.0077	0.0063	0.0049	74
70	0.0091	0.0089	0.0080	0.0067	0.0055	0.0042	75
71	0.0080	0.0079	0.0071	0.0059	0.0048	0.0036	76
72	0.0071	0.0070	0.0062	0.0052	0.0042	0.0031	77
73	0.0063	0.0062	0.0055	0.0046	0.0036	0.0027	78
74	0.0056	0.0055	0.0049	0.0041	0.0032	0.0023	79
75	0.0050	0.0049	0.0043	0.0036	0.0028	0.0019	80
76	0.0044	0.0043	0.0038	0.0031	0.0024	0.0016	81
77	0.0039	0.0038	0.0034	0.0028	0.0021	0.0014	82
78	0.0034	0.0034	0.0030	0.0024	0.0018	0.0012	83
79	0.0030	0.0030	0.0027	0.0021	0.0016	0.0010	84
80	0.0027	0.0027	0.0024	0.0019	0.0014	0.0008	85
81	0.0024	0.0024	0.0021	0.0017	0.0012	0.0007	86
82	0.0021	0.0021	0.0018	0.0015	0.0010	0.0006	87
83	0.0018	0.0019	0.0016	0.0013	0.0009	0.0005	88
84	0.0016	0.0016	0.0015	0.0011	0.0008	0.0004	89
85	0.0014	0.0014	0.0013	0.0010	0.0007	0.0003	90
86	0.0012	0.0013	0.0011	0.0009	0.0006	0.0003	91
87	0.0011	0.0012	0.0010	0.0008	0.0005	0.0002	92
88	0.0010	0.0010	0.0009	0.0007	0.0005	0.0002	93
89	0.0008	0.0009	0.0008	0.0006	0.0004	0.0002	94
90	0.0007	0.0008	0.0007	0.0006	0.0004	0.0001	95
91	0.0006	0.0007	0.0007	0.0005	0.0003	0.0001	96
92	0.0006	0.0006	0.0006	0.0005	0.0003	0.0001	97
93	0.0005	0.0006	0.0005	0.0004	0.0003	0.0001	98
94	0.0004	0.0005	0.0005	0.0004	0.0002	0.0001	99
95	0.0004	0.0004	0.0004	0.0003	0.0002	0.0001	100

<sup>89-91</sup> U.S. Decennial Life Table for Female Population
Remarriage rates based on 1979 NCCI study
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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Effective Date: October 1, 2002 Section V Page 14 **TABLES** 

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

**Surviving Spouse Pension Table\*** 

			di vivilig Opc	dac i chaloi	i i abic		
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)
96 97 98 99 100	0.0003 0.0003 0.0003 0.0002 0.0002	0.0004 0.0004 0.0003 0.0003 0.0003	0.0004 0.0003 0.0003 0.0003 0.0002	0.0003 0.0003 0.0002 0.0002 0.0002	0.0002 0.0002 0.0002 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	101 102 103 104 105
101 102 103 104 105	0.0002 0.0002 0.0001 0.0001 0.0001	0.0002 0.0002 0.0002 0.0002 0.0001	0.0002 0.0002 0.0002 0.0002 0.0001	0.0002 0.0002 0.0001 0.0001 0.0001	0.0001 0.0001 0.0001 0.0001 0.0001	0.0000 0.0000 0.0000 0.0000 0.0000	106 107 108 109 110
106 107 108 109 110	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	0.0000 0.0000 0.0000 0.0000 0.0000	111 112 113 114 115

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<sup>89-91</sup> U.S. Decennial Life Table for Female Population
Remarriage rates based on 1979 NCCI study
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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# TABLE III-M-C UNITED STATES LONGSHORE & HARBOR WORKERS ACT (Table USLH-III - Male)

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

			IVIAIE		
	Present		Present		Present
Age	Value	Age	Value	Age	Value
		_			
11	72.819	41	37.620	71	11.931
12	71.484	42	36.563	72	11.343
13	70.161	43	35.513	73	10.777
14	68.855	44	34.473	74	10.231
15	67.570	45	33.442	75	9.703
16	66.307	46	32.422	76	9.190
17	65.064	47	31.415	77	8.695
18	63.838	48	30.420	78	8.216
19	62.623	49	29.437	79	7.754
20	61.416	50	28.465	80	7.311
21	60.216	51	27.508	81	6.891
22	59.026	52	26.564	82	6.495
23	57.841	53	25.636	83	6.123
23 24				84	5.767
	56.663	54	24.724		
25	55.490	55	23.829	85	5.423
26	54.321	56	22.950	86	5.091
27	53.157	57	22.088	87	4.778
28	51.998	58	21.245	88	4.483
29	50.846	59	20.421	89	4.205
30	49.702	60	19.618	90	3.946
31	48.566	61	18.834	91	3.706
32	47.438	62	18.067	92	3.488
33	46.318	63	17.317	93	3.293
34	45.205	64	16.584	94	3.117
35	44.099	65	15.869	95	2.954
36	43.001	66	15.171	96	2.800
37	41.911	67	14.488	97	2.660
38	40.828	68	13.821	98	2.525
39	39.753	69	13.171	99	2.396
40	38.683	70	12.541	100	2.268
40	30.003	70	12.341	100	2.200

<sup>89-91</sup> U.S. Decennial Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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## TABLE III-F-C **UNITED STATES LONGSHORE & HARBOR WORKERS ACT** (Table USLH-III - Female)

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

#### **Female** Present Present Present Age Value Age Value Age Value 82.071 15.380 11 41 44.199 71 12 80.691 42 43.055 72 14.647 13 79.320 43 41.921 73 13.934 14 77.958 44 40.797 74 13.239 15 76.607 45 39.682 75 12.560 75.267 46 38.579 76 11.897 16 73.938 37.488 11.248 17 47 77 72.618 36.409 10.615 18 48 78 71.307 49 35.343 79 10.003 19 70.002 50 34.288 80 9.413 20 68.704 8.847 21 51 33.245 81 22 67.413 52 32.216 8.306 82 66.128 31.202 7.787 23 53 83 64.849 30.200 7.291 24 54 84 25 63.577 55 29.212 85 6.817 28.237 26 62.311 56 6.367 86 61.051 5.943 27 57 27.275 87 28 59.797 58 26.328 88 5.544 25.397 29 58.551 59 89 5.168 30 57.313 60 24.482 90 4.815 31 56.082 61 23.582 4.488 91 32 54.860 62 22.696 92 4.192 33 53.644 63 21.825 93 3.925 34 52.436 64 20.968 94 3.678 35 51.236 65 20.127 95 3.450 36 50.043 66 19.299 96 3.239 37 48.858 67 18.485 97 3.047 47.681 17.685 2.869 38 68 98 46.512 2.703 39 69 16.900 99

70

Annual Rate of Escalation = 4.0%

40

16.131

100

2.542

<sup>45.351</sup> 89-91 U.S. Decennial Life Table for Male Population Annual Rate of Interest = 3.5%

Effective Date: October 1, 2002 Section V Page 17 **TABLES** 

#### UNITED STATES LONGSHORE & HARBOR WORKERS ACT (Table USLH-IV -A)

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

		7 190 2 1110	renee (epeace		u	7
Age	-5	-4	-3	-2	-1	-0
16	15.591	14.788	14.008	13.253	12.524	11.823
17	15.519	14.719	13.943	13.192	12.467	11.766
18	15.448	14.652	13.879	13.131	12.407	11.708
19	15.378	14.585	13.816	13.070	12.347	11.648
20	15.309	14.520	13.752	13.006	12.285	11.587
21	15.241	14.453	13.686	12.942	12.220	11.523
22	15.172	14.385	13.619	12.875	12.154	11.458
23	15.101	14.315	13.550	12.806	12.086	11.390
24	15.029	14.243	13.478	12.736	12.016	11.320
25	14.955	14.170	13.406	12.663	11.944	11.249
26	14.879	14.095	13.331	12.589	11.870	11.176
27	14.802	14.018	13.255	12.513	11.796	11.102
28	14.722	13.939	13.176	12.436	11.719	11.026
29	14.640	13.857	13.096	12.356	11.640	10.948
30	14.556	13.774	13.012	12.274	11.559	10.868
31	14.468	13.687	12.927	12.189	11.475	10.787
32	14.378	13.598	12.839	12.102	11.390	10.707
33	14.286	13.506	12.749	12.014	11.303	10.703
34	14.191	13.413	12.656	11.923	11.214	10.529
35	14.094	13.317	12.562	11.830	11.123	10.440
36	13.995	13.219	12.465	11.735	11.029	10.349
37	13.893	13.118	12.367	11.638	10.934	10.256
38	13.789	13.016	12.266	11.539	10.837	10.161
39	13.682	12.911	12.163	11.438	10.739	10.065
40	13.573	12.805	12.058	11.336	10.639	9.967
41	13.463	12.696	11.952	11.232	10.538	9.869
42	13.351	12.586	11.845	11.127	10.435	9.769
43	13.236	12.474	11.735	11.021	10.331	9.668
44	13.119	12.359	11.623	10.912	10.226	9.566
45	12.998	12.241	11.508	10.800	10.117	9.460
46	12.873	12.119	11.389	10.684	10.005	9.352
47	12.744	11.993	11.266	10.565	9.889	9.241
48	12.610	11.863	11.139	10.442	9.771	9.126
49	12.471	11.728	11.009	10.315	9.648	9.008
50	12.329	11.589	10.875	10.186	9.523	8.888
51	12.182	11.447	10.737	10.053	9.395	8.764
52	12.031	11.300	10.595	9.915	9.262	8.635
53	11.874	11.148	10.447	9.772	9.124	8.503
54	11.712	10.991	10.295	9.625	8.982	8.367
55	11.544	10.828	10.138	9.474	8.836	8.226

<sup>89-91</sup> U.S. Decennial Life Table for Total Population and Female Population 100.0% of Remarriage Rates based on the 1979 study
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 is to be used.

Effective Date: October 1, 2002 Section V Page 18 **TABLES** 

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

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

		7.90 =	· ciico (openee	9		7
Age	-5	-4	-3	-2	-1	-0
56	11.372	10.661	9.977	9.318	8.686	8.081
57	11.194	10.490	9.811	9.158	8.531	7.932
58	11.011	10.312	9.639	8.992	8.371	7.778
59	10.821	10.128	9.461	8.820	8.206	7.619
60	10.624	9.937	9.276	8.642	8.035	7.455
61	10.421	9.741	9.087	8.459	7.859	7.286
62	10.213	9.540	8.894	8.274	7.681	7.114
63	10.002	9.337	8.698	8.085	7.499	6.940
64	9.788	9.130	8.499	7.893	7.314	6.762
65	9.570	8.920	8.296	7.698	7.126	6.581
66	9.350	8.707	8.090	7.500	6.936	6.398
67	9.127	8.493	7.884	7.301	6.744	6.214
68	8.903	8.276	7.675	7.100	6.551	6.028
69	8.676	8.058	7.465	6.897	6.356	5.841
70	8.445	7.835	7.250	6.691	6.158	5.652
_						
71	8.210	7.608	7.031	6.480	5.957	5.461
72	7.969	7.375	6.807	6.266	5.753	5.267
73	7.722	7.138	6.580	6.050	5.547	5.071
74	7.473	6.899	6.352	5.832	5.340	4.875
75	7.223	6.660	6.124	5.616	5.134	4.679
76	6.974	6.423	5.899	5.401	4.930	4.485
77	6.728	6.189	5.676	5.189	4.728	4.292
78	6.485	5.957	5.454	4.978	4.527	4.102
79	6.242	5.725	5.233	4.767	4.327	3.915
80	5.998	5.492	5.010	4.556	4.129	3.731
81	5.750	5.255	4.786	4.345	3.932	3.549
82	5.499	5.016	4.561	4.135	3.738	3.369
83	5.246	4.778	4.339	3.928	3.547	3.193
84	4.997	4.545	4.122	3.727	3.361	3.022
85	4.754	4.319	3.912	3.534	3.182	2.857
86	4.517	4.099	3.709	3.346	3.009	2.700
87	4.285	3.883	3.509	3.162	2.842	2.549
88	4.057	3.672	3.314	2.984	2.681	2.405
	3.834	3.467	3.126	2.814	2.528	2.405
89						
90	3.618	3.268	2.947	2.652	2.383	2.138
91	3.406	3.076	2.774	2.496	2.243	2.016
92	3.199	2.889	2.604	2.344	2.110	1.903
93	2.997	2.706	2.439	2.198	1.985	1.796
94	2.803	2.530	2.283	2.064	1.870	1.694
95	2.618	2.366	2.142	1.942	1.762	1.600
	_:5.5	=:500	<b></b>			

<sup>89-91</sup> U.S. Decennial Life Table for Total Population and Female Population
100.0% of Remarriage Rates based on the 1979 study
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 is to be used.

Effective Date: October 1, 2002 Section V Page 19 **TABLES** 

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

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

		Age Bille	rence (opouse	o rigo imiliac ci	aimant 3 Age	·)
Age	-5	-4	-3	-2	-1	-0
96 97 98 99 100	2.446 2.288 2.144 2.012 1.891	2.217 2.080 1.951 1.834 1.725	2.013 1.891 1.777 1.672 1.577	1.829 1.721 1.618 1.526 1.442	1.662 1.566 1.476 1.394 1.316	1.510 1.427 1.347 1.272 1.198
101 102 103 104 105	1.780 1.680 1.587 1.504 1.416	1.628 1.539 1.454 1.375 1.292	1.490 1.408 1.328 1.253 1.175	1.362 1.285 1.209 1.139 1.061	1.241 1.168 1.096 1.028 0.952	1.128 1.058 0.988 0.921 0.845

<sup>89-91</sup> U.S. Decennial Life Table for Total Population and Female Population 100.0% of Remarriage Rates based on the 1979 study
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 is to be used.

## **SECTION VI**

## **EXAMPLES**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

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Page 1 EXAMPLES

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

Section VI contains illustrations of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should <u>not</u> be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the illustrations should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

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

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

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

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Page 2 EXAMPLES

## Illustration 1 - First Report Requiring Two Unit Reports

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

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

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

										POLICYIN														
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy E	ffective Dat	POLICY IN Policy Ex	FORMA piration Date		State	State Effective Da	ate Cert	ificate No.	Card S	Serial No.		Risk ID Number		Page No.	Last	Page No.
01				99998		WC4444		01/	01/96	01/0	)1/97	07	'											
																			F.E.	IN		Pending	File No.	
			Q Refi	ning Compa	ny														1.2			renumy	ne No.	
	's Addre																		12345					
Mod Effec	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		cy Conditions Stimated Retro	Canceled	MCO	Po Type	Plan Non-	Deduc Type			Deductible Amou		Deductible Amo Aggregate	unt	Reserved	F	or Carrier Use		For E	ureau Use	
07/0	1/05	07.10	11/05	Policy Policy		xposure Policy	Mid-Term	Indicator	Cov.	Ind. Std.						555								
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Upd Type	Exp. Cov.	. Clas	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Num	ber	Acc. Date/ No. Claims	incurre	ed Indemnity	incu	ırred Medical	Class Code	Injury	Status	Act		s Conditions  Recov Cov	Settl	Jurisdic State	Cat. No.	MCO Type
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									Security N		Part	Nature	Cause		Occupation Des		V				Paid Inde	-	Paid M	ledical
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	01	0'	953	12850	.49	63				1500	0										1250	00		
	Λ1	Q	66 <i>1</i>			227	*Upd Type	Claim Numl	ber	Acc. Date/ No. Claims	Incurre	d Indemnity	Incu	rred Medical	Class Code	Injury	Status		Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	tal Suhic	ect Premium		8174		15001	1	05/02/96	0	0000		3000	0581	0	Λ	Act	Type 01	Recov Cov			00	00
		Evi	norionco	<u>,</u>		0174			I I Security N		Part	Nature	Cause		Occupation Des	scription	V	oc. Lum	Ų į	01 00	Paid Inde	mnity	Paid M	ledical
	B.	Мо	d (XX.X)	XX)		1.080		Claimant/a Attam	F	Franksissis Atta	35 04 02 Reversed for Future Use									225 ALAE F		28		
	C.	Tot	tal Modif	fied Premium		8828		Claimant's Attorr	ney rees	Employer's Atto	rney rees				Rever	sea for Future C	ise				ALAE I	'aid	ALAE Ir	.currea
							*Upd Type	Claim Numl	ber	Acc. Date/ No. Claims	Incurre	d Indemnity	Incu	rred Medical	Class Code	Injury	Status		Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	_						21	4=00										Act	Туре	Recov Cov				
	D.							15002 Social	<u>)</u> I Security N	06/25/96 umber	Part	500 Nature	Cause	250 T	0581 Occupation Des	9 scription		01 c. Lum	D1 Fraud	01 03 Deduct	00 Paid Inde	mnity	00 Paid M	00 ledical
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	F.							olaman 57mon		Employer 57mo						300 101 1 01010 0	.50				71212	u.u	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Janoa
							*Upd Type	Claim Numl	ber	Acc. Date/ No. Claims	Incurre	d Indemnity	Incu	rred Medical	Class Code	Injury	Status		Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
		Total	Standard Ex	rnocura	Total Standard Pren	nium		4=00		.=//.						_		Act	Туре	Recov Cov				
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	H.	0	06	Premium Discou	ınt Amt			Social	Security N	umber	Part 34	49	Cause 60		Occupation Des	scription		oc. Lum	p Fraud	Deduct	350	-	15	
	11.	+	00_	T Territain Discou	are zune.		1	Claimant's Attorr	ney Fees	Employer's Atto		47	00		Rever	sed for Future U		v			ALAE F		ALAE Ir	
	l.	0	900	Expense Consta	nt Amt																			
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	J							15004	1	09/18/96		360		160	0581	5	1	Act 01	Type 01	Recov Cov	I		00	00
									Security N		Part	Nature	Cause		Occupation Des	scription	V	oc. Lum	V .	01 00	Paid Inde		Paid M	ledical
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l land			XPOSU	RE INFORMATION	V			*****	Claim No.		Ass Date/	la sur	and Indonesia.	las		IFORMAT	,	Cáshus						luniadia	Cat	MCO
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	01		953	15010	.49	9	74	*Upd	Claim Nur	mber	Acc. Date/	Incur	red Indemnity	Inci	urred Medical	Class	Injury	Status	1	1.0	ss Conditio		1	Jurisdic	Cat.	MCO
	N1	Q.	44 <i>1</i>				285	*Upd Type			No. Claims					Code	''		Act	Туре	Recov	Cov	Settl	State	No.	Туре
	A.			ct Premium			9486				1	<b>_</b>	1		1			L,	<u> ↓</u>			<u> </u>				
	B.		d (XX.X)				1.160		Social Security Number Part Nature Cause  Claimant's Attorney Fees Employer's Attorney Fees					'	Occupation Des	cription		/oc. Lu	np Frau	ud Dec	luct	Paid Indem	nity	Paid N	Medical	
	C.	To	tal Modif	ied Premium			11004		Claimant's Attorney Fees Employer's Attorney Fees							Rever	sed for Future	Use					ALAE Pai	id	ALAE I	Incurred
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	D.								Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription		Voc. Lui	np Frau	ıd Dec	duct	Paid Indem	nity	Paid N	Medical
	E.								Claimant's Atto	rnev Fees	Employer's A	ttorney Fees				Rever	sed for Future	llse				-	ALAE Pai	id	ALAFI	Incurred
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								*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incur	red Indemnity	Inci	urred Medical	Class Code	Injury	Status			ss Conditio			Jurisdic State	Cat. No.	MCO Type
	G.	Tota	Standard Ex		Total Standard I	Premium													Act	Туре	Recov	Cov	Settl			
	0.			173311			10837		Soci	al Security N	Number	Part	Nature	Cause	1	Occupation Des	cription	\	Voc. Lu	np Frau	ıd Dec	duct	Paid Indem	nity	Paid N	Medical
	H.	0	06_	Premium Discou	nt Amt.																					
		,	900	Expense Constai	nt Amt				Claimant's Atto	rney Fees	Employer's A	ttorney Fees				Rever	sed for Future	Use					ALAE Pai	id	ALAE I	Incurred
	ı.		700	Expense Constan	III AIIII			*Upd	Claim Nur	mber	Acc. Date/	Incur	red Indemnity	Inci	urred Medical	Class	Injury	Status		Lo	ss Conditio	ins		Jurisdic	Cat.	MCO
	_							Туре			No. Claims					Code			Act	Туре	Recov	Cov	Settl	State	No.	Туре
	J.								Soci	al Security N	Number	Part	Nature	Cause		Occupation Des	cription		Voc. Lu	np Frau	ıd Dec	duct	Paid Indem	nity	Paid N	/ledical
	K.								Claimant's Atto	rnov Food	Employer's A	ttornov Foot				Dover	sed for Future	Heo					ALAE Pai	id	۸۱۸۲۱	Incurred
	L.								Ciallidit S Allo	nney rees	Employer's A	morney rees				Rever	scu IVI FUIUTE	U3E					ALAE Pal	u	ALAE I	cureu
									Reserved for F	uturo Hen	Total	No. Claims	т	ntal Incurre	d Indemnity	LOSS TOT	TALS rred Medical	Doco	erved for Futi	ıre Use	Total	Paid Inden	nnity	Total	al Paid Med	dical
									reserved for F	uture USE	Total	5		136			160	Rese	orveu ivi Füll	ne use		35731		101	4235	
									Tot. Claimant's	Attny. Fees	Tot. Emplo	yer's Attny. F	ees			Reserved for						tal ALAE Pa		Total	ALAE Inci	
											1	5000										12500				

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## **Illustration 2 - Exposure Correction Report**

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

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

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

										DOLLOVIN															
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Dat	POLICY IN Policy Exp	piration Date		State	State Effective Date	te Cer	rtificate No.	Card	Serial No.		Risk II	D Number		Page No.	Last	Page No.
01	01	Е		99998		WC4444		01	/01/96	01/0	)1/97	07	7												
Insured	l's Name	: PDQ	Refir	ning Compar	ny														F.I	E.I.N.			Pending I	File No.	
Insured	l's Addre	SS:																	1234	5678	39				
Mod Effec	tive Date	Rate Effec	tive Date	3 Yr F/R Multistate		cy Conditions stimated Retro	Canceled	I MCO		Plan Non-	Dedu		luct. cent	Deductible Amount Claim/Accide		Deductible Am		Reserved		For Carri	ier Use		For B	ureau Use	
0./10/	1 /05	0 ( 10	1/05	Policy Policy		xposure Policy	Mid-Term	n Indicator	Type Cov.	Ind. Std.	_		cent			Aggregate									
06/0	1/95	06/0		N Y		N N	N	N	01	01 01	030	)1		\$1,000											
		E)	KPOSU	RE INFORMATION	l									LOSS IN											
Upd Type	Exp. Cov	. Class	Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status	Act		Reco		Settl	Jurisdic State	Cat. No.	MCO Type
Р	01	05	581	110486	6.99	7723												Act	Туре	Reco	V COV	Setti			
								Soci	al Security N	umber	Part	Nature	Cause	C	Occupation De	escription	V	oc. Lui	np Frau	l bi	Deduct	Paid Inden	nnity	Paid N	edical
R	01	05	81	120486	6.99	8422		Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Reve	ersed for Future	Use					ALAE Pa	nid	ALAE II	ncurred
Р	01	96	64			332																			
R	Λ1	96	64			250	*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inci	ırred Medical	Class Code	Injury	Status			ss Condi			Jurisdic State	Cat. No.	MCO Type
	A.	Tota	al Subje	ct Premium		8846												Act	Туре	Recov	Cov	Settl			
	В.	Evn	(XX.XX			1.080		Soci	al Security N	umber	Part Nature Cause Occupation Description Voc.  mey Fees Reversed for Future Use					oc. Lui	np Frau	ıd [	Deduct	Paid Inden	nnity	Paid M	edical		
								Claimant's Atto	rney Fees	Employer's Atto	rney Fees	Fees Reversed for Future Use						ı			ALAE Pa	nid	ALAE II	ncurred	
	C.	101	ai wodii	ied Premium		9554	*Upd	Claim Nur	mber	Acc. Date/	Incurre	ed Indemnity	Inci	urred Medical	Class	Injury	Status		Lo	ss Condi	itions		Jurisdic	Cat.	MCO
	_						Туре			No. Claims					Code			Act	Туре	Recov		Settl	State	No.	Туре
	D. E.							Soci	al Security N	umber	Part	Nature	Cause	C	Occupation De	escription	V	oc. Lui	np Frau	ıd [	Deduct	Paid Inden	nnity	Paid M	edical
								Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Reve	ersed for Future	Use					ALAE Pa	nid	ALAE II	ncurred
	F.						*Upd	Claim Nur	nber	Acc. Date/	Incurre	ed Indemnity	Inci	ırred Medical	Class	Injury	Status		Lo	ss Condi	itions		Jurisdic	Cat.	MCO
	G.	Total	Standard Ex	posure	Total Standard Prem	ium	Туре			No. Claims					Code			Act	Туре	Recov		Settl	State	No.	Туре
	O.							Soci	al Security N	umber	Part	Nature	Cause	C	Occupation De	escription	   v	oc. Lui	np Frau	ıd [	Deduct	Paid Inden	nnity	Paid N	edical
	H.	00	6_	Premium Discour	nt Amt.																				
	I.	09	000	Expense Constar	nt Amt			Claimant's Atto	rney Fees	Employer's Atto	rney Fees				Reve	ersed for Future	Use					ALAE Pa	nid	ALAE II	ncurred
				,			*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inci	urred Medical	Class Code	Injury	Status		Los	ss Condi	itions		Jurisdic State	Cat. No.	MCO Type
	J.																	Act	Туре	Recov	v Cov	Settl			
	K.							Soci	al Security N	umber	Part	Nature	Cause	C	Occupation De	escription	V	oc. Lui	np Frau	ıd [	Deduct	Paid Inden	nnity	Paid M	edical
	ı.							Claimant's Atto	rney Fees	Employer's Atto	rney Fees			I	Reve	ersed for Future	Use			l		ALAE Pa	nid	ALAE II	curred
								Deer 16	others 12:	7.1.12	Cleim		atal la ····		OSS TO		5.	and for For	es Her	-	tel Del III			al Dai 184	
								Reserved for F	uture Use	Total No	o. Claims	To	Jiai incurre	d Indemnity	i otal inc	urred Medical	Rese	rved for Futu	re USE	ľO	otal Paid Inde	emnity	fot	al Paid Med	ical
								Tot. Claimant's I	Attny. Fees	Tot. Employer	r's Attny. Fe	es			Reserved for	or Future Use					Total ALAE F	Paid	Tota	I ALAE Incu	rred
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										POLICY IN															
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01			крі. ша.			VAIC 4.4.4.4		01	101107	01/0	11/07	0	,												
	01	Е		99998		WC4444		UI	/01/96	01/0	1/97	0	/												
Insured	l's Name	: PDC	Q Refi	ning Compa	nv														F.	E.I.N.			Pending F	ile No.	
	l's Addre																		100/	15/70					
Mod Effect			ective Date		Delia	cy Conditions			I n	olicy Type I D	Dedu	at Dec	duct.	Deductible Amount P	han   1	Deductible Amo		Reserved		5678 For Carrie			Fan Di	ıreau Use	
WOU Ellect	live Date	Kale Elle	ctive Date	3 Yr F/R Multistate		stimated Retro	Canceled	MCO	Туре		Тур		cent	Claim/Accident	ei i	Aggregate	built	Reserveu		rui Caille	ei use		FUI DI	ileau OSe	
				Policy Policy		xposure Policy	Mid-Term	Indicator	Cov.	Ind. Std.						/ iggi ogulo									
06/01	1/96	06/0	1/96	N Y		N N	N	N	01	01 01	030	)1		\$1,000											
			XPOSU	RE INFORMATIO	V									LOSS INFO	DRMAT	ION									
Upd							*Upd Type	Claim Nur	mber	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status		10	oss Condi	tions		Jurisdic	Cat.	MCO
Upd Type	Exp. Cov	. Clas	ss Code	Exposure Amount	Manual Rate	Premium Rate	Туре			No. Claims					Code			Act	Туре	Recov		Settl	State	No.	Type
Р	01	٥	581	129040	6.99	9020													1,700	110001		00			
<u> </u>	01	<del>  '</del>	301	127040	0.77	7020		Soci	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	V	oc. Lui	np Frau	ud D	educt	Paid Inde	nnity	Paid N	ledical
R	01	0	581	119040	6.99	8321	J .																		
								Claimant's Atto	rney Fees	Employer's Attor	rney Fees				Rever	sed for Future l	Use					ALAE P	aid	ALAE I	ncurred
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R	∩1	Q.	66 <u>1</u>			<b>ર</b> 52	*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	incurre	ed Indemnity	inc	urred Medicai	Class Code	Injury	Status		Lo	ss Condit	tions		Jurisdic State	Cat. No.	MCO Type
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	A.			ect Premium		8814		Saci	al Cogurity N	lumbor	Part	Nature	Cause	000	unation Doc	orintion	l v	00 1.00	nn Frau	nd D	odust	Paid Inde	nnity	Paid N	ladical
	B.		d (XX.X)			1.160		50CI	al Security N	umber	Part	Nature	Cause	Ucci	upation Des	cription	l v	oc. Lui	np Frau	ט מו	educt	Paid Indei	nnity	Paid N	ledical
		1010	-a (707.70			1.100	1	Claimant's Atto	rney Fees	Employer's Attor	rney Fees				Rever	sed for Future l	Use		<u> </u>			ALAE P	aid	ALAE I	ncurred
	C.	To	tal Modi	fied Premium		10224																			
							*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Lo	ss Condit	tions		Jurisdic State	Cat. No.	MCO Type
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	D.																								
	E.							Soci	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	V	oc. Lui	np Frau	ud D	educt	Paid Inde	nnity	Paid N	ledical
							1	Claimant's Atto	rney Fees	Employer's Attor	rney Fees				Rever	sed for Future l	Use					ALAE P	aid	ALAE I	ncurred
	F.																								
							*Upd	Claim Nur	mber	Acc. Date/	Incurre	ed Indemnity	Inc	urred Medical	Class	Injury	Status		Lo	ss Condit	tions		Jurisdic	Cat.	MCO
							Туре			No. Claims					Code			Act	Туре	Recov	Cov	Settl	State	No.	Туре
	G.	Tota	Standard Ex		Total Standard Prem																				
				423344	<u> </u>	19778		Soci	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	l V	oc. Lui	np Frau	ıd D	educt	Paid Inde	nnity	Paid N	ledical
	H.	0	06_	Premium Discou	nt Amt.																				
	<u> </u>		-				1	Claimant's Atto	rney Fees	Employer's Attor	rney Fees		1		Rever	sed for Future l	Use					ALAE P	aid	ALAE I	ncurred
	I.	0	900	Expense Consta	nt Amt																				
							*Upd	Claim Nur	mber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Lo	ss Condit	tions		Jurisdic State	Cat.	MCO Typo
							Туре			NO. CIAIMS					code			Act	Туре	Recov	Cov	Settl	State	No.	Туре
	J.																								
								Soci	al Security N	lumber	Part	Nature	Cause	Occi	upation Des	cription	٧	oc. Lui	np Frau	ud D	educt	Paid Inde	nnity	Paid N	ledical
	K.	_					-	Claimant's Atto	rnev Foos	Employer's Attor	ney Fees				Paver	sed for Future l	llse					ALAE P	aid	ALAE I	ncurred
	,							Olaimant 5 Atto		Employer 3 Alloi					Vengi	Journal Future (	- 30					ALAL P		ALAL II	
	<u>L.</u>													LO	SS TOT	ALS									
								Reserved for F	uture Use	Total No	. Claims	To	otal Incurre	ed Indemnity		rred Medical	Rese	rved for Futu	re Use	Tot	al Paid Inder	mnity	Tota	al Paid Med	lical
							1	Tot. Claimant's A	Attny. Fees	Tot. Employer	's Attny. Fe	es		R	eserved for	Future Use				Т	otal ALAE P	aid	Tota	I ALAE Incu	urred
<u> </u>	<u> </u>				ļ	ļ																			

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## **Illustration 3 - Loss Correction Report**

The correction was necessary because of the revised jurisdiction state. The jurisdiction state is the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

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

Note: Even if the totals were being changed due to a change in an amount on a claim, the correction type would still be a "L".

## SUPPLEMENTAL LOSS REPORT

Illustration 3

														renuir	g i lie ivo.		r age iv		No.
Report	No. Corr. No.	Corr. Typ	e F	Replace Rp Ind.	t. Carri	er Code			Policy Num	ber			-	ffective Da			ration Date		s. State
01	1 02 red's Name: P	L DO Po	fining	a Comi		998			WC44	44			01/	01/96	5	01/0		Card Se	)7 rial No.
	red's Address:	DQ KE	:11111111	y Comp	Darry											12345	6789		
Upd	Claim Number	Acc	c. Date/ N	lo. Claims	Incurred Inc	lemnity	Incurred Me	dical	Class Code	Injury	Status		l	oss Conditio		12040	Jurisdic State	Cat. No.	MCO Type
Тур												Act	Туре	Recov	Cov	Settl			1362
Р	15000 Social Security Num		04/22 Part	2/96 Nature	1250	83	900	pation Des	0581	9	O Voc.	01 Lump	01 Fraud	01 Deduct	03	00 aid Indemnity	37	00 Paid Med	00
	Social Security Num		90		01		Occu	pation Des	scription		N	Lump	riauu	Deduct		-			
-	Claimant's Attorney			04 loyer's Attor					Reversed f	or Future Us						31271 ALAE Paid		ALAE Inci	
				1500	0											12500			
Upd Typ	Claim Number	Acc	. Date/ N	lo. Claims	Incurred Inc	lemnity	Incurred Me	dical	Class Code	Injury	Status	Act	l Type	oss Conditio	ns	Settl	Jurisdic State	Cat. No.	MCO Type
	15000		24/22	107	1050	00	000		0501	0							07	00	00
R	15000 Social Security Num		04/22 Part	Nature	1250 Cause	83	900 Occu	pation Des	0581 scription	9	Voc.	Lump	O1 Fraud	Deduct	03	00 aid Indemnity	07	OO Paid Med	dical
			90	04	01						N					31271		800	
	Claimant's Attorney	Fees	Empl	loyer's Attor					Reversed f	or Future Us	9					ALAE Paid		ALAE Inci	urred
	Claim Number	Acc	:. Date/ N	1500 lo. Claims	Incurred Inc	lemnity	Incurred Me	dical	Class Code	Injury	Status		-	oss Conditio		12500	Jurisdic	Cat.	MCO
Upd Typ												Act	Туре	Recov	Cov	Settl	State	No.	Туре
	Casial Casseits Norm		D. d	Later		1	2				V		51	D. t. d				D. H.	P 1
	Social Security Num	iber	Part	Nature	Cause		Occu	pation Des	scription		Voc.	Lump	Fraud	Deduct	Pi	aid Indemnity		Paid Med	licai
	Claimant's Attorney	Fees	Empl	loyer's Attor	ney Fees				Reversed f	or Future Use	9		I			ALAE Paid		ALAE Inci	urred
	Claim Number	Acc	. Date/ N	lo. Claims	Incurred Inc	lemnity	Incurred Me	dical	Class Code	Injury	Status			oss Conditio	ne		Jurisdic	Cat.	MCO
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## Illustration 4 - Deductible; Rated Risk

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

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## Illustration 5 - Deductible; Rated Risk with Construction Credit

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

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

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01				123	45		WC99	49		01.	/01/96	(	01/01/9	97	07														
Insured	rs Name	: XYZ	Z Indu	stries	ı					L		ı				ı		ı		ı		F.	.E.I.N.				Pending I	ile No.	
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				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Cancel ed	MCO Indicator	Type Cov.	Plan Ind.	Non- Std.	Type	Percer	nt	Claim/Accident		Aggregate										
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	K.									Socia	al Security N	vumber	P	Part I	Nature	Cause	Occ	cupation Des	scription	l v	oc. Lun	np Frai	ud	Deduct	P	Paid Indemn	iity	Paid M	iedical
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#### Illustration 6 - Short Rate Cancellation; Rated Risk

When a policy is canceled short term, the actual payroll and Manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums and applying the appropriate factor from the short rate cancellation table. Refer to Section 5, Page C-3 of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

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

Short Rate Penalty Premium Calculation

- 1) Actual Policy Period = 6 months
- 2) Payroll extended to an annual basis 180,559 x 12 mos = 361,118 6 mos

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

3) Annual Premiums

a)

Rated				b)	Non-ra	ted		
Class	Payroll	Rate	Premium		Class	Payroll	Rate	Premium
0813	361,118	8.75	\$31,598		0176	361,118	1.04	\$3,756
0953	7,788	0.49	<u>\$ 38</u>					
Total S	ubject Pre	mium	\$31,636					
Experie	ence Modifi	ication	.968					
Total M	lodified Pre	emium	\$30,624					
Total S	tandard Pr	emium	\$30,624 + \$3,756	6 = \$34,38	0			

- 4) Short Rate Percentage 6 months = .60
- 5) Short Rate premium for canceled policy =  $$34,380 \times .60 = $20,628$
- 6) Short Rate penalty premium code 0931 = \$20,628 \$17,190 = \$3438

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Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy	Effective Date	POLICY IN te Policy Ex	IFORM <i>E</i> piration Date		State	State Effective Da	ite Certi	ficate No.	Card	Serial No.		Ri	isk ID Number		Page No.	Last	Page No.
No. 01	No.	Туре	Rpt. Ind.	78972		60666		01	/01/96	07/	01/96	07	7												
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Insured	s Name	: AZA	Com	pany							<u> </u>		•							F.E.I.N.		Pending I		File No.	
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	Α.	_	al Subje	ct Premium		15818		Social Security N		lumber	Part	Part Nature			Occupation Des	cription	l ,	/oc. L	ump Fi	raud	Deduct	Paid Inde	emnity	Paid N	Medical
	B.	Мо	d (XX.X)	(X)		-	Claimant's Atto	rnev Fees	Employer's Atte	nrnev Fees				Rever	sed for Future	lise					ALAE	Paid	ALAFI	ncurred	
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	L.							Claimant's Atto	orney Fees	Employer's Atte	orney Fees				Rever	sed for Future	Use						ALAE Paid		ncurred
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								Tot. Claimant's	Attny. Fees	Tot. Employe	er's Attny. Fe	es			Reserved for	Future Use				Total ALAE Paid			Total ALAE Incurred		

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

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

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	C.	Tot	tal Modif	ied Premium		41729																			
				•			*Upd Type	Claim Num	nber	Acc. Date		red Indemnity	Incu	rred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
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## Illustration 8 - Ratable Class; Optional Non-Ratable Element

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

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

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Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy I	Effective Dat		INFORMA Expiration Date		State	State Effective Da	to Cort	ificate No.	Can	d Serial No			Risk ID Numb	or	Page No.	Las	t Page No.
No.	No.	Туре	Rpt. Ind.	Carrier code		roncy Number		rolley	Lilective Da	te Folic	Lxpiration Dat	Expos.	State	State Effective Da	ie Ceri	ilicate No.	Cali	u Schai No			KISK ID WUITE	ici	rage No.	Las	rage No.
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				3 Yr F/R Multistate		stimated Retro	Canceled		Туре		on- Typ	e Per	cent	Claim/Accide	nt	Aggregate									
				Policy Policy	Rating E	xposure Policy	Mid-Term	Indicator	01		td. )1														
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		Е	XPOSU	RE INFORMATION										LOSS IN	IFORMAT	ION									
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								Tot. Claimant's A	ttny. Fees	Tot. Emp	loyer's Attny. Fe	es		1	Reserved fo	r Future Use					Total A	LAE Paid	Tot	al ALAE Inc	urred
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## Illustration 9 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit and the grouping of the seven closed medical only claims. Groupings must be made by loss condition (Type of Loss) as well as injury type and class code.

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

											POLIC	Y INFO	RMAT	ION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy No	umber		Policy	Effective Dat	te Poli	icy Expiration	on Date	Expos. S	tate	State Effective Da	te Certif	icate No.	Caro	d Serial No		R	isk ID Numbe	r	Page No.	Last	Page No.
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Insured	s Name:	PAZ	Indust	ries Corporat	tion				Į.		<u> </u>											F.E.I.I	۷.		Pending	File No.	
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				3 Yr F/R Multistate Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Ind.	Non- Std.	Туре	Perce	ent	Claim/Accide	nt	Aggregate									
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	01	0	951	675210	.96	)	6482		Claimant's Atto	rnev Fees	Fmnlover'	's Attorney	31 Fees	02	86		Miller	ed for Future l		N					025 E Paid	36 ALAE II	
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								*Upd Type	Claim Nun	nber	Acc. Da No. Clair		Incurred	Indemnity	Inc	urred Medical	Class Code	Injury	Status				conditions		Jurisdic State	Cat. No.	MCO Type
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## Illustration 9a - Individual Case Report; Permanent Total Disability

## Use Table III-M-A

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

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$459) = \$306$ Present Value of \$1 @ Age 46 = 17.710 {Table III-M-A}  $\$306 \times 52 \times 17.710 = \$281,802$  Date of Accident - 10/01/00
Date of Birth - 04/01/55
Employee's age @ Valuation - 46 {sex - M}
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.285 wks

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

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\*SEE REVERSE FOR CODING

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

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

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

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

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Report	Corr.	Corr.	Replace	Carrier Code		Policy Number		Policy	Effective Da		INFORMA Expiration Date		State	State Effective Da	ite Certi	ficate No.	Card	d Serial N	0.		Risk ID N	lumber	Pa	ge No.	Last	Page No.
No. 01	No.	Туре	Rpt. Ind.	1/000		00007		07	101 100	.	7/01/01	0.	,													
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				- o .				Claimant's Attor	rney Fees	Employer's I	Attorney Fees			•	Rever	sed for Future	Use			•	•		ALAE Paid		ALAE In	curred
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## Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability

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

Type - USL & HW-Trauma Average Weekly Wage - \$459 Effective Date - 07/01/00 Date of Valuation - 01/01/02 1st Level Report - Open Date of Accident - 10/01/00 Date of Birth - 03/15/33 Employee's age @ Valuation Date -68 (sex - M) Loss Conditions - 02/01/01/03/00

Present Value of Future Payments Weekly Benefit = .6667 x (\$459) = \$306 Present Value of \$1 = 13.821 {Table III-M-C} \$306 x 52 x 13.821 = \$219,920 (Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

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

Total Indemnity Incurred = \$219,920 + \$19,977 = \$239,897

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

First Reprint								illus	stration	i iua									Page	3 13.1
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			MO.	DAY	YR					CODE	*	MO. D	Y YR	ACT	TYP	E RCO	v co	V SETT L	STATE	TYPE
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3. NON-SCHEDULED				XX	<b>( X</b>	XX	XX										306 x 5	2 x 13.8	21 = 219	9920
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5. VOCATIONAL REH		OTAL INCURR	ED												<u> </u>			1		
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\*SEE REVERSE FOR CODING

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

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

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

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$475) = \$316.68$ Present Value of \$1 = 12.705 - Widowhood at age 65,  $^a[x] + 1$  Value  $\$316.68 \times 52 \times 12.705 = \$209,218$ 

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$316.68
Present Value of Remarriage Dowry = .0129
\$316.68 x 104 x .0129 = \$425

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

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			UNIT	STAT	ISTI	CAL	PLA	N - I	NDI	/IDU	AL.	CASE R	EPOI	RT						
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			MO.	DAY	YR					CODE	•	MO. DAY	YR	ACT	TYPE	RCO	v co	V SETT L	STATE	TYPE
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		WAGE	IN	JURY DES	C										М	10	ΥR	CODE*	SUM	
Stevens	3	475		CODE* ▶		90	13	3	75			Ship Bu	ilder							
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																	Fu	uture Pay	ments	
3. NON-SCHEDULED	INDEMNITY			ХХ	X	XX	XX									52	x 316	.68 x 12.	705 = 20	09218
4. EMPLOYERS LIABI	LITY OR OTHE	R INDEMNITY	•	•																
5. VOCATIONAL REHA	ABILITATION TO	OTAL INCURR	ED																	
6. CLAIMANT LEGAL I	EXPENSE											7. PEN	NSION IN	DEM. P	AID T	O VAL. [	DATE			23412
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\*SEE REVERSE FOR CODING

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

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

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

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

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

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

# SUPPLEMENTAL LOSS REPORT

												Pendin	g File No.		Page No		st Page No.
Report N		Ho Corr	Replace Rpt.	Carrier			Policy Num					effective Date		Policy Expi	1/01	Expos	
	ed's Address:	110 001	J.											12345	6789		
Upd	Claim Number	Acc. Date/	No. Claims	Incurred Inden	nnity	Incurred Medical	Class Code	Injury	Status			Loss Condition		12010	Jurisdic State	Cat. No.	MCO Type
Тур										Act	Туре	Recov	Cov	Settl			
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	Social Security Number	42	49	36		Occupation Des	сприон		N	Lump	riauu	Deduct		8008			
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Р	789749 Social Security Number	08/0	1/00 Nature	23375 Cause	5	Occupation Des	0718	1	Voc.	01 Lump	01 Fraud	01 Deduct	03	00 aid Indemnity		00 Paid Med	00
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R	789749 Social Security Number	08/0	1/00 Nature	24424 Cause	3	Occupation Des	0718	1	O Voc.	01 Lump	01 Fraud	01 Deduct	03	00 aid Indemnity		00 Paid Med	00
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	Social Security Number	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduct	P	aid Indemnity		Paid Med	cal
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# Illustration 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level

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

Type - USL & HW-Trauma Average Weekly Wage - \$459 Effective Date - 07/01/00 Date of Valuation - 01/01/03 Date of Accident - 10/01/00 Date of Birth - 03/15/33 Employee's Age at Valuation Date - 69 (sex - M) Maximum Weekly Benefit - \$933.82

Present Value of Future Payments \$306 x 52 x 13.171 = \$209,577

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

Total Indemnity Incurred - \$209,577 + \$35,933 = \$245,510

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3. NON-SCHEDULED				)	XXX	XX	(XX										30	6.00 x	52 x 13.	171 = 20	09577
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## Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level

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

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

Present Value of Future Payments Weekly Benefit =  $.6667 \times (\$475) = \$316.68$ Present Value of \$1 = 12.340 - Widowhood at age 65,  $^a[x] + 2$  Value  $\$316.68 \times 52 \times 12.340 = \$203,207$ 

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$316.68
Present Value of Remarriage Dowry = .0118
\$316.68 x 104 x .0118 = \$389

Indemnity Paid to Valuation Date Benefits Paid from 08/01/00 to 01/01/03 - 883 days / 7 = 126.142 Wks (126.142 Wks) x \$316.68 = \$39,947

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3. NON-SCHEDULED	INDEMNITY			X	ХХ	XX	XX										52	x 316	6.68 x 12	.340 = 2	03207
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\*SEE REVERSE FOR CODING

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

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

Note: Class 665's rating value as of 12/1/99 is 12.61, the rating value including coverage for the USL & HW Act is \$10.28 x 1.2270 x 1.995 = \$25.16. Refer to Section I, Rule XII of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL & HW Act.

Refer to Illustration 12a for Individual Case Report.

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

### Use Tables III-M-C and IV-A

Type - USL & HW-Trauma
Average Weekly Wage - \$500
Date of Accident - 02/01/01
Effective Date - 07/01/00
Maximum Bonofit - 2009/ NAWW - \$

Maximum Benefit - 200% NAWW = \$923.81

(Projected at .025 increase per/year based on 10/01/99 max. of \$901.28)

i rejected at .020 incredes perryear based on rejerious max. or wee

Present Value of Future Payments Claimants - .6667 x (\$500) = \$333.35 wk

Present Value of \$1 = 30.420

Future Payments -  $$333.35 \times 30.420 \times 52 = $527,306$ 

Claimant's Birth Date - 05/01/53

Claimants Age at Valuation - 48 (sex - M)

Spouse's Birth Date - 07/01/55

Spouse's Age at Valuation - 46

Date of Valuation - 01/01/02

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

Benefits Present Value of Benefits = 12.873

Future Payout =  $250 \times 12.873 \times 52 = $167,349$ 

Indemnity to Valuation Date Benefits Paid from 02/01/01 to 01/01/02 - 334 days / 7 = 47.714 Wks  $$333.35 \times 47.714 = $15,905$ 

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		Iron Erection	ns, Inc.						02	01	0	1			02	01	01	05	01 53		
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	WORKER LAST NAME AVG. WEEKLY WAGE															M	10 '	YR	CODE*	SUM	
Doe			CODE* I	•	40	28	3	25			Iro	on Wor	ker								
SOCIAL SECUR							R	EMPLO)	YMENT			١	YEAR LAS	ST		•	DAT	ΓE OF	MO	DAY	YR
123-45	-6789	SUM	/I PAID ♦					STAT	US 🛊			E	EXPOSE	<b>)</b>			н	RE 🛊	01	01	80
		THER TH	IAN PENS	SION											PENS	SION BE	NEFITS	3			
KIND	OF BENEFIT		% DISAE		/ MEM. DDE*		O. EKS		INCL	JRRED	)		BEI	NEFICIA	ARY DA	TA*			CALCULA <sup>®</sup>	TIONS	
1. TEMPORARY INDE	MNITY		XXX		XX								CODE	D/ MO	ATE OF BI	RTH YR		Paid	to Valua	ation Da	te
2. SCHEDULED INDE	MNITY												1	05	01	53		47.71	4 x 333.3	35 = 159	905
													2	07	01	55		F	uture Pay	yments	
3. NON-SCHEDULED	INDEMNITY			X	хх	XX	XX											(333.	35 x 52 x	30.420	) +
4. EMPLOYERS LIABI	LITY OR OTHE	R INDEMNITY																(250	) x 52 x ′	12.873) :	=
5. VOCATIONAL REH	ABILITATION TO	OTAL INCURR	ED																6946	55	
6. CLAIMANT LEGAL	EXPENSE												7. PEN	SION IN	IDEM. F	PAID TO	O VAL. [	DATE			15905
PHYSICIAN PAID				TEMP. DI	_		D										VD., NO				
HOSPITAL PAID				PERM. P	ARTIAL	PAID											IDEM. P	MNT.			694655
APP. MED. EVAL. PAI	_			PERM. TO		AID							10. FUI								0
DEFENSE MED. EVAL				DEATH F	PAID								11. LUI								0
INDEP. MED. EVAL. P				SINGLE L	UMP S	UM											M.,(SUN	11-11)			710560
LEGAL EXP DEFEN				V.R. PAID									13. TO								25000
ANNUITY PURCHASE				V.R. INDE	_	_											VAL. DA				17201
TOTAL GROSS INCUI	RRED			V.R. TRA													AL. DAT				12000
			,	V.R. EVA	L. INCU	RRED							16. SO	C. SEC.	OR OT	HER C	FFSET	AMT.			

\*SEE REVERSE FOR CODING

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# Illustration 13 - Correction of Header Information Only

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

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

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

										POLICY IN	FORMA	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy I	Effective Date	Policy Exp	iration Date	Expos.	State	State Effective Dat	e Certi	ficate No.	Card	d Serial No.		R	Risk ID Number		Page No.	Last	Page No.
01	01	Н		99998		WC12345		01	/01/96			07	7												
				77770		W012010		01/	01/70																
						WC54321																			
Insured	's Name	: ABC	Corp	-																F.E.I.N	N.		Pending	File No.	
Insured																									
Mod Effecti	ive Date	Rate Effe	ective Date	3 Yr F/R Multistate		licy Conditions  Estimated Retro	Canceled	MCO		licy Type I D  Plan Non-	Dedu			Deductible Amour Claim/Accider		Deductible Am	ount	Reserved		For	Carrier Use		For B	ureau Use	
				Policy Policy		Exposure Policy	Mid-Term	Indicator	Type Cov.	Plan Non- Ind. Std.	Туре	e Fei	cen	Ciailii/Accidei	n	Aggregate									
		E	XPOSU	RE INFORMATIO	N									LOSS IN	FORMAT	ION									
Upd Type	Exp. Cov.	. Cla	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status				Conditions		Jurisdic State	Cat. No.	MCO Type
																		Act	Тур	pe l	Recov Co	v Settl			
								Socia	al Security Nu	ımber	Part	Nature	Cause	0	ccupation Des	cription		Voc. L	ump	Fraud	Deduct	Paid Ind	emnity	Paid M	ledical
								Ole to serve Allen		Foodboods Alle						16.51						41.45	D.:II	41.451	
								Claimant's Attor	ney rees	Employer's Atto	ney Fees				Rever	sed for Future	use					ALAE	Paid	ALAE II	ncurrea
							*Upd Type	Claim Num	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss C	Conditions		Jurisdic State	Cat. No.	MCO
			ı				Туре			NO. Cidinis					Code			Act	Тур	e R	Recov Cov	/ Settl	State	NO.	Туре
	Α.			ct Premium				Casia	I Canada No		Part	Matura	Cause		tion Dec		<u> </u>	Vac   1		Feered	Dadust	Daid lad		Paid M	la dia a l
	B.		norionaa d (XX.XX					50018	al Security Nu	ımber	Part	Nature	Cause		ccupation Des	cription		Voc. L	ump	Fraud	Deduct	Paid Ind	emnity	Paid W	ledical
	_							Claimant's Attor	ney Fees	Employer's Atto	ney Fees			•	Rever	sed for Future	Use		•		Ì	ALAE	Paid	ALAE II	ncurred
	C.	10	tal Modif	ied Premium			*Upd	Claim Num	nber	Acc. Date/	Incurre	ed Indemnity	Incu	rred Medical	Class	Injury	Status			Loce C	Conditions		Jurisdic	Cat.	MCO
							*Upd Type			No. Claims		,			Code	,,		Act	Тур		Recov Co	/ Settl	State	No.	Туре
	D.																		,,						
	E.							Socia	I Security Nu	ımber	Part	Nature	Cause	0	ccupation Des	cription		Voc. L	ump	Fraud	Deduct	Paid Ind	emnity	Paid M	ledical
							•	Claimant's Attor	ney Fees	Employer's Atto	ney Fees			1	Rever	sed for Future	Use	I			1	ALAE	Paid	ALAE II	ncurred
	<u>F.</u>						*11d	Claim Num		Ass Date/	la surre	d la demaite	leav	rred Medical	Class	Linium	Ctatus	_					lunia dia	Cat	MCO
							*Upd Type	Claim Num	iber	Acc. Date/ No. Claims	incurre	ed Indemnity	incu	irred wedical	Class Code	Injury	Status	Act	Тур		Conditions Recov Co	/ Settl	Jurisdic State	Cat. No.	Туре
	G.	Tota	I Standard Ex	posure	Total Standard Pre	<u> </u> mium												Act	ıyμ	ie i r	Recov Co	, sem			
	<u> </u>							Socia	al Security Nu	ımber	Part	Nature	Cause	0	ccupation Des	cription	<u> </u>	Voc. L	ump	Fraud	Deduct	Paid Ind	emnity	Paid M	ledical
	H.	0	06_	Premium Discou	unt Amt.																				
	_							Claimant's Attor	ney Fees	Employer's Atto	ney Fees				Rever	sed for Future	Use		•			ALAE	Paid	ALAE I	ncurred
	<u> </u>	0	900	Expense Consta	ant Amt		*Upd	Claim Num	her	Acc. Date/	Incurre	ed Indemnity	Inci	rred Medical	Class	Injury	Status	1					Jurisdic	Cat.	MCO
							Туре	orani iran		No. Claims	mount	ou muommy		aroa moaloa	Code	injury	Otatas	Act	Тур		Conditions Recov Co	/ Settl	State	No.	Туре
	J.																	7.00	136		NCCOV CO	Jetti			
	1/			_				Socia	I Security Nu	ımber	Part	Nature	Cause	0	ccupation Des	cription		Voc. L	ump	Fraud	Deduct	Paid Ind	emnity	Paid M	ledical
	K.						_	Claimant's Attorney Fees Employer's Attorn							Rever	sed for Future	Use					ALAE	Paid	ALAE II	ncurred
	L.																								
								Reserved for Fu	. Claims	Tr	otal Incurre	d Indemnity	OSS TOT	TALS rred Medical	Res	erved for F	uture Use		Total Paid In	demnity	Tot	al Paid Med	ical		
								NOSO, VOU TOT T					. o.ar mou		11.03		036		. O.u. I ulu III			a.a meu			
								Tot. Claimant's A	Tot. Employer	's Attny. Fe	es			Reserved for	Future Use	<u> </u>				Total ALAE	Paid	Tota	I ALAE Incu	ırred	
I			11			1																			

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# Illustration 14 - Correction of Loss Totals Only

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

											POLICY IN	IFORM <i>i</i>	ATION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy No	umber		Policy	Effective Dat	te Policy Ex	piration Dat	e Expos.	State	State Effective Da	ite Certi	ficate No.	Caro	d Serial No	).	R	isk ID Number		Page No.	Last	Page No.
01	04	T	Kpt. IIIu.	99998		WC54	1221		01	/01/96			0	7												
	04			77770		VV C 32	<del>1</del> 32 I		01	10 11 70			- 0	_												
																								D. P.	Fil. N.	
Insured'	s Name:	ABC	Corp.																		F.E.I.I	v.		Pending	FIIE NO.	
Insured'	s Addres	SS:																								
Mod Effective	ve Date	Rate Effe	ctive Date			Policy Condition					olicy Type I D	Dedu		luct.	Deductible Amou		Deductible Amo		Reserve	d	For	Carrier Use		For E	Bureau Use	
				3 Yr F/R Multistate Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Non- Ind. Std.	Тур	e Per	cent	Claim/Accide	ent	Aggregate	!								
		Ξ	XPOSUR	RE INFORMATION	V										LOSS IN	IFORMAT	ION									
Upd								*Upd	Claim Nur	mber	Acc. Date/	Incur	red Indemnity	Inc	curred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
Туре	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Prer	mium Rate	Type			No. Claims					Code			Ac	t T	ype I	Recov C	ov Sett	State	No.	Туре
									Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
									Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Revers	sed for Future I	Use					ALA	Paid	ALAE I	ncurred
										•	. ,															
								*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat. No.	MCO Type
						1		Турс			NO. Ciainis					Code			Act	t Ty	rpe F	Recov Co	ov Settl		NO.	Туре
	A.			ct Premium								ļ	1		1 .									<del> </del>		
	В.		d (XX.XX	X)					Soci	al Security N	umber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
		1		7					Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Revers	sed for Future I	Use		l		1	ALA	E Paid	ALAE I	ncurred
	C.	Tot	al Modifi	ed Premium					01.1.11										-					1		1100
								*Upd Type	Claim Nun	nder	Acc. Date/ No. Claims	incuri	ed Indemnity	inc	curred Medical	Class Code	Injury	Status				Conditions		Jurisdic State	Cat. No.	MCO Type
	D.																		Act	ı ly	rpe F	Recov Co	ov Settl			
									Soci	al Security N	lumber	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
	<u>E</u> .	_							Claimant's Atto	rnov Foos	Employer's Atte	ornov Foos				Pover	sed for Future I	lleo					ΔΙΔ	Paid	ALAE I	ncurred
	F.								Oldinian 57110		Employer 57th	,				1101011	, oa 101 1 atai 0 1	000					7.27	. r uiu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss (	Conditions		Jurisdic State	Cat.	MCO
								Туре			IVO. CIAIIIIS					Code			Act	Ту	rpe F	Recov Co	ov Settl		No.	Туре
	G.	Total	Standard Exp	osure	Total Standard Pr	remium																				
									Soci	al Security N	umber	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
	H.	00	06_ I	Premium Discou	nt Amt.																					
		١,	000	Evnonco Constar	nt Amt				Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Revers	sed for Future I	Use					ALA	Paid	ALAE I	ncurred
	<u>l.</u>	U	900 I	Expense Constar	III AIIII			*Upd	Claim Nun	nber	Acc. Date/	Incurr	ed Indemnity	Inc	curred Medical	Class	Injury	Status			Loca	Conditions		Jurisdic	Cat.	MCO
								*Upd Type			No. Claims					Code	, ,		Act	l Tv		Recov Co	ov Settl	State	No.	Type
	J.																			.,			00			
									Soci	al Security N	umber	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid Ir	demnity	Paid N	ledical
	K.								Claimant's Atto	rney Fees	Employer's Atte	orney Fees				Revers	sed for Future I	Use					AI A	Paid	ALAF I	ncurred
	L.																									
																OSS TOT										
									Reserved for F	uture Use		o. Claims	Te		ed Indemnity		red Medical	Res	erved for I	uture Use		Total Paid I		To	tal Paid Med	lical
								-	Tot. Claimant's A	Attny Foos	Tot. Employe	14 er's Attny Fe	200	136	033	Reserved for	000 Future Use					354 Total ALA		Tot	6775	ırred
									. St. Oldinant 37								030							700	TEAL HIGH	
											15	000										125	UU			

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## Illustration 15 - Correction of Old Form Information on New Form

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

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

REPOR	RT   P	OLICY NUMBER	STATE	STATE NO.		CARRIER		CARRI NO.		CEIVED	ADM FILE I	NO.	
1			DE	07				9999	99				
	ECTIVE ATE	TERM EXPIRATION DATE	INSUF	ABC	CORP.						•		
12/2	20/95	10/26/96	3										
CON	D. 91	92 93 94 95	96 97	98									
EXP COV	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM	CLAIM NUMBER	ACCIDENT DATE OR	CLASS CODE	INJ	INCURRED	LOSSES	OPEN OR	LOSS COV.	CAT. NO.
	OODL		TOTTE		NOMBER	NO. OF CLAIMS	OODL		INDEMNITY	MEDICAL	CLOSED	00 V.	110.
11	0953	175485	0.49	860		3	0953	6		875	1	11	00
11	0951	83368	0.96	800	23456	02/05/96	0951	6		1000	1	11	00
					34567	07/03/96	0953	4	4750	1225	0	11	00
					45678	10/25/96	0951	5	2950	595	0	21	00
A - TO	TAL SUBJEC	CT PREMIUM		1660									
B - EXF	PERIENCE N	MODIFICATION		.850									
C - TO	ΓAL MODIFI	ED PREMIUM (A) X (B)		1411									
D													
E													
F													
G													
	STD	258853	XXX	1411									
RISK	OTHER		XXX	XXX									
TOTALS	0064	PREMIUM DISCOUNT	XXX	(140)	TOTALS	6	XXXX	Х	7700	3695	Х	Χ	Х
	0900	EXPENSE CONSTANT											

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## Illustration 15a - Correction of Old Form Information on New Form

The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do not need to be filled in).

Also note the claim 56789 is being added as a new claim, therefore there is an Update Type "P" with all fields left blank because there was no previously reported information. Update Type "R" has all the new claim information.

											POLICY II	IFORM <i>i</i>	ATION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	mber		Policy I	Effective Dat	te Policy E	piration Dat	e Expos.	State	State Effective Da	te Certii	ficate No.	Card	d Serial No	).	F	Risk ID Number		Page No.	Last	Page No.
01	01	M		99999		WC12	345		12	/20/95			07	,												
	01			77777		11012	010		12	120170			0.	<u>'</u>												
la accesa de	- N	ABC	Corn																		F.E.I.	.N.	1	Pending	File No.	
	s Name: s Addres		Corp	_																						
Mod Effecti		Rate Effec	tive Date		Poli	icy Condition	s			Po	olicy Type I D	Dedu	ıct. Ded	luct.	Deductible Amou	nt Per D	Deductible Amo	ount	Reserve	d	For	r Carrier Use	1	For B	ureau Use	
				3 Yr F/R Multistate	Interstate E	Estimated	Retro	Canceled	MCO	Type Cov.	Plan Non-	Тур			Claim/Accide		Aggregate									
				Policy Policy	Rating E	Exposure	Policy	Mid-Term	Indicator	Cov.	Ind. Std.															
			VDOCUE	RE INFORMATION											1.000 IV	IFORMATI	ION									
DaU								*Upd	Claim Nun	nber	Acc. Date/	Incur	red Indemnity	Inc	LUSS IIV	Class	ION	Status			Lacc	Conditions		Jurisdic	Cat.	MCO
Upd Type	Exp. Cov.	Class	s Code	Exposure Amount	Manual Rate	Prem	ium Rate	Туре			No. Claims					Code	, ,		Ac	t ·			ov Settl	State	No.	Type
Р	11	09	953	175485	.49		860	Р	2345	6	02/05/96				1000	0951	6	1	1	1						
-		0.0		000045					Socia	al Security N		Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid In	demnity	Paid M	edical
R	11	09	53	233945	.49		1146	-	Claimant's Attor	rney Fees	Employer's Att	orney Fees				Revers	sed for Future	Use					ALAI	E Paid	ALAE Ir	ncurred
								*Upd Type	Claim Num	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subio	ct Premium			1946	R	2345	4	02/05/96				1565	0951	4	1	Act		ype	Recov Co	ov Settl			
	л.		orioneo	CUFTEIIIIIIII			1940	K		O al Security N		Part	Nature	Cause		Occupation Des	cription	<u> </u>		Lump	Fraud	Deduct	Paid In	demnity	Paid M	edical
	B.	Mod	XX.XX)	X)			.850			_																
	C.	Total	al Modifi	ed Premium			1654		Claimant's Attor	rney Fees	Employer's Att	orney Fees				Revers	sed for Future	Use					ALAI	E Paid	ALAE Ir	curred
								*Upd Type	Claim Num	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
											no. olumb					0000			Act	1	ype	Recov Co	ov Settl		110.	. ypo
	D.							Р	Socia	al Security N	lumber	Part	Nature	Cause		Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid In	demnity	Paid M	edical
	E.							_	Claimant/a Attan		Francisco AM					Davies	and for Forture 1	Uaa					01.01	Paid	ALAE Ir	auma d
	F.								Claimant's Attor	rney rees	Employer's Att	omey rees				Revers	sed for Future	use					ALA	: Paid	ALAE II	icurrea
	•••							*Upd	Claim Num	nber	Acc. Date/ No. Claims	Incur	ed Indemnity	Inc	curred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
								Туре			No. Claims					Code			Act	1 1	уре	Recov Co	ov Settl	State	No.	Туре
	G.	Total	Standard Exp	osure 317313	Total Standard Pren	mium	1654	R	5678	9	09/30/96		7935		4000	0953	4	0	11	ı						
			, [						Socia	al Security N	umber	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid In	demnity	Paid M	edical
	H.	00	)6_ I	Premium Discour	nt Amt.			-	Claimant's Attor	rnev Fees	Employer's Att	ornev Fees				Revers	sed for Future	Use					ALA	E Paid	ALAE Ir	ncurred
	I.	09	000 1	Expense Constan	nt Amt					.,																
				•				*Upd Type	Claim Num	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
								Турс			No. Olalins					Couc			Act	1 1	ype	Recov Co	ov Settl		NO.	Турс
	J								Socia	al Security N	lumber	Part	Nature	Cause		Occupation Des	cription	1	Voc.	Lump	Fraud	Deduct	Paid In	demnity	Paid M	edical
	K.																·			-				-		
							·		Claimant's Attor	rney Fees	Employer's Att	orney Fees				Revers	sed for Future	Use					ALAI	E Paid	ALAE Ir	ncurred
	<u>L.</u>															OSS TOT	ALS									
									Reserved for Fu	uture Use	Total I	lo. Claims	To		ed Indemnity		red Medical	Res	erved for I	Future Us	se	Total Paid I	ndemnity	Tot	al Paid Med	ical
									Tot Claimants A	\#my F	Tot Fund	7	200	150	635		260					Total At A	E Doid	7.1	1 01 05 1-	rrod
									Tot. Claimant's A	aurry. rees	Tot. Employ	a S Altny. Fe	262			Reserved for	rulure USE					Total ALA	E Palu	iota	I ALAE Incu	nea
						ļ																				

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## **Illustration 16 - Combination Example**

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

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

Refer to Illustration 16a for the Individual Case Report.

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

											POLICY I	NFORM	ATION													
Report No.		Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	umber		Policy	Effective Da	te Policy E	xpiration Da	te Expo	s. State	State Effective Da	ite Certi	ficate No.	Card	Serial No.		Risk I	D Number		Page No.	Last	Page No.
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				3 Yr F/R Multistate Policy Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Non Ind. Std	i		ercent	Claim/Accide	ent	Aggregate									
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		1	XPOSUF	RE INFORMATION	V											IFORMAT										
Upd Type	Exp. Cov.	Clas	ss Code	Exposure Amount	Manual Rate	Prer	mium Rate	*Upd Type	Claim Nu	mber	Acc. Date/ No. Claims	Incur	red Indemnity	Ir	ncurred Medical	Class Code	Injury	Status	Act		Loss Cond		Settl	Jurisdic State	Cat. No.	MCO Type
	01	0	609	20000	12.10	)	2420		123	4	02/13/01	1	2000		1500	0609	5	0	01	Type 01	Reco				00	00
										al Security N		Part	Nature	Cause	е (	Occupation Des	cription		/oc. Lu	mp Fra	aud	Deduct	Paid Inden	- 1	Paid M	edical
	01	4	773	35000	55.37	'	19380	<b>1</b>	Claimant's Atto	rney Fees	Employer's At	ttorney Fees	03	99		Revers	sed for Future I		N	1 0	0		1000 ALAE Pa	) iid	100 ALAE In	)() curred
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	Λ1	Λ	<b>9</b> 52	15000	10	)	71	*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incur	red Indemnity	In	curred Medical	Class Code	Injury	Status			oss Cond		_	Jurisdic State	Cat. No.	MCO Type
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								*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	incur	red Indemnity	"	icurred iviedical	Class Code	Injury	Status	Act	Type	oss Cond		Settl	Jurisdic State	Cat. No.	MCO Type
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	J.								Social Security Number Part Nature				Cause	е (	Occupation Des	cription	V	/oc. Lu	mp Fra	aud	Deduct	Paid Inden	nnity	Paid M	edical	
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	L.																									
									Reserved for F	uture Use	Total	No. Claims		Total Incur	red Indemnity	LOSS TOT Total Incur	ALS red Medical	Rese	erved for Fut	ure Use	To	otal Paid Inde	emnity	Tot	al Paid Medi	ical
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	Α.		noriona		um		Z	3710		Socia	al Security N	lumber		Part Nature Cause Occupation Description							Voc. I	Lump	Fraud	Deduct		Paid Indemn	ity	Paid M	ledical
	B.	Мс	d (XX.X	XX)			1	.254																					
	C.	To	tal Modi	fied Prem	ium		3	3502		Claimant's Attor	rney Fees	Employ	er's Attorr	ney Fees				Rev	ersed for Futu	re Use						ALAE Paid	1	ALAE In	ncurred
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	D.	0	773		35000	6.09		2132																					
	F	0	887			.25		3909		Socia	al Security N	lumber		Part	Nature	Cause	0	ccupation D	escription		Voc.	Lump	Fraud	Deduct		Paid Indemn	ity	Paid M	ledical
	ь.	7	007			.23		3707		Claimant's Attor	rney Fees	Employ	er's Attori	ney Fees				Rev	ersed for Futu	re Use				l		ALAE Paid	ı	ALAE In	ncurred
	F.	9	880			.05		1336																					
									*Upd Type	Claim Nun	nber	Acc. No. C	Date/ laims	Incurred I	ndemnity	Incur	rred Medical	Class Code	Injury	Statu				onditions			Jurisdic State	Cat. No.	MCO Type
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	I.	0	900	Expense	Constan	t Amt																							
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										Reserved for Fu	uture Use		Total No.	Claims	Tota	tal Incurred	I Indemnity	OSS TO Total Inc	OTALS curred Medical	Re	eserved for F	uture Use		Total Paid	l Indemni	ity	Tota	al Paid Med	lical
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										Tot. Claimant's A	Attny. Fees	Tot.	Employer's	s Attny. Fees				Reserved	for Future Use					Total Al	LAE Paid		Total	ALAE Incu	irred

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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy N	umber		Policy	Effective Da	te Policy	Expiration Dat	e Expos.	State	State Effective Da	te Certi	ficate No.	Card	Serial No.		R	tisk ID Numb	er	Page No.	Last	Page No.
01				12345		1234	567		12	/01/00	12	2/01/01	0	7												
Insured	's Name:	123	, Inc.								•		•								F.E.I.I	N.		Pending	File No.	
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	01	0	609	6600	12.10	)	799																			
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	C.	Tot	tal Modif	ied Premium																			, L	2144	712712	
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	E.								Soci	al Security N	Number	Part	Nature	Cause	(	Occupation Des	cription		Voc.	Lump	Fraud	Deduct	Paid I	ndemnity	Paid N	ledical
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	F.							*Upd Type	Claim Nun	nber	Acc. Date/		red Indemnity	Incu	urred Medical	Class	Injury	Status			Loss (	Conditions		Jurisdic	Cat.	MCO
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	G.	Tota	Standard Ex	posure	Total Standard Pr	remium																				
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	J.								Social Security Number Pa					Cause		Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Deduct	Paid I	ndemnity	Paid N	ledical
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	L.								Claimant's Atto	rney rees	Employer's /	Attorney Fees				Revers	sea for Future	use					ALF	E Paid	ALAE	ncurred
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# **UNIT STATISTICAL REPORT**

												PΩI	ICA IV	IFORMATI	ION													
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No. 01	No.	Туре	Rpt. Ind.	123	15		122	4567		12	/01/00		12/0	1/01	07													
				123	40		123	4307		12	/01/00		12/0	1/01	07													
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									*Upd	Claim Nur	nber	Acc. I	Date/	Incurred Inc	demnity	Incurred I	Medical	Class	Injury	Status		l a	ss Con	ditions		Jurisdic	Cat.	MCO
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	A.			ect Premi	um			8816												<u> </u>	<u> </u>	L,	L,	Ш,		<u> </u>		
	В.		noriona d (XX.X)					1.198		Soci	al Security N	lumber		Part N	lature C	Cause	Осси	pation Desc	ription	V	oc. Lun	np Frau	bL	Deduct	Paid Inc	emnity	Paid N	ledical
	C.	To	tal Madi	fied Prem	ium			10562		Claimant's Atto	rney Fees	Employ	er's Attorr	ney Fees	•			Reverse	ed for Future l	Use	•				ALAE	Paid	ALAE I	ncurred
	U.	10	tai woul	ileu Fieili	iuiii			10302	*Upd Type	Claim Nur	nber	Acc. I		Incurred Inc	demnity	Incurred I	Medical	Class	Injury	Status		Lo	ss Con	ditions		Jurisdic	Cat.	мсо
									Туре			No. CI	laims					Code			Act	Туре	Reco		Settl	State	No.	Туре
	D.		773		11550	6.09		703		Soci	al Security N	lumbor		Part N	lature C	Cause	Occi	pation Desc	rintion	I v	oc. Lun	np Frau	ıd I	Deduct	Paid Inc	omnity	Paid N	lodical
	E.	ç	887			.25		2816			_				iature C	Cause	0000				oc. Luii	ip i i ac	au .	Deduct		-		
	F		046			.22		1859		Claimant's Atto	rney Fees	Employ	er's Attorr	ney Fees				Reverse	ed for Future l	Jse					ALAE	Paid	ALAE I	ncurred
	- 1.	<del>- '</del>	040			.22		1037	*Upd	Claim Nur	nber	Acc. I		Incurred Inc	demnity	Incurred I	Medical	Class	Injury	Status		Lo	ss Con	ditions		Jurisdic	Cat.	МСО
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	G.	Tota	I Standard Ex		<b>20</b> 650	Total Standard	Premium	26634																				
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	I.	(	900	Expense	Constan	t Amt																						
									*Upd Type	Claim Nur	nber	Acc. I No. Cl		Incurred Inc	demnity	Incurred I	Medical	Class Code	Injury	Status		Lo	ss Con	ditions		Jurisdic State	Cat. No.	MCO Type
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	J.									Soci	al Security N	lumber		Part N	lature C	Cause	Осси	pation Desc	ription	V	oc. Lun	np Frau	ıd	Deduct	Paid Inc	emnity	Paid N	ledical
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		-					•								_							_						

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

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

Present Value of Future Payments Weekly Benefit =  $.51 \times (\$378) = \$192.78$ Present Value of \$1 = 12.705 - Widowhood at age 65,  $^a[x] + 1$  Value  $\$192.78 \times 52 \times 12.705 = \$127,362$ 

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$192.78
Present Value of Remarriage Dowry = .0129
\$192.78 x 104 x .0129 = \$259

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

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			UNI	T STA	TIST	ICAL	PL/	AN - I	NDI\	/IDL	JAL	CA	SE R	EPOF	RT						
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5. VOCATIONAL REH		OTAL INCURR	ED																•		
6. CLAIMANT LEGAL	EXPENSE																J VAL. [				11236
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\*SEE REVERSE FOR CODING

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

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

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

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

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

Also note that claim 1234 is a subrogated claim.

Refer to Illustrations 17a for Individual Case Report.

# **UNIT STATISTICAL REPORT**

Part													POLICY IN	JEORM/	ATION												
120    100				Replace Rpt. Ind.	Carrier C	ode		Policy	Number		Policy	Effective Dat				s. State	State Effective Da	te Certi	ficate No.	Card	Serial No.		Risk ID No	umber	Page	lo.	Last Page No.
Page 15   12   13   13   14   14   14   14   14   14			31	•	1234	15		1234	1567		12	/01/00	06/	01/01	(	)7											
Page 15   12   13   13   14   14   14   14   14   14																											
No.	Insured	's Name	: 123,	Inc.												1		l .				F.I	E.I.N.		Pe	nding File No.	
Part																						1234	56789				
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Care Number   First   Care										Р										0	01	01	01	03	00		
Claimarks Alloware   Case   Employer's Alloware   Security   Sec											Soci	al Security N	umber					Occupation Des	cription			mp Frau	d Ded	uct	-		
A										1	Claimant's Atto	rney Fees	Employer's Att		20	23	<b>J</b>	Rever	sed for Future l		IN I	<u> </u>			ALAE Paid		
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D.   D.   D.   D.   D.   D.   D.   D.		<u> </u>	100	ai ivioaii	icu i iciiii	um				*Upd	Claim Nun	mber		Incurr	ed Indemnity	In	curred Medical		Injury	Status		Los	ss Condition	ns		dic Cat	
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4 193012 3500 24587 3500											Reserved for F	uture Use	Total N	o. Claims		Total Incur				Rese	erved for Futi	ıre Use	Total	Paid Indemr	nity	Total Paid	Medical
											Tot. Claimant's A	Attny. Fees	Tot. Employe	er's Attny. Fe	ees		Į.	Reserved for	Future Use						d		

Effective Date: October 1, 2002 Section VI Page 27 EXAMPLES

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

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

Present Value of Future Payments Weekly Benefit =  $.51 \times (\$378) = \$192.78$ Present Value of \$1 = 12.340 - Widowhood at age 65,  $^a[x] + 2$  Value  $\$192.78 \times 52 \times 12.340 = \$123,703$ 

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$192.78
Present Value of Remarriage Dowry = .0118
\$192.78 x 104 x .0118 = \$237

Indemnity Paid to Valuation Date Benefits Paid from 04/20/01 to 06/01/03 - 772 days / 7 = 110.285 Wks (110.285 Wks) x \$192.78 = \$21,261

								AN -	INDI	/IDU			REPOR	RT						
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3. NON-SCHEDULED I	NDEMNITY			Х	XX	X	XXX										192.	78x52x1	2.340=12	23703
4. EMPLOYERS LIABIL	LITY OR OTHE	R INDEMNITY		•																
5. VOCATIONAL REHA	ABILITATION TO	OTAL INCURR	ED																	
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\*SEE REVERSE FOR CODING

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

Claim 68235 is a death claim.

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

# **UNIT STATISTICAL REPORT**

												POLICY	INFORM	ATION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code			Policy Num	ber		Policy	Effective Da		Expiration Da		s. State	State Effective Da	ate Certi	ificate No.	Card	Serial No.		Risk II	) Number		Page No.	Last	Page No.
01		<i>-</i>	·	99998			11122	2		07	//01/00	0	1/01/01	(	)7												
Insured	's Name	: Bob	's Roc	fing																	F	.E.I.N.			Pending	File No.	
	's Addre																					45678					
Mod Effect	ive Date	Rate Effe	ctive Date	3 Yr F/R Mu	tistate Inte		y Conditions stimated	Retro	Canceled	MCO	Type	olicy Type I D Plan N	Ded on- Ty td.		educt. ercent	Deductible Amou		Deductible Amo Aggregate	ount	Reserved		For Carri	ier Use		For E	ureau Use	
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		F	XPOSU	RE INFORMA			14	14		14	01	01	'			LOSSIN	IFORMAT	ION									
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1300									1300	4000				40400						Act	Туре	Reco			State		
	01	0	659	980	0/6	41.13		40339		6823 Socia	35 al Security N	11/01/( lumber	Part	10123 Nature	Cause	0	0659 Occupation Des	cription	1 0	01 /oc. Lu	np Frai	01 ud [	03 Deduct	00 Paid Inde	emnity	00 Paid M	00 edical
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									*Upd Type	Claim Nun	nber	Acc. Date No. Claim		red Indemnity	In	curred Medical	Class Code	Injury	Status		1	oss Condi	_	1	Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subje	ct Premium				41115				5		<u>1560</u>		1130	0659	5	1	Act 01	Type 01	Recov 01	03			00	00
	В.		d (XX.X)	(X)				0.990		Socia	al Security N	lumber	Part	Nature	Cause	9	Occupation Des	scription		/oc. Lu N	mp Fra	ud [	Deduct	Paid Inde	-	Paid M	
	C.	Tot	al Modif	ied Premium				40704		Claimant's Atto	rney Fees	Employer's	Attorney Fees				Rever	sed for Future I	Use			•		ALAE	Paid	ALAE Ir	curred
	0.	100	ar woul	icu i remium				40704	*Upd Type	Claim Nun	nber	Acc. Date No. Claim		red Indemnity	In	curred Medical	Class Code	Injury	Status		Lo	oss Condi	itions		Jurisdic State	Cat. No.	MCO Type
	D.								.,,,,			3				020		,	1	Act	Type 01	Recov	Cov		- Otato	00	00
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	F.								*Upd	Claim Nun	nber	Acc. Date	Incui	red Indemnity	In	curred Medical	Class	Injury	Status	1	l a	oss Condi	itions		Jurisdic	Cat.	MCO
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	G.	Total	Standard Ex	posure 980		tandard Prem		40704																			
	Н.	0	06	Premium Dis	scount Am	t.				Soci	al Security N	lumber	Part	Nature	Cause		Occupation Des	scription	'	/oc. Lu	mp Frai	ud [	Deduct	Paid Inde	emnity	Paid M	edical
			_							Claimant's Atto	rney Fees	Employer's	Attorney Fees		I	<u> </u>	Rever	sed for Future I	Use					ALAE	Paid	ALAE Ir	curred
	l.	0	900	Expense Co	nstant Am	!			*Upd	Claim Nun	nber	Acc. Date	Incu	red Indemnity	In	curred Medical	Class	Injury	Status	1	l o	oss Condi	itions		Jurisdic	Cat.	MCO
									Туре			No. Claim		,			Code	, ,		Act	Туре	Recov		Settl	State	No.	Туре
	J.		-							Soci	al Security N	lumber	Part	Nature	Cause	•	Occupation Des	scription		/oc. Lu	mp Frai	ud   [	Deduct	Paid Inde	emnity	Paid M	edical
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	L.									Cidillall'S AllO	nney rees	Employer's	Addiney Fees		_				use					ALAE	aru	ALAE II	culleu
										Reserved for F	uture Use	Tot	al No. Claims		Total Incur	red Indemnity	LOSS TOT Total Incu	TALS rred Medical	Rese	erved for Fut	ıre Use	To	tal Paid Ind	emnity	To	tal Paid Med	ical
													9			1683	19	960					8359	)		1960	
										Tot. Claimant's I	Attny. Fees	Tot. Emp	oyer's Attny. F	ees		1	Reserved for	Future Use	•				Total ALAE	Paid	Tot	al ALAE Incu	rred

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

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

#### Present Value of Future Payments

- Widow's Benefit plus child #1 Benefits
   Weekly Benefit = .6667 x (\$295) = \$196.68
   Present Value of \$1 = 17.616 Widowhood at age 39, a[x] + 1 Value
   \$196.68 x 52 x 18.212 = \$186,261
- 2) Child #2 Benefits Payable until child is 18 years old.

Weekly Benefit =  $.0333 \times (\$295) = \$9.82$ No. of Weeks Payable = 01/01/02 to 03/01/2011 + 3346 days/ 7 = 478 wks.  $\$9.82 \times 478 = \$4,694$ 

3) Remarriage Dowry

Weekly Benefit - \$196.68 Present Value of Remarriage Dowry = .1516 No. of Weeks Payable = 104 weeks Value of Payments = \$196.68 x 104 x .1516 = \$3,101

4) Indemnity Paid to Valuation Date

Weekly Benefit =  $.70 \times (\$295) = \$206.50$ No. of Weeks Payable = 11/01/00 to 01/01/02 - 426 days / 7 = 60.857 Wks  $\$206.50 \times 60.857 = \$12,567$ 

5) Funeral Allowance = \$3,500

			LIMIT	STA	ГІСТ	ICAI	DI A	N -	וחחו	VIDI	ΙΙΔΙ	C/	\SF I	PEPOI	PT							
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KIND	OF BENEFIT		% DISAB		MEM. DE*		O. EKS		INC	URRE	D		В	ENEFICIA	ARY DA	TA*			CALC	ULAT	IONS	
1. TEMPORARY INDE	MNITY		XXX		ΧX								CODE	MO	ATE OF BIF	RTH YR		Pai	id to ∖	/aluat	ion Dat	e
2. SCHEDULED INDEN	MNITY												2	09	01	61	Ī	206	6.50x6	0.85	7=1256	7
													4	03	01	93		F	Future	Payr	ments	
3. NON-SCHEDULED I	NDEMNITY			X	ΧX	XX	XX						4	05	01	95	(1	96.68	8x52x	18.21	2 = 186	6261)
4. EMPLOYERS LIABIL																		+(9	9.82 x	478)	= 1909	955
5. VOCATIONAL REHA		OTAL INCURR	ED																			
6. CLAIMANT LEGAL E	XPENSE													NSION IN								12567
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\*SEE REVERSE FOR CODING

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### **Illustration 19 - Merit Rating**

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

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

### **UNIT STATISTICAL REPORT**

										50110	/ INICODIA	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy E	Effective Dat		Y INFORMA by Expiration Date		State	State Effective Da	te Cert	tificate No.	Can	d Serial No.		-	Risk ID Number		Page No.	Last	Page No.
01		.,,,-		12345		123456789		01/	01/97		1/01/98	0	7												
Insured	l's Name:	DEE	'S FL	OWERS				,				•								F.E.I	I.N.		Pending	File No.	
Insured	's Addres	SS:																	12	345	6789				
Mod Effec	tive Date	Rate Effe	ective Date			cy Conditions				olicy Type I D	Dedu			Deductible Amou		Deductible Am		Reserved			or Carrier Use		For B	ureau Use	
				3 Yr F/R Multistate Policy Policy		stimated Retro Exposure Policy	Canceled Mid-Term	MCO Indicator	Type Cov.		Non- Typ Std.	e Per	cent	Claim/Accide	nt	Aggregate	!								
01/0	1/97	01/0	)1/97	N Y		N N	N	N	01	01	01 000	00													
		E	XPOSU	RE INFORMATION											FORMAT	TION									
Upd Type	Exp. Cov.	Cla	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Num	ber	Acc. Dat No. Clair		ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status	Act	Ту		Recov C	ov Settl	Jurisdic State	Cat. No.	MCO Type
	01	0	661	40000	5.71	2284						1													
	01	9	807			91		Social	I Security N	lumber	Part	Nature	Cause		Occupation Des	scription		Voc.	_ump	Fraud	Deduct	Paid Inc	emnity	Paid N	Medical
								Claimant's Attorn	ney Fees	Employer's	s Attorney Fees				Rever	rsed for Future	Use					ALAE	Paid	ALAE I	ncurred
							*Upd Type	Claim Num	ber	Acc. Dat No. Clain		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	A.	To	tal Subie	ect Premium														Act	Тур	ie	Recov Co	ov Settl			
	В.	Εv	norionac od (XX.X)					Social	I Security N	lumber	Part	Nature	Cause	(	Occupation Des	scription		Voc.	ump	Fraud	Deduct	Paid Inc	lemnity	Paid N	Nedical
	C.		•	ied Premium				Claimant's Attorn	ney Fees	Employer's	s Attorney Fees			<u> </u>	Rever	rsed for Future	Use	1			1	ALAE	Paid	ALAE I	ncurred
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	<u>Б.</u>		003		.03	117		Social	I Security N	lumber	Part	Nature	Cause	(	Dccupation Des	scription		Voc.	_ump	Fraud	Deduct	Paid Inc	emnity	Paid N	Medical
	F.							Claimant's Attori	ney Fees	Employer's	s Attorney Fees			'	Rever	rsed for Future	Use	•			•	ALAE	Paid	ALAE I	ncurred
							*Upd Type	Claim Num	ber	Acc. Dat No. Clain		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Jurisdic State	Cat. No.	MCO Type
	G.	Tota	I Standard Ex	-	Total Standard Prem													Act	Тур	ie	Recov Co	ov Settl			
				40000		2256		Socia	I Security N	lumber	Part	Nature	Cause		Occupation Des	scription		Voc.	ump	Fraud	Deduct	Paid Inc	emnity	Paid N	Medical
	H.	0	06_	Premium Discour	nt Amt.		_																		
	I.	0	900	Expense Constan	t Amt	160		Claimant's Attori	ney rees	Employers	s Attorney Fees				Rever	rsed for Future	use					ALAE	Paid	ALAEI	ncurred
							*Upd Type	Claim Num	ber	Acc. Dat No. Clain	e/ Incurr	ed Indemnity	Incu	rred Medical	Class Code	Injury	Status				Conditions	Law	Jurisdic State	Cat. No.	MCO Type
	J.																	Act	Тур	e	Recov Co	ov Settl			
	K.								I Security N		Part	Nature	Cause	(	Occupation Des			Voc.	_ump	Fraud	Deduct	Paid Inc			ledical
	L.							Claimant's Attori	ney Fees	Employer's	s Attorney Fees				Rever	rsed for Future	Use					ALAE	Paid	ALAEI	ncurred
								Reserved for Fu	ture Use	To	ital No. Claims	Т	otal Incurred	d Indemnity	OSS TO	TALS urred Medical	Res	erved for F	uture Use		Total Paid Ir	ndemnity	To	al Paid Med	dical
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								Tot. Claimant's A	uny. Fees	Tot. Emp	ployer's Attny. Fe	es			Reserved for	r Future Use					Total ALA	E Paid	l'ota	I ALAE Inc	urrea
						<u> </u>																			

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### Illustration 20 - Assigned Risk Surcharge

Assigned risk surcharges are applicable below Line C and are calculated as a percentage after the application of any schedule rating debit/credit. See Algorithm Section X or specific premium calculation sequence.

### **UNIT STATISTICAL REPORT**

										DOL 101	/ INIEGENIA	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	W	Policy Number			Effective Da	te Polic	INFORMA y Expiration Date 0/01/00			State Effective Da	te Cert	tificate No.	Car	d Serial No			Risk ID Nur	nber	Page No	. Г	ast Page No.
Insured	l's Name	· A. B	s. C. IN	1C.				1		1							ı			F.E.	I.N.		Pen	ing File No.	
	l's Addre																		1	23/15	6789				
Mod Effect	tive Date	Rate Effe	ective Date		Polic	cy Conditions			Po	olicy Type I D	Dedu	ict. De	duct.	Deductible Amou	nt Per	Deductible Am	ount	Reserve			or Carrier U	se		or Bureau Us	se
				3 Yr F/R Multistate Policy Policy		stimated Retro exposure Policy	Canceled Mid-Term		Type Cov.		lon- Typ Std.	e Per	rcent	Claim/Accide	nt	Aggregate	÷								
10/0	1/99	10/0	1/99	N Y		N N	N	N	01	01 (	000	00													
		E	XPOSU	RE INFORMATION										LOSS IN	IFORMAT	ION									
Upd Type	Exp. Cov	. Cla	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nun	nber	Acc. Date No. Clain		ed Indemnity	Incu	ırred Medical	Class Code	Injury	Status	5		Loss	s Condition	5	Juriso Stat		
	01	0	951	35000	.72	252												Ac	t T	ype	Recov	Cov	Settl		
								Socia	al Security N	Number	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Dedu	t P	aid Indemnity	Pai	d Medical
	01	0	953	17950	.49	88	-	Claimant's Attor	rney Fees	Employer's	Attorney Fees				Rever	rsed for Future	Use						ALAE Paid	ALA	E Incurred
							*Upd	Claim Num	nhor	Acc. Date	e/ Incurr	ed Indemnity	Incu	rred Medical	Class	Injury	Status	-					Juriso	c Cat.	MCO
							Туре	Ciaiiii ivuii	ibei	No. Claim		eu muemmity	llicu	irea medicai	Code	injury	Status	Act	Ту		Conditions		State	No.	
	A.	_		ct Premium		340						1								pc			Setti		
	В.		d (XX.X)			1.431		Socia	al Security N	Number	Part	Nature	Cause		Occupation Des	scription		Voc.	Lump	Fraud	Dedu	t P	aid Indemnity	Pai	d Medical
	C.	To	tal Modif	ied Premium		487		Claimant's Attor	rney Fees	Employer's	Attorney Fees		•	•	Rever	rsed for Future	Use	•					ALAE Paid	ALA	E Incurred
	0.	10	tai wouli	ica i iciniani		407	*Upd Type	Claim Num	nber	Acc. Date		ed Indemnity	Incu	rred Medical	Class Code	Injury	Status			Loss	Conditions		Juriso State	c Cat.	
	_		077		20	100	Турс			NO. Clair	15				Code			Act	Ту	ре	Recov	Cov	Settl	140.	Туре
	D.	0	277		.39	190		Socia	al Security N	Number	Part	Nature	Cause		Occupation De	scription		Voc.	Lump	Fraud	Dedu	t P	aid Indemnity	Pai	d Medical
	Ε.						-	Claimant's Attor	rney Fees	Employer's	Attorney Fees				Rever	rsed for Future	Use						ALAE Paid	ALA	E Incurred
	F.						*Upd	Claim Num	nber	Acc. Date	e/ Incurr	ed Indemnity	Incu	rred Medical	Class	Injury	Status	1		1	Conditions		Juriso	c Cat.	MCO
							Туре			No. Claim		,			Code	,,		Act	Ту	pe	Conditions		State Settl	No.	
	G.	Tota	Standard Ex	posure 52950	Total Standard Prem	nium 677																			
		0	06	Premium Discour	at Amt	1177		Socia	al Security N	Number	Part	Nature	Cause	(	Occupation De	scription		Voc.	Lump	Fraud	Dedu	t P	aid Indemnity	Pai	d Medical
	H.	- "	00_	Premium discour	II AIIII.		1	Claimant's Attor	rney Fees	Employer's	Attorney Fees				Rever	rsed for Future	Use						ALAE Paid	ALA	E Incurred
	l.	0	900	Expense Constar	nt Amt		*I I and	Claim Num		Acc. Date	-/ Incom	ed Indemnity	l leave	rred Medical	Class	l taises	Status						lusted	- 1 Cat	MCO
							*Upd Type	Ciaiii Nuii	ibei	No. Claim	ns mcuri	ed indennity	IIICu	ireu weulcai	Class Code	Injury	Status	Act	Ту		Conditions		Juriso State	c Cat. No.	
	J.							Socia	al Security N	lumber	Part	Nature	Cause	1 (	Occupation De	scrintion		Voc.	Lump	Fraud	Dedu	+ I D	aid Indemnity	l Pai	d Medical
	K.											Nature	Cause					<b>VOC.</b>	Lump	Tiduu	Dedu				
	L.							Claimant's Attor	rney Fees	Employer's	Attorney Fees				Rever	rsed for Future	Use						ALAE Paid	ALA	E Incurred
								Reserved for Fu	uturo Hen	To	tal No. Claims	,	otal Incurred		OSS TO	TALS urred Medical	D <sub>^</sub>	served for F	uture Uca		Total D	aid Indemnit	,	Total Paid	Medical
								neserveu iof Fl	atale USE		iai NO. OldiiliS		otai miturret	a muchinity	rotal IIICU	m cu wculldi	Kes	scived IUI I	ature USE		i Oldi Pi	aa muemilly		i Utai Palū l	nealeal
								Tot. Claimant's A	Attny. Fees	Tot. Emp	oloyer's Attny. Fe	es			Reserved fo	r Future Use	1				Total	ALAE Paid		Total ALAE	ncurred

# **SECTION VII**

# GLOSSARY OF TERMS

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

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#### **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.

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#### **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.

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#### 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 Loss**

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

#### 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."

Effective Date: October 1, 2002 Section VII
Page 4 GLOSSARY

#### **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.

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Page 5 GLOSSARY

#### **Vocational Rehabilitation**

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

#### **Voluntary Compensation Insurance**

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

# **SECTION VIII**

# **SAMPLE FORMS**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2002 Page 1

Section VIII Sample Forms

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

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

#### UNIT STATISTICAL REPORT

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# SUPPLEMENTAL LOSS REPORT

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# 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.							
represented. Such premiums, payrolls and losses ar	bit of earned premiums, corresponding payrolls and incre properly assigned to the respective classifications a tries on these cards are true and correct to the best of my	nd are in conformity with the					
Signature and Title		Date					
Carrier Name	Group Cod	le					
Address	No. of Reports Included:						
	No. of Cards Included:						
Check One Submission and Complete the F	Following:						
☐ 1. By State: State Name	State Code	Report Type					
☐ 2. Effective Month:	<u> </u>						
☐ 3. Underground Coal Mine	to Serial #						
☐ 4. Interstate Specials (MA, MN, NY, 7	ΓΧ)						
NCCI-	-RECEIPT OF UNIT REPORTS						
No. of Reports Received	Received By	DATE RECEIVED					
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NC2400(00261)

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

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THE GOVERNING CLASS)				CODE	INJURY	NUMBER OF CLAIMS	TOTAL LOSS INDEMNITY		
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C.	STD. EARNED PR	EM	-			TOTAL			

NC-302

# **SECTION IX**

# **ELECTRONIC SUBMISSION**

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2002 Section IX

Page 1 ELECTRONIC SUBMISSION

#### **SECTION IX - ELECTRONIC SUBMISSION**

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

# **SECTION X**

# PREMIUM ALGORITHM

DELAWARE
STATISTICAL PLAN
MANUAL
WORKERS COMPENSATION
and
EMPLOYERS
LIABILITY
INSURANCE

Effective Date: October 1, 2002 Section X

Page 1 PREMIUM ALGORITHM

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

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

Optional use July 1, 2000. Mandatory use for policies effective on or after January 1, 2002.

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.

Effective Date: October 1, 2002

Section X

Page 2 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	9807	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge	9807	(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 (DE)	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium (DE)	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 if Merit Rating Neutral Adjustment (no credit or debit) does not apply

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Page 3 PREMIUM ALGORITHM

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(20)	Merit Rating Neutral Factor	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) or (20) or (22)] if Merit-Rated, (14) if Non-Rated
(24)	Occupational Disease Exposure	0067	(24)	Portion of payroll exposure subject to OD hazard
(25)	Occupational Disease Loading	0067	(25)	Carrier value
(26)	Occupational Disease Premium	0067	(26)	(24)/100x(25) [based on applicable OD exposure]
(27)	Supplemental Radiation Exposure	9985	(27)	Portion of payroll exposure subject to radiation hazard
(28)	Supplemental Radiation Loading	9985	(28)	Carrier value
(29)	Supplemental Radiation Premium	9985	(29)	(27)/100x(28) [based on applicable radiation exposure]
(30)	Occupational Disease Increased Limits Factor	9807	(30)	Carrier value
(31)	Occupational Disease Increased Limits Premium Charge	9807	(31)	[(26)+(29)]x[(30)) expressed as a decimal]
(32)	Occupational Disease Increased Limits Minimum Premium	9848	(32)	Carrier value
(33)	Occupational Disease Increased Limits Minimum Premium Charge	9848	(33)	[(32)-(31)] if (31) < (32) and (30) > 0, otherwise zero
(34)	Aircraft Seat Surcharge	9108	(34)	Carrier value
(35)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(35)	Actual number of seats for insured risk
(36)	Aircraft Seat Surcharge Indicated Premium	9108	(36)	(34)x(35)
(37)	Aircraft Seat Surcharge Maximum Premium	9108	(37)	Carrier value
(38)	Aircraft Seat Surcharge Premium Charge	9108	(38)	(37) if (36) > (37), otherwise (36)

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Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(39)	Premium Before Schedule Rating		(39)	(23)+(26)+(29)+(31)+(33)+(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 (40) will be negative.
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified and has remaining year(s) of eligibility
(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 ( <b>DE</b> )	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x(-48) expressed as a decimal]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x [(-52) expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	[(39)+(41)+(43)+(45)+(47)+(49)+ (51)+(53)]

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Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	(54)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	[(54)+(56)+(58)+(60)]x[(61)-1.0000] if $(61) > 0$ , otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value
(64)	Expense Constant Charge	0900	(64)	Line (63) if applicable
(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)+(64)+ (66)]
(69)	Total Premium		(69)	(64)+(67)-(68)
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	Bureau value for the specific purpose of computing employer assessments

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Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	[(69)-(11)-(58)]x(70) 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.