



# **DELAWARE STATISTICAL PLAN MANUAL**

**WORKERS COMPENSATION  
and  
EMPLOYERS  
LIABILITY  
INSURANCE**

**ISSUED BY**

**DELAWARE COMPENSATION RATING BUREAU, INC.**

# **DELAWARE STATISTICAL PLAN MANUAL**



## **DELAWARE COMPENSATION RATING BUREAU, INC.**

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# **TABLE OF CONTENTS**

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

**TABLE OF CONTENTS**

**INTRODUCTION**

**SECTION I. GENERAL RULES/DEFINITIONS**

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

**SECTION II. REPORTING REQUIREMENTS**

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

- D. Loss Totals
  - 1. Total Number of Claims
  - 2. Total Incurred Indemnity
  - 3. Total Incurred Medical
  - 4. Total Paid Indemnity
  - 5. Total Paid Medical
  - 6. Total Claimant's Attorney Fees
  - 7. Total Employer's Attorney Fees
  - 8. Total ALAE Paid
  - 9. Total ALAE Incurred

### **SECTION III. INDIVIDUAL CASE REPORTS**

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

### **SECTION IV. CODES**

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

- 8. Reserved Type
- 9. Lump Sum Indicator
- 10. Fraudulent Claim Code
- 11. Employment Status
- 12. Beneficiary
  - Injury Description and Cause of Injury Code
  - Scheduled Indemnity - Maximum Weeks

**SECTION V. TABLES**

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

**SECTION VI. EXAMPLES**

- Illustration 1 - First Report Requiring Two Unit Reports
- Illustration 2 - Exposure Correction Report
- Illustration 3 - Loss Correction Report
- Illustration 4 - Deductible; Rated Risk
- Illustration 5 - Deductible; Rated Risk with Construction Credit
- Illustration 6 - Short Rate Cancellation; Rated Risk
- Illustration 7 - Rateable Class; Mandatory Non-Rateable Element
- Illustration 8 - Rateable Class; Optional Non-Rateable Element
- Illustration 9 - First Report Requiring an Individual Case Report; Rated Risk
- Illustration 9a - Individual Case Report; Permanent Total Disability
- Illustration 10 - Individual Risk Experience with USL & HW Coverage
- Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability
- Illustration 10b - Individual Case Report; Death, Widow Only
- Illustration 11 - Second Reporting of Losses for Unit for Illustration 10
- Illustration 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level
- Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level
- Illustration 12 - Individual Risk Experience Including Premiums for "Non-F" Classifications
- Illustration 12a - Individual Case Report; Permanent Total Disability with Survivorship Benefits
- Illustration 13 - Correction of Header Information Only
- Illustration 14 - Correction of Loss Totals Only
- Illustration 15 - Correction of Old Form Information on New Form
- Illustration 15a - Correction of Old Form Information on New Form
- Illustration 16 - Combination Example
- Illustration 16a - Individual Case Report; Death, Widow Only

Illustration 17 - Second Reporting of Losses for Unit for Illustration 16  
Illustration 17a - Individual Case Report; Death, Widow; 2nd Report Level  
Illustration 18 - First Report Requiring an Individual Case Report, Widow with 2 Children  
Illustration 18a - Individual Case Report; Death Claim, Widow with 2 Children  
Illustration 19 - Merit Rating  
Illustration 20 - Deductible Applicable Before Experience Modification

## **SECTION VII. GLOSSARY OF TERMS**

## **SECTION VIII. SAMPLE FORMS**

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

## **SECTION IX. ELECTRONIC SUBMISSION**

## **SECTION X. PREMIUM ALGORITHM**



# **INTRODUCTION**

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

**INTRODUCTION**

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

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

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

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

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

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

# **SECTION I**

## ***GENERAL RULES/DEFINITIONS***

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

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

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

**B. Recording of Statistics**

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

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

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

**SCHEDULE OF STATISTICAL PLAN FINES**

Notice	Non-Rated Units	Rated Units
1 <sup>st</sup>	\$ 0	\$ 0
2 <sup>nd</sup>	\$ 5	\$ 5
3 <sup>rd</sup>	\$ 5	\$ 100
4 <sup>th</sup>	\$ 5	\$ 100
5 <sup>th</sup>	\$15	\$ 250
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.

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

#### **E. Uncollectible Premiums and Corresponding Losses**

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

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

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

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

#### **G. Reinsurance**

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

#### **H. Excess Insurance**

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

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

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

#### **J. Admiralty and Federal Employers Liability**

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

**K. Loss Rules****1. Occupational Disease Incurred Losses**

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

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

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

**2. Interest on Awards**

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

**3. Medical on Compensable Cases**

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

**4. Subrogation Claims**

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

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

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

For additional examples, see Section VI.

**5. Commuted Cases**

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

**6. Aircraft Operation Losses**

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

**7. Employers Liability Claims**

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

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

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

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

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

**8. Correction and Subsequent Reports**

a. Any second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth or correction report involving:

- (1) claim reported "open" on the previous report,
- (2) any re-opened claim reported "closed" on the previous report,
- (3) any claim previously unreported, or
- (4) any other change in the valuation of losses shall show for each claim the amounts previously reported and the revised values. The corresponding total number of claims, total paid and incurred indemnity and total paid and incurred medical as revised shall also be shown.

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

b. Correction Reports

(1) A correction report must be filed when any of the following occur between valuation dates:

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

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

(2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.

(3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.

c. Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Reports.

(1) A revised loss card, Form NC2913, shall be filed on each risk 12, 24, 36, 48, 60, 72, 84, 96 or 108 months, respectively, after the first reporting date when:

- (a) there was an open claim on the previous report
- (b) there are reopened claims, claims previously unreported or any other change in the valuation of losses.

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

**9. Medical or Legal Expense**

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

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

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

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

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

**10. Incurred Losses**

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

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

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

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

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

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

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

## **L. Special Reportings**

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

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

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

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

## 2. Option A. Schedule Z Basis

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

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

- b. *Date of Valuation and Filing.* For reporting purposes the experience on three-year fixed rate policies shall be assigned to the year in which the policy became effective regardless of expiration date. Losses shall be valued not earlier than March 31, and the reports shall be filed not later than September 1 of the fourth year after the year in which the policy became effective. For example, the experience on three-year fixed rate policies becoming effective in 1996 shall be filed not later than September 1, 2000 with losses valued not earlier than March 31, 2000.

- c. *Data to be Reported.* The experience to be reported for each classification consists of the following:

- (1) Number of Risks. The number of risks shown for each classification shall be the number of policies for which the classification in question is the governing classification.
- (2) Total exposure (payroll, per capita or other basis). Per capita exposure shall be reported on a man-year basis to the nearest 0.1. See Section VII for a definition of man-year.
- (3) Total earned premium.
- (4) Number of claims, total indemnity incurred and total medical incurred for
  - (1)Death
  - (2)Permanent Total
  - (5)Temporary Total
  - (6)Non-Compensable Medical
  - (9)Permanent Partial

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

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

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

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

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

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

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

**M. General Rules and Definitions****1. Standard Type of Coverage**

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

**2. Voluntary Plan**

A policy written voluntarily by a carrier.

**3. Delaware Workers Compensation Insurance Plan**

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

**4. Vocational Rehabilitation**

Indemnity losses include non-medical services to restore a disabled employee to suitable employment. Such services may include vocational evaluation, counseling, education, workplace modification and re-training, including on the job training for alternative employment with the same employer and job placement assistance. It shall also include reasonably necessary related expenses such as tuition, books, tools, transportation and additional living expenses.

**5. Lump Sum**

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

**6. Fraudulent Claim**

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

**7. Exposure Coverage / Loss Conditions**

- a. *State Act.* Coverage benefits paid to employees injured as the result of a workplace accident under State Workers' Compensation Law or Federal Compensation Laws.
- b. *USL&HW "F" or Non "F."* Coverage for benefits paid to employees injured as the result of a workplace accident under the United States Longshore and Harbor Workers Compensation Act.
- c. *Federal Coal Mine Health and Safety Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act.
- d. *Federal Coal Mine Health and Safety Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Coal Mine Health and Safety Act and the State Act.

**8. Loss Conditions**

- a. *Trauma.* An injury caused by a work-related accident.
- b. *Cumulative Injury Other than Disease.* An injury occurring from repetitive mental or physical traumatic activities extending over a period of time, the combined effect of which caused disability or need for medical treatment (other than disease).

**9. Recovery**

- a. *Second Injury Fund Only.* The carrier has received reimbursements from the Second Injury Fund. The Second Injury Fund is a trust established to reimburse carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment or previous accident, disease or congenital condition.
- b. *Subrogation Only.* The carrier has received reimbursements from an entity other than the employer with legal liability due to circumstances for the injury.
- c. *Subrogation with Second Injury Fund.* The carrier has received reimbursement from both the Second Injury Fund and a third party.

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

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

#### 10. Type of Coverage

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

#### 11. Type of Settlement

- a. *Non-compensable Previously Alleged.* When the employer provided notification to the insurer that in the employer's opinion no compensation is payable and the claim was later found to be non-compensable, the insurer is required to reimburse the employer for any additional premium resulting from the use of the claim in the employer's experience modification. Further, any modification, which reflects a claim, which the employer alleged to be a non-compensable, and which is found to be non-compensable, will be revised.
- b. *Stipulated Award (carrier/claimant settlement).* An award, which has been drawn up between the carrier and claimant and submitted to the workers compensation, appeals board for review.
- c. *Findings and Award (judicial award).* An award, which has been issued by a judge based on evidence, presented in the process of litigation.
- d. *Dismissal or Take Nothing Non-compensable.* The claim will generate no payments or reserves due to one of the following:
  - (1) Official ruling denying benefits.
  - (2) Claimant's failure to file for benefits.
  - (3) Claimant's failure to prosecute claim following carrier's denial of the claim.
- e. *Compromise and Release.* A settlement over the issues of applicability, extent of injury, or future benefits.

#### 12. Managed Care Organization

- a. *HMO.* The claim will be administered by HMO (Health Maintenance Organization). Generally restricts employee's choice of health care providers in exchange for reduced out-of-pocket costs and more extensive preventive care. Generally requires only minimal co-payments and no deductibles. Directs patients to a network of providers and requires authorization for many specialist and hospital services.

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

### 13. Expenses -- Excluded from Losses

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

- a. *Allocated Loss Adjustment Expenses*. Allocated Loss Adjustment Expenses encompass the following costs of a carrier, which can be directly allocated to a particular claim:

- (1) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representative.

- (2) Court, Alternate Dispute Resolution and other specific items of expense such as:

- Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency or length of disability;
  - Expert medical or other testimony;
  - Autopsy;
  - Witnesses and summonses;
  - Copies of documents such as birth and death certificates, medical treatment records;
  - Arbitration fees;
  - Surveillance;
  - Appeal bond costs and appeal filing fees.

- (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:

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

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

- Preferred provider network/organization expenses.

- Medical fee review panel expenses.

- (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.

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

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

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

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

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

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

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

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

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

# **SECTION II**

## ***REPORTING REQUIREMENTS***

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

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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.

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

**2. Estimated Audits**

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

**3. Fraction of Dollars**

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

**4. Method of Transmittal**

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

**5. Dates**

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

**6. Policy Information**

- a. *Report Number.* In the space provided in the upper left-hand corner of Form NC2957 or NC2913 report the 2-digit numeric code that corresponds to the loss valuation date.
- First Reports are valued as of the 18th month after the month in which the policy became effective, and the report shall be filed not later than 20 months after the effective date of the policy.
  - Subsequent Reports
    - Second reports are valued exactly 30 months from the policy effective date.
    - Third reports are valued exactly 42 months from the policy effective date.
    - Fourth reports are valued exactly 54 months from the policy effective date.
    - Fifth reports are valued exactly 66 months from the policy effective date.
    - Sixth reports are valued exactly 78 months from the policy effective date.
    - Seventh reports are valued exactly 90 months from the policy effective date.
    - Eighth reports are valued exactly 102 months from the policy effective date.
    - Ninth reports are valued exactly 114 months from the policy effective date.
    - Tenth reports are valued exactly 126 months from the policy effective date.
- b. *Correction Report Number.* Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.
- Refer to Section 1, Item L.8. for conditions requiring a correction report.
- Example: 3rd correction to a first report = Report Number "01", Correction Number "03" Report blanks for original report level submissions on hard copy.
- c. *Correction Type.* Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.
- H - Header Record Correction
  - E - Exposure Record Correction (First Reports Only)
  - L - Loss Record Corrections
  - T - Total Record Correction
  - M - Correction to Multiple Record Types
- d. *Carrier Code.* The carrier code shall be inserted in the space provided. Refer to the National Council on Compensation Insurance, Inc. for the appropriate 5-digit code number.
- e. *Policy Number.* The complete policy number must be shown on the unit report AND MUST AGREE WITH THE POLICY NUMBER SHOWN ON THE POLICY INFORMATION PAGE. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. *Policy Effective Date.* The effective date should correspond exactly with that shown on the policy information page or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Delaware, the effective date shown on the risk report for Delaware shall be the effective date of the interstate policy. The effective date of the coverage for Delaware shall be indicated in the space captioned State Effective Date.
- g. *Policy Expiration Date.* The expiration date shall be the expiration date shown on the policy information page unless the policy is canceled. In that event, the cancellation date shall be recorded as the expiration date.

# DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 3

## Section II

## REPORTING REQUIREMENTS

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

Delaware -- **07**

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

### 7. Policy Conditions

Report the 1-position 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                  |

# DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 4

## Section II

## REPORTING REQUIREMENTS

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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.

**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.

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 6

### Section II

### REPORTING REQUIREMENTS

- 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.

**7. Premium**

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

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

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

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

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

**8. Exposure Total Record**

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

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

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

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

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

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

## 9. Miscellaneous Statistical Codes

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

- (1) Premium for 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.

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 9

### Section II

### REPORTING REQUIREMENTS

- 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.

(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.

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

**C. Loss Information****1. Update Type**

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

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

P	Previously Reported
R	Revised

**2. Claim Number**

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

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

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

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

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

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

**4. Incurred Indemnity**

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

Note: Allocated Loss Adjustment Expenses for other than Employers Liability coverage must be excluded from indemnity losses.

**5. Incurred Medical**

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

**6. Class Code**

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

**7. Injury Type**

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

**a. Death Cases Code - 01**

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

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

- (2) U.S.L. & H.W. Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under U.S.L. & H.W. Coverage, Table U.S.L.-I shall be used. In valuing, the portion of reserves in death cases under U.S.L. & H.W. Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table U.S.L.-II shall be used. In valuing the portion of reserves certain death cases under U.S.L. & H.W. Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table U.S.L.-III shall be used.

**b. *Permanent Total Disability Code - 02***

- (1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial. In establishing reserves on permanent total cases Table III, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V. (For examples, see Section VI.)
- (2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV shall be used. (For an example, see Section VI.)

**c. *Temporary Total or Temporary Partial Disability Code - 05***

Enter as Temporary every case, which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.

**d. *Medical Only Claims Code - 06***

When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.

**e. *Contract Medical Code - 07***

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

**f. *Permanent Partial Disability Code - 09***

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

**8. Claim Status**

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

**Code      Description**

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

**9. Loss Conditions**

Report the 2-digit code for each loss condition.

Act

**Code Description**

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

Type of Loss

**Code Description**

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

Type of Recovery

**Code Description**

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

Type of Coverage

**Code Description**

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

Type of Settlement

**Code Description**

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

**10. Jurisdiction State**

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

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

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

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

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

**14. Injury Description Code**

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

**15. Occupation Description**

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

**16. Vocational Rehabilitation Indicator**

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

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

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

**17. Fraudulent Claim Code**

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

<b>Code</b>	<b>Description</b>
-------------	--------------------

00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

**18. Paid Indemnity**

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

**19. Paid Medical**

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

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

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

**21. Employer's Attorney Fees**

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

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

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

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

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

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

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

**2. Total Incurred Indemnity**

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

**3. Total Incurred Medical**

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

**4. Total Paid Indemnity**

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

**5. Total Paid Medical**

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

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

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

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

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

**8. Total ALAE Paid**

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

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

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

# **SECTION III**

## ***INDIVIDUAL CASE REPORTS***

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

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

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

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

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

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.

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 2

### Section III

#### INDIVIDUAL CASE REPORTS

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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.
- l. *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.

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

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

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

c. *Non-Scheduled Indemnity.*

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

d. *Employers Liability or Other Indemnity.*

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

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

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

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

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

**5. Totals**

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

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 5

### Section III

#### INDIVIDUAL CASE REPORTS

---

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

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: October 1, 2002

Page 6

### Section III

#### INDIVIDUAL CASE REPORTS

---

- 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**

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

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

**2. Correction Type**

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

<b>Code</b>	<b>Description</b>
H	Header Record Correction
E	Exposure Record Correction
L	Loss Record Correction
T	Total Record Correction
M	Multiple Record Corrections

**3. Exposure State**

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

**4. Policy Type ID Code**

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

## Type of Coverage

<b>Code</b>	<b>Description</b>
01	Standard Workers Compensation Policy
09	Non-Standard Policy

## Plan Type

<b>Code</b>	<b>Description</b>
01	Voluntary Policy
02	Normal Assigned Risk Policy

## Non-Standard Type

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

**5. Deductible Type**

Identifies the type of deductible being reported.

First Two Positions

<b>Code</b>	<b>Description</b>
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions

<b>Code</b>	<b>Description</b>
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

**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.

# DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective: October 1, 2002

Page 3

Section IV

CODES

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
P	Previously Reported
R	Revised

### 2. Exposure Coverage.

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

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

### 3. Premium Codes

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

(1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/88

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

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

**Code 9848**

(3) Additional Premium From Flat Increase on Outstanding Policies

**Code 0998**

(4) Premium Credit Resulting From Flat Decrease on Outstanding Policies

**Code 0994**

(5) Deductible Applied to Manual Premium Before Experience Modification

**Code 9664**

(6) Waiver of Subrogation

**Code 0930**

# DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective: October 1, 2002

Page 4

Section IV

CODES

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

(1) Loss Constant	Code 0032
(2) Seat Surcharge	Code 9108
(3) Short Rate Penalty Premium	Code 0931
(4) Risk Minimum Premium	Code 0990
(5) Optional Supplemental Loadings	
For Class 447	Code 0066
For Class 445	Code 0067
For Class 513	Code 0176
For Carcinogen Experience	Code 0133
For Radiation Experience	Code 9985
(6) Mandatory Supplemental Loadings	
For Class 615	Code 0152
For Class 615	Code 0164
For Class 810	Code 0162
For Class 4773	Code 0773
For Class 4774	Code 0774
For Class 4775	Code 0775
For Class 4776	Code 0776
For Class 4779	Code 0779
For Class 7323	Code 0763
For Class 7405	Code 7445
For Class 7413	Code 7453
(7) Delaware Construction Credit Premium Adjustment Program (DCCPAP)	Code 9046
(8) Certified Safety Committee Credit Program (DWSP)	Code 9880
(9) Assigned Risk Surcharge	Code 0277
(10) Deductible Applied to Manual Premium After Experience Modification Deductible	Code 9663
(11) Merit Rating Plan Adjustment Neutral	Code 9884
(12) Merit Rating Plan Adjustment - 5% Credit Adjustment	Code 9885
(13) Merit Rating Plan Adjustment - 5% Debit Adjustment	Code 9886
(14) Schedule Rating Plan Credit	Code 9887
(15) Schedule Rating Plan Debit	Code 9889

## C. Loss Information Codes

### 1. Injury Type

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

### 2. Claim Status

Code	Description
0	Open
1	Closed

**3. Loss Conditions**

Report the 2-digit code for each loss condition.

Act

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

Type of Loss

<b>Code</b>	<b>Description</b>
01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery

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

Type of Coverage

<b>Code</b>	<b>Description</b>
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Type of Settlement

<b>Code</b>	<b>Description</b>
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**

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

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

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

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

**6. Vocational Rehabilitation Indicator**

<b>Code</b>	<b>Description</b>
Y	Claim includes Vocational Rehabilitation Costs
N	Claim does not include Vocational Rehabilitation Costs

**7. Fraudulent Claim Codes**

<b>Code</b>	<b>Description</b>
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**

<b>Code</b>	<b>Description</b>
1	Initial Report
2	Subsequent Report
3	Revised Report
4	Correction Report

**3. Report Type**

<b>Code</b>	<b>Description</b>
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.

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective: October 1, 2002

Page 7

Section IV

CODES

---

### 5. Status

Code	Description
0	Open Claim
1	Closed Claim

### 6. Surgery Code

Code	Description
1	Surgery
2	No Surgery

### 7. Attorney Code

Code	Description
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
08	Stacked Award

### 9. Lump Sum Indicator

Code	Description
Y	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

**12. Beneficiary**

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

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective: October 1, 2002

Page 9

Section IV

CODES

**Injury Description Coding****Part of Body**

<b>Code</b>	<b>Narrative Description</b>
<b>I. Head</b>	
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
<b>II. Neck</b>	
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	
<b>III. Upper Extremities</b>	
30. Multiple Upper Extremities	Any Combination of Below Parts, Excluding Hands and Wrists Combined
31. Upper Arm	Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32. Elbow	Radial Head
33. Lower Arm	Fore Arm - Radius, Ulna and Corresponding Muscles
34. Wrist	Carpals and Corresponding Muscles
35. Hand	Metacarpals and Corresponding Muscles - Excluding Wrist or Fingers

**Injury Description Coding**

**Part of Body**

<b>Code</b>	<b>Narrative Description</b>
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)	
<b>IV. Trunk</b>	
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
<b>V. Lower Extremities</b>	
50. Multiple Lower Extremities	Any Combination of Below Parts
51. Hip	
52. Upper Leg	Femur and Corresponding Muscles
53. Knee	Patella
54. Lower Leg	Tibia, Fibula and Corresponding Muscles

**Injury Description Coding**
**Part of Body**

<b>Code</b>	<b>Narrative Description</b>
55. Ankle	Tarsals
56. Foot	Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes
57. Toes	
58. Great Toe	
<b>VI. Multiple Body Parts</b>	
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.

**Injury Description Coding****Nature of Injury**

<b>Code</b>	<b>Narrative Description</b>
<b>I. Specific Injury</b>	
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. Eucleation	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

**Injury Description Coding****Nature of Injury**

<b>Code</b>	<b>Narrative Description</b>
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Sepsis or Infected Wounds.
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning

**Injury Description Coding**
**Nature of Injury**

<b>Code</b>	<b>Narrative Description</b>
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	
<b>II. Occupational Disease or Cumulative Injury</b>	
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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective: October 1, 2002

Page 15

Section IV

CODES

**Injury Description Coding****Nature of Injury**

<b>Code</b>	<b>Narrative Description</b>
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	
<b>III. Multiple Injuries</b>	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective: October 1, 2002

Page 16

Section IV

CODES

**Injury Description Coding****Cause of Injury**

<b>Code</b>	<b>Narrative Description</b>
<b>I. Burn or Scald - Heat or Cold Exposures - Contact With</b>	
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	
<b>II. Caught In, Under or Between</b>	
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
<b>III. Cut, Puncture, Scrape Injured By</b>	
15. Broken Glass	
16. Hand Tool, Utensil; Not Powered	
17. Object Being Lifted or Handled	
18. Powered Hand Tool, Appliance	
19. Caught, Puncture, Scrape, NOC.	

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective: October 1, 2002

Page 17

Section IV

CODES

**Injury Description Coding****Cause of Injury**

<b>Code</b>	<b>Narrative Description</b>
<b>IV. Fall, Slip or Trip Injury</b>	
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	
<b>V. Motor Vehicle</b>	
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	Overtaken or Jackknifed
50. Motor Vehicle, NOC.	
<b>VI. Strain or Injury By</b>	
52. Continual Noise	
53. Twisting	
54. Jumping	
55. Holding or Carrying	

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective: October 1, 2002

Page 18

Section IV

CODES

**Injury Description Coding****Cause of Injury**

<b>Code</b>	<b>Narrative Description</b>
56. Lifting	
57. Pushing or Pulling	
58. Reaching	
59. Using Tool or Machinery	
60. Strain or Injury By, NOC.	
61. Welding or Throwing	
97. Repetitive Motion	Carpel Tunnel Syndrome
<b>VII. Striking Against or Stepping On</b>	
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.	
<b>VIII. Struck or Injured By</b>	<b>Includes Kicked, Stabbed, Bit, Etc.</b>
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	

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective: October 1, 2002

Page 19

Section IV

CODES

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**Injury Description Coding****Cause of Injury**

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

**SCHEDULED INDEMNITY - MAXIMUM WEEKS**

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

# **SECTION V**

## ***TABLES***

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

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 1

Section V

TABLES

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

Age at Widowhood (X)	$\bar{a}$ [x]	$\bar{a}$ [x]+1	$\bar{a}$ [x]+2	$\bar{a}$ [x]+3	$\bar{a}$ [x]+4	$\bar{a}$ [x]+5	Attained Age** (X+5)
16	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
34	17.759	17.582	17.731	17.959	18.161	18.315	39
35	17.966	17.780	17.894	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
47	17.968	17.684	17.495	17.328	17.154	16.964	52
48	17.809	17.518	17.312	17.126	16.934	16.728	53
49	17.632	17.334	17.112	16.910	16.701	16.479	54
50	17.437	17.132	16.897	16.679	16.454	16.218	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

\* 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 2

Section V

TABLES

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

Age at Widowhood (X)	$\bar{a}$ [x]	$\bar{a}$ [x]+1	$\bar{a}$ [x]+2	$\bar{a}$ [x]+3	$\bar{a}$ [x]+4	$\bar{a}$ [x]+5	Attained Age** (X+5)
<b>56</b>	15.968	15.630	15.326	15.031	14.733	14.429	<b>61</b>
<b>57</b>	15.681	15.337	15.026	14.722	14.415	14.101	<b>62</b>
<b>58</b>	15.383	15.036	14.717	14.404	14.088	13.766	<b>63</b>
<b>59</b>	15.077	14.726	14.400	14.079	13.754	13.424	<b>64</b>
<b>60</b>	14.763	14.408	14.074	13.745	13.413	13.075	<b>65</b>
<b>61</b>	14.441	14.082	13.741	13.405	13.065	12.720	<b>66</b>
<b>62</b>	14.111	13.748	13.401	13.058	12.711	12.358	<b>67</b>
<b>63</b>	13.774	13.407	13.054	12.704	12.350	11.991	<b>68</b>
<b>64</b>	13.430	13.059	12.701	12.343	11.983	11.618	<b>69</b>
<b>65</b>	13.080	12.705	12.340	11.977	11.610	11.242	<b>70</b>
<b>66</b>	12.723	12.344	11.974	11.605	11.235	10.864	<b>71</b>
<b>67</b>	12.360	11.977	11.602	11.230	10.857	10.484	<b>72</b>
<b>68</b>	11.991	11.605	11.227	10.852	10.478	10.104	<b>73</b>
<b>69</b>	11.617	11.229	10.850	10.473	10.098	9.724	<b>74</b>
<b>70</b>	11.240	10.851	10.471	10.094	9.718	9.342	<b>75</b>
<b>71</b>	10.861	10.472	10.092	9.714	9.337	8.959	<b>76</b>
<b>72</b>	10.481	10.093	9.712	9.334	8.955	8.574	<b>77</b>
<b>73</b>	10.101	9.714	9.332	8.951	8.570	8.189	<b>78</b>
<b>74</b>	9.720	9.333	8.949	8.567	8.185	7.807	<b>79</b>
<b>75</b>	9.338	8.950	8.565	8.182	7.803	7.431	<b>80</b>
<b>76</b>	8.955	8.566	8.181	7.801	7.427	7.062	<b>81</b>
<b>77</b>	8.570	8.181	7.799	7.425	7.059	6.701	<b>82</b>
<b>78</b>	8.185	7.800	7.424	7.057	6.699	6.349	<b>83</b>
<b>79</b>	7.803	7.424	7.056	6.697	6.347	6.005	<b>84</b>
<b>80</b>	7.427	7.056	6.696	6.345	6.003	5.670	<b>85</b>
<b>81</b>	7.058	6.696	6.344	6.002	5.668	5.346	<b>86</b>
<b>82</b>	6.698	6.345	6.001	5.667	5.344	5.035	<b>87</b>
<b>83</b>	6.346	6.001	5.666	5.343	5.034	4.738	<b>88</b>
<b>84</b>	6.003	5.667	5.343	5.033	4.737	4.454	<b>89</b>
<b>85</b>	5.668	5.343	5.033	4.736	4.453	4.183	<b>90</b>
<b>86</b>	5.344	5.033	4.736	4.452	4.182	3.928	<b>91</b>
<b>87</b>	5.034	4.736	4.452	4.181	3.927	3.695	<b>92</b>
<b>88</b>	4.737	4.452	4.181	3.927	3.695	3.482	<b>93</b>
<b>89</b>	4.453	4.181	3.926	3.694	3.482	3.285	<b>94</b>
<b>90</b>	4.181	3.927	3.694	3.481	3.284	3.100	<b>95</b>
<b>91</b>	3.927	3.694	3.481	3.284	3.099	2.927	<b>96</b>
<b>92</b>	3.694	3.481	3.284	3.099	2.926	2.768	<b>97</b>
<b>93</b>	3.482	3.284	3.099	2.926	2.767	2.621	<b>98</b>
<b>94</b>	3.284	3.099	2.926	2.767	2.620	2.481	<b>99</b>
<b>95</b>	3.099	2.926	2.767	2.620	2.481	2.346	<b>100</b>

\* 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 3

Section V

TABLES

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

Age at Widowhood (X)	$\bar{a}$ [x]	$\bar{a}$ [x]+1	$\bar{a}$ [x]+2	$\bar{a}$ [x]+3	$\bar{a}$ [x]+4	$\bar{a}$ [x]+5	Attained Age** (X+5)
<b>96</b>	2.926	2.767	2.620	2.480	2.345	2.215	<b>101</b>
<b>97</b>	2.767	2.620	2.480	2.345	2.214	2.088	<b>102</b>
<b>98</b>	2.620	2.481	2.345	2.214	2.088	1.962	<b>103</b>
<b>99</b>	2.481	2.345	2.214	2.088	1.962	1.840	<b>104</b>
<b>100</b>	2.345	2.214	2.088	1.962	1.840	1.720	<b>105</b>
<b>101</b>	2.214	2.088	1.962	1.840	1.719	1.590	<b>106</b>
<b>102</b>	2.088	1.962	1.840	1.719	1.589	1.438	<b>107</b>
<b>103</b>	1.962	1.840	1.719	1.589	1.438	1.254	<b>108</b>
<b>104</b>	1.840	1.719	1.589	1.438	1.254	0.983	<b>109</b>
<b>105</b>	1.720	1.589	1.438	1.254	0.983	0.500	<b>110</b>
<b>106</b>	1.589	1.438	1.254	0.983	0.500	0.000	<b>111</b>
<b>107</b>	1.438	1.254	0.983	0.500	0.000	0.000	<b>112</b>
<b>108</b>	1.254	0.983	0.500	0.000	0.000	0.000	<b>113</b>
<b>109</b>	0.983	0.500	0.000	0.000	0.000	0.000	<b>114</b>
<b>110</b>	0.500	0.000	0.000	0.000	0.000	0.000	<b>115</b>

\* 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 4

Section V

TABLES

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

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
16	0.7006	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	0.1891	0.1708	38
34	0.2284	0.2278	0.2125	0.1931	0.1743	0.1572	39
35	0.2109	0.2104	0.1961	0.1781	0.1605	0.1445	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	0.0481	0.0426	0.0373	55
51	0.0525	0.0526	0.0488	0.0438	0.0387	0.0339	56
52	0.0478	0.0479	0.0444	0.0398	0.0352	0.0307	57
53	0.0435	0.0435	0.0404	0.0362	0.0319	0.0277	58
54	0.0395	0.0396	0.0367	0.0329	0.0289	0.0250	59
55	0.0359	0.0360	0.0333	0.0298	0.0261	0.0226	60

\* 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 5

Section V

TABLES

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

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

\* 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 6

Section V

TABLES

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

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
<b>96</b>	0.0003	0.0004	0.0004	0.0003	0.0002	0.0000	<b>101</b>
<b>97</b>	0.0003	0.0003	0.0003	0.0003	0.0002	0.0000	<b>102</b>
<b>98</b>	0.0002	0.0003	0.0003	0.0002	0.0002	0.0000	<b>103</b>
<b>99</b>	0.0002	0.0003	0.0003	0.0002	0.0001	0.0000	<b>104</b>
<b>100</b>	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	<b>105</b>
<b>101</b>	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	<b>106</b>
<b>102</b>	0.0001	0.0002	0.0002	0.0002	0.0001	0.0000	<b>107</b>
<b>103</b>	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	<b>108</b>
<b>104</b>	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	<b>109</b>
<b>105</b>	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	<b>110</b>
<b>106</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>111</b>
<b>107</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>112</b>
<b>108</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>113</b>
<b>109</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>114</b>
<b>110</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>115</b>

\* 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 7

Section V

TABLES

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

Age	Present Value	Age	Present Value	Age	Present Value
11	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
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	23.125	53	15.383	83	5.153
24	22.957	54	15.032	84	4.894
25	22.783	55	14.679	85	4.638
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
37	20.242	67	10.362	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

\* 89-91 U.S. Decennial Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 8

Section V

TABLES

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

Age	Present Value	Age	Present Value	Age	Present 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
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

\* 89-91 U.S. Decennial Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 9

Section V

TABLES

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

Age at Widowhood (X)	$\bar{a}$ [x]	$\bar{a}$ [x]+1	$\bar{a}$ [x]+2	$\bar{a}$ [x]+3	$\bar{a}$ [x]+4	$\bar{a}$ [x]+5	Attained Age** (X+5)
16	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
37	39.275	38.455	38.173	38.005	37.779	37.460	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
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

\* 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 = 4.0%

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

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 10

Section V

TABLES

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

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

\* 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 = 4.0%

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

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 11

Section V

TABLES

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

Age at Widowhood (X)	$\bar{a}$ [x]	$\bar{a}$ [x]+1	$\bar{a}$ [x]+2	$\bar{a}$ [x]+3	$\bar{a}$ [x]+4	$\bar{a}$ [x]+5	Attained Age** (X+5)
<b>96</b>	3.238	3.046	2.869	2.702	2.542	2.388	<b>101</b>
<b>97</b>	3.046	2.869	2.702	2.542	2.388	2.241	<b>102</b>
<b>98</b>	2.869	2.702	2.542	2.388	2.241	2.095	<b>103</b>
<b>99</b>	2.702	2.542	2.388	2.240	2.095	1.954	<b>104</b>
<b>100</b>	2.542	2.388	2.240	2.095	1.954	1.816	<b>105</b>
<b>101</b>	2.388	2.241	2.095	1.954	1.816	1.668	<b>106</b>
<b>102</b>	2.241	2.095	1.954	1.816	1.668	1.498	<b>107</b>
<b>103</b>	2.095	1.954	1.816	1.668	1.498	1.295	<b>108</b>
<b>104</b>	1.954	1.816	1.668	1.498	1.294	1.002	<b>109</b>
<b>105</b>	1.816	1.668	1.498	1.294	1.002	0.500	<b>110</b>
<b>106</b>	1.668	1.498	1.294	1.002	0.500	0.000	<b>111</b>
<b>107</b>	1.498	1.294	1.002	0.500	0.000	0.000	<b>112</b>
<b>108</b>	1.294	1.002	0.500	0.000	0.000	0.000	<b>113</b>
<b>109</b>	1.002	0.500	0.000	0.000	0.000	0.000	<b>114</b>
<b>110</b>	0.500	0.000	0.000	0.000	0.000	0.000	<b>115</b>

\* 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 = 4.0%

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

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 12

Section V

TABLES

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

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
16	0.8834	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
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	0.1646	0.1599	0.1476	0.1334	0.1197	0.1070	47
43	0.1507	0.1464	0.1351	0.1220	0.1093	0.0976	48
44	0.1379	0.1339	0.1235	0.1114	0.0997	0.0888	49
45	0.1260	0.1224	0.1128	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	0.0869	0.0845	0.0777	0.0698	0.0619	0.0547	54
50	0.0790	0.0768	0.0706	0.0633	0.0561	0.0494	55
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

\* 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 = 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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**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 13

Section V

TABLES

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

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
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

\* 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 = 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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**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 14

Section V

TABLES

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

Age at Widowhood (X)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age** (X+5)
<b>96</b>	0.0003	0.0004	0.0004	0.0003	0.0002	0.0000	<b>101</b>
<b>97</b>	0.0003	0.0004	0.0003	0.0003	0.0002	0.0000	<b>102</b>
<b>98</b>	0.0003	0.0003	0.0003	0.0002	0.0002	0.0000	<b>103</b>
<b>99</b>	0.0002	0.0003	0.0003	0.0002	0.0001	0.0000	<b>104</b>
<b>100</b>	0.0002	0.0003	0.0002	0.0002	0.0001	0.0000	<b>105</b>
<b>101</b>	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	<b>106</b>
<b>102</b>	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	<b>107</b>
<b>103</b>	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	<b>108</b>
<b>104</b>	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	<b>109</b>
<b>105</b>	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	<b>110</b>
<b>106</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>111</b>
<b>107</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>112</b>
<b>108</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>113</b>
<b>109</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>114</b>
<b>110</b>	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	<b>115</b>

\* 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 = 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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**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 15

Section V

TABLES

**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**

Age	Present Value	Age	Present Value	Age	Present 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
24	56.663	54	24.724	84	5.767
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

\* 89-91 U.S. Decennial Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 16

Section V

TABLES

**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**

Age	Present Value	Age	Present Value	Age	Present Value
11	82.071	41	44.199	71	15.380
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
16	75.267	46	38.579	76	11.897
17	73.938	47	37.488	77	11.248
18	72.618	48	36.409	78	10.615
19	71.307	49	35.343	79	10.003
20	70.002	50	34.288	80	9.413
21	68.704	51	33.245	81	8.847
22	67.413	52	32.216	82	8.306
23	66.128	53	31.202	83	7.787
24	64.849	54	30.200	84	7.291
25	63.577	55	29.212	85	6.817
26	62.311	56	28.237	86	6.367
27	61.051	57	27.275	87	5.943
28	59.797	58	26.328	88	5.544
29	58.551	59	25.397	89	5.168
30	57.313	60	24.482	90	4.815
31	56.082	61	23.582	91	4.488
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
38	47.681	68	17.685	98	2.869
39	46.512	69	16.900	99	2.703
40	45.351	70	16.131	100	2.542

\* 89-91 U.S. Decennial Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 17

Section V

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)\*\***

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	10.703
33	14.286	13.506	12.749	12.014	11.303	10.617
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

\* 89-91 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.

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**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 18

Section V

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)\*\***

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
89	3.834	3.467	3.126	2.814	2.528	2.268
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

\* 89-91 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 19

Section V

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

\* 89-91 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**

## **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 not be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the illustrations should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

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

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

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

### **Illustration 1 - First Report Requiring Two Unit Reports**

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

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444	Policy Effective Date 01/01/96	Policy Expiration Date 01/01/97	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
Insured's Name: PDQ Refining Company												F.E.I.N. 123456789		Pending File No.									
Insured's Address:																							
Mod Effective Date 06/01/95	Rate Effective Date 06/01/95	Policy Conditions								Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
		3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01												
EXPOSURE INFORMATION												LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	01	0581	110486	6.99	7723		15000	04/22/96	125083	900	0581	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00		
	01	0951	75008	.96	720		Social Security Number		Part 90	Nature 04	Cause 01	Occupation Description Chemical Processor		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 31271	Paid Medical 800				
	01	0953	12850	.49	63		Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid 12500	ALAE Incurred			
	01	0661			332		15000																
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type								
	15001	05/02/96	9000	3000	0581	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00								
	Social Security Number		Part 35	Nature 04	Cause 02	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 2250	Paid Medical 2875										
	Claimant's Attorney Fees		Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred								
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type								
	15002	06/25/96	1500	250	0581	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00								
	Social Security Number		Part 42	Nature 52	Cause 27	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 1500	Paid Medical 250										
	Claimant's Attorney Fees		Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred								
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type								
	15003	07/09/96	350	150	0581	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00								
	Social Security Number		Part 34	Nature 49	Cause 60	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 350	Paid Medical 150										
	Claimant's Attorney Fees		Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred								
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type								
	15004	09/18/96	360	160	0581	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00								
	Social Security Number		Part 56	Nature 28	Cause 50	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 360	Paid Medical 160										
	Claimant's Attorney Fees		Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred								
LOSS TOTALS																							
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical											
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees				Reserved for Future Use				Total ALAE Paid		Total ALAE Incurred											

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444			Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.								
Insured's Name: PDQ Refining Company																F.E.I.N. 123456789		Pending File No.									
Insured's Address:																											
Mod Effective Date 06/01/96	Rate Effective Date 06/01/96		Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use							
			3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01															
EXPOSURE INFORMATION											LOSS INFORMATION																
Upd Type	Exp. Cov.	Class Code	Exposure Amount		Manual Rate	Premium Rate		Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	0581	129040		6.99	9020													Act Type Recov Cov Settl								
	01	0951	80950		.96	777			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	01	0953	15010		.49	74			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	01	0953				385		Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subject Premium		9486															Act Type Recov Cov Settl								
	B.	Experience Mod (XX.XXX)		1.160				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
	C.	Total Modified Premium		11004				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred			
								Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	D.																		Act Type Recov Cov Settl								
	E.								Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	F.								Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
								Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure		12344		Total Standard Premium		10832												Act Type Recov Cov Settl							
	H.	006_	Premium Discount Amt.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	I.	0900	Expense Constant Amt						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	J.							Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	K.								Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	L.								Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
LOSS TOTALS																											
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical															
		5		136293		4460				35731		4235															
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred																			
		15000				12500																					

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No. 01	Corr. No. 01	Corr. Type E	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444			Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: PDQ Refining Company															F.E.I.N. 123456789		Pending File No.							
Insured's Address:																								
Mod Effective Date 06/01/95		Rate Effective Date 06/01/95		Policy Conditions						Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000		Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use			
				3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01											
EXPOSURE INFORMATION																								
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	LOSS INFORMATION																	
P	01	0581	110486	6.99	7723		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
R	01	0581	120486	6.99	8422		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
P	01	9664			332		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
R	01	9664			350		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	A.	Total Subject Premium		8846			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	B.	Expense Constant Mod (XX.XXX)		1.080			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium		9554			Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	D.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	F.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	J.													Act	Type	Recov	Cov	Settl						
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
							LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred	

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No. 01	Corr. No. 01	Corr. Type E	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC4444			Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: PDQ Refining Company															F.E.I.N. 123456789		Pending File No.							
Insured's Address:																								
Mod Effective Date 06/01/96		Rate Effective Date 06/01/96		Policy Conditions						Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident \$1,000		Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use			
				3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01											
EXPOSURE INFORMATION																								
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	LOSS INFORMATION																	
P	01	0581	129040	6.99	9020		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
R	01	0581	119040	6.99	8321		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
P	01	9664			385		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
R	01	9664			358		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	A.	Total Subject Premium		8814			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	B.	Expense Constant Mod (XX.XXX)		1.160			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium		10224			Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	D.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	F.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	G.	Total Standard Exposure 423344		Total Standard Premium 19778			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	J.													Act	Type	Recov	Cov	Settl						
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
							LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred	

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

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

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

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

## SUPPLEMENTAL LOSS REPORT

										Pending File No.		Page No		Last Page No.			
Report No. <b>01</b>	Corr. No. <b>02</b>	Corr. Type <b>L</b>	Replace Rpt. Ind.	Carrier Code <b>99998</b>	Policy Number <b>WC4444</b>			Policy Effective Date <b>01/01/96</b>		Policy Expiration Date <b>01/01/97</b>		Expos. State <b>07</b>					
Insured's Name: PDQ Refining Company										F.E.I.N.		Card Serial No.					
Insured's Address:										<b>123456789</b>							
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
P	15000	04/22/96		125083	900	0581	9	0	01	01	01	03	00	37	00	00	
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
		90	04	01				N				31271		800			
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
		15000										12500					
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
R	15000	04/22/96		125083	900	0581	9	0	01	01	01	03	00	07	00	00	
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
		90	04	01				N				31271		800			
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
		15000										12500					
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
Upd Typ	Claim Number	Acc. Date/ No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
									Act	Type	Recov	Cov	Settl				
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
<b>LOSS TOTALS</b>																	
Reverse for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
		5		136293		4460				35731		4235					
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use								Total ALAE Paid		Total ALAE Incurred			
		15000										12500					

**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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																														
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 11223	Policy Number WC14579			Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.											
Insured's Name: ABC, Inc.															F.E.I.N. 123456789		Pending File No.													
Insured's Address:																														
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Reserved	For Carrier Use		For Bureau Use								
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.																	
				N	Y		N	N	N	N	01	01	01	0301		\$1,000														
EXPOSURE INFORMATION											LOSS INFORMATION																			
Upd Type	Exp. Cov.	Class Code	Exposure Amount		Manual Rate		Premium Rate		*Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																						Act	Type	Recov	Cov	Settl				
	01	0928	155121		3.68		5708																							
	01	0951	182051		.96		1748			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
	01	0952	111599		1.89		2109			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred			
	01	0953	58493		10		287		*Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	A.	Total Subject Premium																					Act	Type	Recov	Cov	Settl			
	B.	Expense Constant Mod (XX.XXX)								Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
	C.	Total Modified Premium								Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred			
								*Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	D.																						Act	Type	Recov	Cov	Settl			
	E.									Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
	F.									Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred			
								*Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	G.	Total Standard Exposure		Total Standard Premium																			Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
	I.	0900	Expense Constant Amt							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred			
	J.							*Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	K.																						Act	Type	Recov	Cov	Settl			
	L.									Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
										Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred			
											LOSS TOTALS																			
		Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical																
		Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred																				

## UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
01				11223	WC14579	01/01/96	01/01/97	07													
Insured's Name: ABC, Inc.												F.E.I.N.		Pending File No.							
Insured's Address:												123456789									
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.												
N	Y		N	N	N	N	01	01	01				0301		\$1,000						
EXPOSURE INFORMATION										LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	01	9807			187									Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
														Act	Type	Recov	Cov	Settl			
	A.	Total Subject Premium		10309										Act	Type	Recov	Cov	Settl			
	B.	Experience Mod (XX.XXX)		0.968			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	C.	Total Modified Premium		9718			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
														Act	Type	Recov	Cov	Settl			
	D.	9663			534									Act	Type	Recov	Cov	Settl			
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
														Act	Type	Recov	Cov	Settl			
	G.	Total Standard Exposure		507264										Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	J.													Act	Type	Recov	Cov	Settl			
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							LOSS TOTALS														
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical		
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred			

**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.

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number WC9949		Policy Effective Date 01/01/96		Policy Expiration Date 01/01/97		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.			
Insured's Name: XYZ Industries															F.E.I.N. 123456789		Pending File No.					
Insured's Address:																						
Mod Effective Date	Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
	3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Cancel ed Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.												
	N	Y		N	N	N	N	01	01	01				0301		\$1,000						

EXPOSURE INFORMATION										LOSS INFORMATION															
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
															Act	Type	Recov	Cov	Settl						
	01	0609	742345	12.10	89824		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	01	0951	1169584	.96	11228		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	01	0953	835267	.49	4093		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	01	0907			1000										Act	Type	Recov	Cov	Settl						
	A.	Total Subject Premium					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	B.	Expense Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium					Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
															Act	Type	Recov	Cov	Settl						
	D.	9046		.23	24692		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	E.	9663			4547		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	F.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
															Act	Type	Recov	Cov	Settl						
	G.	Total Standard Exposure 2717196		Total Standard Premium 78118			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	J.														Act	Type	Recov	Cov	Settl						
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
							LOSS TOTALS																		
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical						
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid					Total ALAE Incurred				

**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

$$180,559 \times \frac{12 \text{ mos}}{6 \text{ mos}} = 361,118$$

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

3) Annual Premiums

a) Rated

Class	Payroll	Rate	Premium
0813	361,118	8.75	\$31,598
0953	7,788	0.49	\$ 38
Total Subject Premium			\$31,636
Experience Modification			.968
Total Modified Premium			\$30,624
Total Standard Premium			\$30,624 + \$3,756 = \$34,380

b) Non-rated

Class	Payroll	Rate	Premium
0176	361,118	1.04	\$3,756

4) Short Rate Percentage 6 months = .60

5) Short Rate premium for canceled policy = \$34,380 x .60 = \$20,628

6) Short Rate penalty premium code 0931 = \$20,628 - \$17,190 = \$3438

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 78972	Policy Number 60666			Policy Effective Date 01/01/96		Policy Expiration Date 07/01/96		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: AZA Company															F.E.I.N. 123456789			Pending File No.						
Insured's Address:																								
Mod Effective Date		Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Reserved	For Carrier Use		For Bureau Use		
				3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.											
				N	N		N	N	Y	N	01	01	01											

EXPOSURE INFORMATION										LOSS INFORMATION														
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																	Act	Type	Recov	Cov	Settl			
	01	0513	180559	8.75	15799																			
	01	0953	3894	.49	19		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
	A.	Total Subject Premium		15818			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																	Act	Type	Recov	Cov	Settl			
	B.	Expense Constant Mod (XX.XXX)		0.968			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	C.	Total Modified Premium		15312			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
	D.	0176	180559	1.04	1878		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																	Act	Type	Recov	Cov	Settl			
	E.	0931			3438		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
	G.	Total Standard Exposure 184453		Total Standard Premium 20628			Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																	Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
	J.						Claim Number		Acc. Date/ No. Claims	Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																	Act	Type	Recov	Cov	Settl			
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred				
							LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred				

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

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

## UNIT STATISTICAL REPORT

POLICY INFORMATION																									
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.											
01				19872	WC2795461	01/01/96	01/01/97	07																	
Insured's Name: FBA Company												F.E.I.N.		Pending File No.											
Insured's Address:												123456789													
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct.	Deduct.	Deductible Amount Per	Deductible Amount	Reserved	For Carrier Use		For Bureau Use						
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	Type	Percent	Claim/Accident	Aggregate										
		N	N		N	Y	N	N	01	01	01														
EXPOSURE INFORMATION										LOSS INFORMATION															
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
	01	7405	82351	55.37	45598									Act	Type	Recov	Cov	Settl							
	01	0953	1587	.49	8		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred							
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type										
								Act	Type	Recov	Cov	Settl													
	A.	Total Subject Premium			45606		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	B.	Experience Mod (XX.XXX)			0.915		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred							
	C.	Total Modified Premium			41729		Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	D.	7445	82351	6.09	5015									Act	Type	Recov	Cov	Settl							
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred							
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type										
								Act	Type	Recov	Cov	Settl													
	G.	Total Standard Exposure			82038	Total Standard Premium			46744		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred							
	I.	0900	Expense Constant Amt				Claim Number		Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	J.							Act	Type	Recov	Cov	Settl													
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred							
LOSS TOTALS																									
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical													
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use		Total ALAE Paid		Total ALAE Incurred																	

**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. ---

## UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
01				16928	97523A	01/01/96	01/01/97	07													
Insured's Name: GEE Corporation												F.E.I.N.		Pending File No.							
Insured's Address:												123456789									
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct.	Deduct.	Deductible Amount Per	Deductible Amount	Reserved	For Carrier Use		For Bureau Use		
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	Type	Percent	Claim/Accident	Aggregate						
		N	Y		N	N	N	N	01	01	01										
EXPOSURE INFORMATION										LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
	01	0615	258870	55.37	143336									Act	Type	Recov	Cov	Settl			
	01	0953	1328	.49	7		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
								Act	Type	Recov	Cov	Settl									
	A.	Total Subject Premium			143343																
	B.	Experience Mod (XX.XXX)			0.915																
	C.	Total Modified Premium			131159																
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
								Act	Type	Recov	Cov	Settl									
	D.	0152	258870	6.09	15765																
	E.	0164	258870	.59	1527																
	F.																				
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
								Act	Type	Recov	Cov	Settl									
	G.	Total Standard Exposure		Total Standard Premium																	
		260198		148451																	
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
								Act	Type	Recov	Cov	Settl									
	H.	006_	Premium Discount Amt.																		
	I.	0900	Expense Constant Amt																		
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
								Act	Type	Recov	Cov	Settl									
	J.																				
	K.																				
	L.																				
LOSS TOTALS																					
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical									
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees				Reserved for Future Use				Total ALAE Paid		Total ALAE Incurred									

**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.

## UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				94999	WC54321	07/01/00	07/01/01	07														
Insured's Name: PAZ Industries Corporation												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions								Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
N	N		N	Y	N	N	01	01	01													
EXPOSURE INFORMATION											LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	0101	1214435	6.91	83917		46096	07/28/00	181500	7027	0101	9	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00	
	01	0951	675210	.96	6482		Social Security Number		Part 31	Nature 02	Cause 86	Occupation Description Miller		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 7025	Paid Medical 3600			
	01	0953	20800	.49	102		Claimant's Attorney Fees		Employer's Attorney Fees 35000		Reversed for Future Use					ALAE Paid 20000		ALAE Incurred				
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
	46114	08/05/00	1323	137	0101	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00							
	Social Security Number		Part 35	Nature 40	Cause 10	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 900	Paid Medical 137									
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred										
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
	46122	10/01/00	301779	13000	0101	2	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00							
	Social Security Number		Part 30	Nature 13	Cause 10	Occupation Description Miller		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 19977	Paid Medical 6000									
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred										
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
	7			200	0101	6	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00							
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical 200									
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred										
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
	1			20	0951	6	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00							
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical 20									
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred										
LOSS TOTALS																						
Reserved for Future Use		Total No. Claims 11		Total Incurred Indemnity 484602		Total Incurred Medical 20384		Reserved for Future Use		Total Paid Indemnity 27902		Total Paid Medical 9957										
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees 35000				Reserved for Future Use				Total ALAE Paid 20000		Total ALAE Incurred										

**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

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

Present Value of Future Payments

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

Present Value of \$1 @ Age 46 = 17.710 {Table III-M-A}

$\$306 \times 52 \times 17.710 = \$281,802$

Indemnity Paid to Valuation

Date -  $65.285 \times 306 = 19,977$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0101	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 94999	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00		CLAIM NO. 46122		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 37	MCO TYPE 00		
INSURED NAME PAZ Industries Corporation							ACC. DATE MO DAY YR 10 01 00		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 00		DATE OF BIRTH MO DAY YR 04 01 55		SURG CODE 1	ATTNY CODE* 3			
WORKER LAST NAME Jones		AVG. WEEKLY WAGE 459		INJURY DESC. CODE* ↓		PART 30	NATURE 13	CAUSE 10		OCCUPATION Miller			DATE CLOSED MO YR		RESERVE CODE* ↓	LUMP SUM	FRAUD		
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID ↓		MO	DAY	YR	EMPLOYMENT STATUS ↓		YEAR LAST EXPOSED ↓			DATE OF HIRE ↓		MO 09	DAY 01	YR 80			
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		XXX	XXX					CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date $65.285 \times 306 = 19977$ Future Payments $306 \times 52 \times 17.710 = 281802$							
2. SCHEDULED INDEMNITY								1	04 01 55										
3. NON-SCHEDULED INDEMNITY			XXX	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				19977							
PHYSICIAN PAID			TEMP. DISABILITY PAID					8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID			PERM. PARTIAL PAID					9. PRES. VALUE FUTURE INDEM. PMNT.				281802							
APP. MED. EVAL. PAID			PERM. TOTAL PAID					10. FUNERAL ALLOWANCE				0							
DEFENSE MED. EVAL PAID			DEATH PAID					11. LUMP SUM REMARRIAGE				0							
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM					12. TOTAL INCURRED INDEM. (SUM 1-11)				301779							
LEGAL EXP. - DEFENSE			V.R. PAID					13. TOTAL INCURRED MEDICAL				13000							
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED					14. TOTAL INDEM. PAID TO VAL. DATE				19997							
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED					15. TOTAL MED. PAID TO VAL. DATE				6000							
			V.R. EVAL. INCURRED					16. SOC. SEC. OR OTHER OFFSET AMT.											

\*SEE REVERSE FOR CODING

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

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

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

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

## UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
01				16928	99887	07/01/00	07/01/01	07													
Insured's Name: Steve Ho Corporation												F.E.I.N.		Pending File No.							
Insured's Address:												123456789									
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct.	Deduct.	Deductible Amount Per	Deductible Amount	Reserved	For Carrier Use		For Bureau Use		
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	Type	Percent	Claim/Accident	Aggregate						
		N	N		N	N	N	N	01	01	01										
EXPOSURE INFORMATION										LOSS INFORMATION											
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
	02	6843	127896	23.90	30567		789803	10/01/00	239897	25000	6843	2	0	Act	Type	Recov	Cov	Settl		00	00
	01	0718	279132	11.77	32854		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
	A.	Total Subject Premium			63421		6			1287	0718	6	1	Act	Type	Recov	Cov	Settl		00	00
	B.	Experience Mod (XX.XXX)			0.975		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	C.	Total Modified Premium			61835		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
	D.						789749	08/01/00	233755	0	0718	1	0	Act	Type	Recov	Cov	Settl		00	00
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
	G.	Total Standard Exposure			61835									Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	J.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
LOSS TOTALS																					
Reserved for Future Use							Total No. Claims			Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use			Total Paid Indemnity			Total Paid Medical	
							8			473652		26287					21354			16287	
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use							Total ALAE Paid			Total ALAE Incurred	

**Illustration 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability****Use Table III-M-C - (USLH - III - Male)**

Type - USL & HW-Trauma  
Average Weekly Wage - \$459  
Effective Date - 07/01/00  
Date of Valuation - 01/01/02  
1st Level Report - Open

Date of Accident - 10/01/00  
Date of Birth - 03/15/33  
Employee's age @ Valuation Date -68 (sex - M)  
Loss Conditions - 02/01/01/03/00

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																									
CLASS CODE 6843		REPORT NO. CODE* 1		TRAN. TYPE CODE* 1		TYPE OF INJ. CODE* 2		CARRIER NUMBER 16928		CARRIER NAME					PAYROLL STATE CODE* 07			ADM. FILE NUMBER							
POLICY NUMBER 99887				CERT. NO.		POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 789803		STAT CODE* 0		DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00					JURIS STATE 37		MCO TYPE 00		
INSURED NAME Steve Ho Corporation										ACC. DATE MO DAY YR 10 01 00			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 10 01 00			DATE OF BIRTH MO DAY YR 03 15 33			SURG CODE		ATTNY CODE*	
WORKER LAST NAME Vee		AVG. WEEKLY WAGE 459		INJURY DESC. CODE* ↓		PART 42		NATURE 49		CAUSE 56		OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE*		LUMP SUM		FRAUD		
SOCIAL SECURITY NUMBER 123-45-9876				DATE SINGLE SUM PAID ↓		MO		DAY		YR		EMPLOYMENT STATUS ↓		YEAR LAST EXPOSED ↓			DATE OF HIRE ↓			MO 01		DAY 01		YR 80	
BENEFITS OTHER THAN PENSION												PENSION BENEFITS													
KIND OF BENEFIT				% DISAB.		BODY MEM. CODE*		NO. WEEKS		INCURRED				BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY				XXX		XXX								CODE		DATE OF BIRTH MO DAY YR		Paid to Valuation Date $65.285 \times 306 = 19977$ Future Payments $306 \times 52 \times 13.821 = 219920$							
2. SCHEDULED INDEMNITY														1		03 15 33									
3. NON-SCHEDULED INDEMNITY						XXX		XXXX																	
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																									
6. CLAIMANT LEGAL EXPENSE														7. PENSION INDEM. PAID TO VAL. DATE				19977							
PHYSICIAN PAID				TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID																	
HOSPITAL PAID				PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				219920													
APP. MED. EVAL. PAID				PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				0													
DEFENSE MED. EVAL PAID				DEATH PAID				11. LUMP SUM REMARRIAGE				0													
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM				12. TOTAL INCURRED INDEM. (SUM 1-11)				239897													
LEGAL EXP. - DEFENSE				V.R. PAID				13. TOTAL INCURRED MEDICAL				25000													
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				8008													
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				15000													
				V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.																	

\*SEE REVERSE FOR CODING

**Illustration 10b - Individual Case Report; Death, Widow Only****Use Table I-A & Table II-A**

Type - State Act-Trauma  
Average Weekly Wage - \$475  
Effective Date - 07/01/00  
Date at Valuation - 01/01/02  
Date of Accident - 08/01/00

Widow's Date of Birth - 05/01/35  
Age at Widowhood - 65  
Age at Valuation - 66  
1st Level Report - Open  
Date of Death - 08/01/00

Present Value of Future Payments

Weekly Benefit =  $.6667 \times (\$475) = \$316.68$

Present Value of \$1 = 12.705 - 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

$\$316.68 \times 104 \times .0129 = \$425$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/00 to 01/01/02 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,412$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																									
CLASS CODE <b>0718</b>		REPORT NO. CODE* <b>1</b>		TRAN. TYPE CODE* <b>1</b>		TYPE OF INJ. CODE* <b>1</b>		CARRIER NUMBER <b>16928</b>		CARRIER NAME					PAYROLL STATE CODE* <b>07</b>			ADM. FILE NUMBER							
POLICY NUMBER <b>99887</b>				CERT. NO.		POLICY EFFECTIVE DATE MO. DAY YR <b>07 01 00</b>			CLAIM NO. <b>789749</b>		STAT CODE* <b>0</b>		DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L <b>01 01 01 03 00</b>					JURIS STATE <b>37</b>		MCO TYPE <b>00</b>		
INSURED NAME <b>Steve Ho Corporation</b>										ACC. DATE MO DAY YR <b>08 01 00</b>			DATE OF DEATH MO DAY YR <b>08 01 00</b>			DATE REPORTED MO DAY YR <b>08 01 00</b>			DATE OF BIRTH MO DAY YR <b>07 25 34</b>			SURG CODE		ATTNY CODE*	
WORKER LAST NAME <b>Stevens</b>		AVG. WEEKLY WAGE <b>475</b>		INJURY DESC. CODE* ⚡		PART <b>90</b>		NATURE <b>13</b>		CAUSE <b>75</b>		OCCUPATION <b>Ship Builder</b>					DATE CLOSED MO YR		RESERVE CODE*		LUMP SUM		FRAUD		
SOCIAL SECURITY NUMBER <b>789-65-4321</b>				DATE SINGLE SUM PAID ⚡		MO DAY YR		EMPLOYMENT STATUS ⚡		YEAR LAST EXPOSED ⚡			DATE OF HIRE ⚡			MO DAY YR <b>01 01 80</b>									
BENEFITS OTHER THAN PENSION										PENSION BENEFITS															
KIND OF BENEFIT				% DISAB.		BODY MEM. CODE*		NO. WEEKS		INCURRED			BENEFICIARY DATA*				CALCULATIONS								
1. TEMPORARY INDEMNITY				<b>X X X</b>		<b>X X X</b>							CODE		DATE OF BIRTH MO DAY YR			Paid to Valuation Date $74 \times 316.68 = 23412$ Future Payments $52 \times 316.68 \times 12.705 = 209218$							
2. SCHEDULED INDEMNITY													<b>2</b>		<b>05 01 35</b>										
3. NON-SCHEDULED INDEMNITY						<b>X X X</b>		<b>XXXX</b>																	
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																									
6. CLAIMANT LEGAL EXPENSE													7. PENSION INDEM. PAID TO VAL. DATE				23412								
PHYSICIAN PAID				TEMP. DISABILITY PAID							8. PENS. INDEM. PREV. RSVD., NOT PAID														
HOSPITAL PAID				PERM. PARTIAL PAID							9. PRES. VALUE FUTURE INDEM. PMNT.				209218										
APP. MED. EVAL. PAID				PERM. TOTAL PAID							10. FUNERAL ALLOWANCE				700										
DEFENSE MED. EVAL PAID				DEATH PAID							11. LUMP SUM REMARRIAGE				425										
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM							12. TOTAL INCURRED INDEM. (SUM 1-11)				233755										
LEGAL EXP. - DEFENSE				V.R. PAID							13. TOTAL INCURRED MEDICAL				0										
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED							14. TOTAL INDEM. PAID TO VAL. DATE				13346										
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED							15. TOTAL MED. PAID TO VAL. DATE				0										
				V.R. EVAL. INCURRED							16. SOC. SEC. OR OTHER OFFSET AMT.														

\*SEE REVERSE FOR CODING

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

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

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

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

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

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

## SUPPLEMENTAL LOSS REPORT

										Pending File No.		Page No		Last Page No.		
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos. State					
02				16928	99887		07/01/00		07/01/01		07					
Insured's Name: Steve Ho Corp.										F.E.I.N.		Card Serial No.				
Insured's Address:										123456789						
Upd Typ	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
									Act	Type	Recov	Cov	Settl			
P	789803	10/01/00		239897	25000	6843	2	0	02	01	01	03	00		00	00
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
			42	49	36			N				8008		15000		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Upd Typ	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
									Act	Type	Recov	Cov	Settl			
R	789803	10/01/00		245510	27500	6843	2	0	02	01	01	03	00		00	00
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
			42	49	36			N				18715		20000		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Upd Typ	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
									Act	Type	Recov	Cov	Settl			
P	789749	08/01/00		233755	0	0718	1	0	01	01	01	03	00		00	00
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
			90	13	75			N				13346		0		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Upd Typ	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
									Act	Type	Recov	Cov	Settl			
R	789749	08/01/00		244243	0	0718	1	0	01	01	01	03	00		00	00
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
			90	13	75			N				22786		0		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Upd Typ	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
									Act	Type	Recov	Cov	Settl			
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Upd Typ	Claim Number	Acc. Date/No. Claims		Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
									Act	Type	Recov	Cov	Settl			
	Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
LOSS TOTALS																
Reverse for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical				
		8		489753		28787				41501		21287				
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use								Total ALAE Paid		Total ALAE Incurred		

**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  
 $\$306 \times 52 \times 13.171 = \$209,577$

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 6843	REPORT NO. CODE* 2	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 789803		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00					JURIS STATE 37	MCO TYPE 00	
INSURED NAME Steve Ho Corp.								ACC. DATE MO DAY YR 10 01 00		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 00		DATE OF BIRTH MO DAY YR 03 15 33		SURG CODE	ATTNY CODE*		
WORKER LAST NAME Vee	AVG. WEEKLY WAGE 459		INJURY DESC. CODE* ↓		PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD			
SOCIAL SECURITY NUMBER 123-45-9876		DATE SINGLE SUM PAID ↓		MO	DAY	YR	EMPLOYMENT STATUS ↓		YEAR LAST EXPOSED ↓		DATE OF HIRE ↓		MO 01	DAY 01	YR 80				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS						
1. TEMPORARY INDEMNITY			XXX	XXX					CODE	DATE OF BIRTH MO DAY YR 03 15 33			Paid to Valuation Date $117.488 \times 306.00 = 35933$ Future Payments $306.00 \times 52 \times 13.171 = 209577$						
2. SCHEDULED INDEMNITY									1										
3. NON-SCHEDULED INDEMNITY				XXX	XXXX														
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				35933						
PHYSICIAN PAID				TEMP. DISABILITY PAID					8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID				PERM. PARTIAL PAID					9. PRES. VALUE FUTURE INDEM. PMNT.				209577						
APP. MED. EVAL. PAID				PERM. TOTAL PAID					10. FUNERAL ALLOWANCE				0						
DEFENSE MED. EVAL PAID				DEATH PAID					11. LUMP SUM REMARRIAGE				0						
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM					12. TOTAL INCURRED INDEM. (SUM 1-11)				245510						
LEGAL EXP. - DEFENSE				V.R. PAID					13. TOTAL INCURRED MEDICAL				27500						
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED					14. TOTAL INDEM. PAID TO VAL. DATE				18715						
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED					15. TOTAL MED. PAID TO VAL. DATE				20000						
				V.R. EVAL. INCURRED					16. SOC. SEC. OR OTHER OFFSET AMT.										

\*SEE REVERSE FOR CODING

**Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level****Use Table I-A & Table II-A**

Type - State Act-Trauma  
Average Weekly Wage - \$475  
Effective Date - 07/01/00  
Date at Valuation - 01/01/03  
Date of Accident - 08/01/00

Widow's Date of Birth - 05/01/35  
Age at Widowhood - 65  
Age at Valuation - 67  
2nd Level Report - Open  
Date of Death - 08/01/00

Present Value of Future Payments

Weekly Benefit =  $.6667 \times (\$475) = \$316.68$

Present Value of \$1 = 12.340 - 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

$\$316.68 \times 104 \times .0118 = \$389$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/00 to 01/01/03 - 883 days / 7 = 126.142 Wks

$(126.142 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																					
CLASS CODE 0718	REPORT NO. CODE* 2	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE	MCO TYPE 00			
INSURED NAME Steve Ho Corp.								ACC. DATE MO DAY YR 08 01 00			DATE OF DEATH MO DAY YR 02 01 96			DATE REPORTED MO DAY YR 02 01 96			DATE OF BIRTH MO DAY YR 07 25 34			SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens		AVG. WEEKLY WAGE 475		INJURY DESC. CODE* ↓		PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD				
SOCIAL SECURITY NUMBER 789-65-4321		DATE SINGLE SUM PAID ↓		MO	DAY	YR	EMPLOYMENT STATUS ↓		YEAR LAST EXPOSED ↓				DATE OF HIRE ↓		MO 01	DAY 01	YR 80				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS											
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED				BENEFICIARY DATA*				CALCULATIONS								
1. TEMPORARY INDEMNITY		XXX	XXX						CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date $126.142 \times 316.68 = 39947$ Future Payments $52 \times 316.68 \times 12.340 = 203207$								
2. SCHEDULED INDEMNITY									2	05	01	35									
3. NON-SCHEDULED INDEMNITY			XXX	XXXX																	
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE				39947								
PHYSICIAN PAID			TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID												
HOSPITAL PAID			PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.				203207								
APP. MED. EVAL. PAID			PERM. TOTAL PAID						10. FUNERAL ALLOWANCE				700								
DEFENSE MED. EVAL PAID			DEATH PAID						11. LUMP SUM REMARRIAGE				389								
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM						12. TOTAL INCURRED INDEM. (SUM 1-11)				244243								
LEGAL EXP. - DEFENSE			V.R. PAID						13. TOTAL INCURRED MEDICAL				0								
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE				22786								
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE				0								
			V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.												

\*SEE REVERSE FOR CODING

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

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

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

Refer to Illustration 12a for Individual Case Report.

## UNIT STATISTICAL REPORT

POLICY INFORMATION																									
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.											
01				99622	198265	07/01/00	07/01/01	07																	
Insured's Name: Iron Erectors, Inc.												F.E.I.N.		Pending File No.											
Insured's Address:												123456789													
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use						
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.																
N	Y		N	N	N	N	01	01	01																
EXPOSURE INFORMATION																									
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type				
	02	0665	120000	25.16	30192		845	02/01/01	710560	25000	0665	2	0	Act 02	Type 01	Recov 01	Cov 03	Settl 00	37	00	00				
	01	0665	1000000	12.61	126100		Social Security Number		Part 40	Nature 28	Cause 25	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	01	0951	95000	.96	912		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	01	0052	105000	.10	515		896	03/01/01	600	350	0665	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00							
	A.	Total Subject Premium		157719			Social Security Number		Part 48	Nature 65	Cause 01	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	B.	Experience Mod (XX.XXX)		0.900			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	C.	Total Modified Premium		141947			897	03/15/01	750	800	0665	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00							
	D.						Social Security Number		Part 31	Nature 28	Cause 26	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	F.						898	04/11/01		250	0953	6	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00							
	G.	Total Standard Exposure		1320000		Total Standard Premium		141947			Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	I.	0900	Expense Constant Amt				6		1500	2010	0665	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00							
	J.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
	L.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical					
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred		
LOSS TOTALS																									
Reserved for Future Use							Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved for Future Use			Total Paid Indemnity			Total Paid Medical			
							10			713410			28410						20051			15410			
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use							Total ALAE Paid			Total ALAE Incurred					
							50000										25000								
5																									

**Illustration 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits****Use Tables III-M-C and IV-A**

Type - USL & HW-Trauma	Claimant's Birth Date - 05/01/53
Average Weekly Wage - \$500	Spouse's Birth Date - 07/01/55
Date of Accident - 02/01/01	Date of Valuation - 01/01/02
Effective Date - 07/01/00	Claimants Age at Valuation - 48 (sex - M)
Maximum Benefit - 200% NAWW = \$923.81	Spouse's Age at Valuation - 46
(Projected at .025 increase per/year based on 10/01/99 max. of \$901.28)	

## Present Value of Future Payments

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

Present Value of \$1 = 30.420

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

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0665		REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2		CARRIER NUMBER 99622		CARRIER NAME					PAYROLL STATE CODE* 07			ADM. FILE NUMBER			
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 00			CLAIM NO. 845		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 02 01 01 03 00					JURIS STATE 37	MCO TYPE 00	
INSURED NAME Iron Erections, Inc.								ACC. DATE MO DAY YR 02 01 01		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 02 01 01		DATE OF BIRTH MO DAY YR 05 01 53		SURG CODE	ATTNY CODE*		
WORKER LAST NAME Doe		AVG. WEEKLY WAGE 500		INJURY DESC. CODE* 40		PART 28	NATURE 25	CAUSE	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD			
SOCIAL SECURITY NUMBER 123-45-6789		DATE SINGLE SUM PAID MO DAY YR		MO	DAY	YR	EMPLOYMENT STATUS STATUS		YEAR LAST EXPOSED EXPOSED		DATE OF HIRE HIRE		MO	DAY	YR				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		XXX	XXX					CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date $47.714 \times 333.35 = 15905$ Future Payments $(333.35 \times 52 \times 30.420) + (250 \times 52 \times 12.873) = 694655$							
2. SCHEDULED INDEMNITY								1	05 01 53										
								2	07 01 55										
3. NON-SCHEDULED INDEMNITY			XXX	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE																			
PHYSICIAN PAID				TEMP. DISABILITY PAID				7. PENSION INDEM. PAID TO VAL. DATE				15905							
HOSPITAL PAID				PERM. PARTIAL PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID											
APP. MED. EVAL. PAID				PERM. TOTAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				694655							
DEFENSE MED. EVAL PAID				DEATH PAID				10. FUNERAL ALLOWANCE				0							
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM				11. LUMP SUM REMARRIAGE				0							
LEGAL EXP. - DEFENSE				V.R. PAID				12. TOTAL INCURRED INDEM.,(SUM 1-11)				710560							
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED				13. TOTAL INCURRED MEDICAL				25000							
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				17201							
				V.R. EVAL. INCURRED				15. TOTAL MED. PAID TO VAL. DATE				12000							
								16. SOC. SEC. OR OTHER OFFSET AMT.											

\*SEE REVERSE FOR CODING

**Illustration 13 - Correction of Header Information Only**

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

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No. 01	Corr. No. 01	Corr. Type H	Replace Rpt. Ind.	Carrier Code 99998	Policy Number WC12345		Policy Effective Date 01/01/96	Policy Expiration Date	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
					WC54321																	
Insured's Name: ABC Corp.												F.E.I.N.		Pending File No.								
Insured's Address:																						
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use			
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.											
EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
														Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subject Premium					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	B.	Experience Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	C.	Total Modified Premium																				
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	D.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	F.																					
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	I.	0900	Expense Constant Amt																			
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	J.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	L.																					
						LOSS TOTALS																
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred		

**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 INFORMATION

NC2957 (TB00365B)

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

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

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



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

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

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

## UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
01	01	M		99999	WC12345	12/20/95		07															
Insured's Name: ABC Corp.												F.E.I.N.		Pending File No.									
Insured's Address:																							
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.												
EXPOSURE INFORMATION										LOSS INFORMATION													
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
P	11	0953	175485	.49	860	P	23456	02/05/96		1000	0951	6	1	Act	Type	Recov	Cov	Settl					
R	11	0953	233945	.49	1146		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred			
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	A.	Total Subject Premium		1946		R	23456	02/05/96		1565	0951	6	1	Act	Type	Recov	Cov	Settl					
	B.	Experience Mod (XX.XXX)		.850			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	C.	Total Modified Premium		1654			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred			
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	D.					P								Act	Type	Recov	Cov	Settl					
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred			
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	G.	Total Standard Exposure		Total Standard Premium		R	56789	09/30/96	7935	4000	0953	4	0	Act	Type	Recov	Cov	Settl					
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred			
	J.					Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred			
						LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical				
									7		15635		8260										
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred			

**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.

## UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
01				12345	1234567	12/01/00	12/01/01	07																
Insured's Name: 123, Inc.												F.E.I.N.		Pending File No.										
Insured's Address:												123456789												
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use					
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.															
09/01/00	09/01/00	N	Y		N	N	N	N	01	01	01	0301		1000										
EXPOSURE INFORMATION																								
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	01	0609	20000	12.10	2420		1234	02/13/01	2000	1500	0609	5	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	01	4773	35000	55.37	19380		Social Security Number			Part 40	Nature 03	Cause 99	Occupation Description			Voc. N	Lump	Fraud 00	Deduct	Paid Indemnity 1000		Paid Medical 1000		
	01	0951	5000	.96	48		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	01	0052	15000	.10	7.1	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	A.	Total Subject Premium					4321	01/23/01	500	500	0953	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	B.	Experience Mod (XX.XXX)					Social Security Number			Part 36	Nature 40	Cause 19	Occupation Description			Voc. N	Lump	Fraud 00	Deduct	Paid Indemnity 500		Paid Medical 500		
	C.	Total Modified Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	D.					Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	E.						3214	04/20/01	141857		0615	1	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	F.						Social Security Number 123456789			Part 40	Nature 03	Cause 99	Occupation Description LABORER			Voc. N	Lump	Fraud 01	Deduct	Paid Indemnity 12035		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	G.	Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	H.	006_	Premium Discount Amt.				4123	06/01/01	1000	2000	0951	5	1	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00			
	I.	0900	Expense Constant Amt				Social Security Number			Part 36	Nature 40	Cause 19	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity 1000		Paid Medical 2000		
	J.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	K.					Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	L.						Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
LOSS TOTALS																								
Reserved for Future Use							Total No. Claims			Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity			Total Paid Medical					
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees					Reserved for Future Use		Total ALAE Paid			Total ALAE Incurred							

## UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
01				12345	1234567	12/01/00	12/01/01	07																
Insured's Name: 123, Inc.												F.E.I.N.		Pending File No.										
Insured's Address:												123456789												
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use					
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimate Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.															
09/01/00	09/01/00	N	Y	N	N	N	01	01	01	0301			1000											
EXPOSURE INFORMATION												LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	02	6843	30000	15.98	4794									Act	Type	Recov	Cov	Settl						
							Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
							Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	A.	Total Subject Premium		26716										Act	Type	Recov	Cov	Settl						
	B.	Total Modified Premium		1.254										Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	C.	Total Modified Premium		33502			Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	D.	0773	35000	6.09	2132									Act	Type	Recov	Cov	Settl						
	E.	9887		.25	8909		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	F.	9880		.05	1336		Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	G.	Total Standard Exposure		Total Standard Premium										Act	Type	Recov	Cov	Settl						
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid		ALAE Incurred			
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
	J.													Act	Type	Recov	Cov	Settl						
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
	L.						Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid		ALAE Incurred			
						LOSS TOTALS																		
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred	

POLICY INFORMATION																						
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/00	Policy Expiration Date 12/01/01	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
Insured's Name: 123, Inc.												F.E.I.N. 123456789		Pending File No.								
Insured's Address:																						
Mod Effective Date 06/01/96	Rate Effective Date 06/01/96	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
		3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01											
EXPOSURE INFORMATION																						
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	LOSS INFORMATION															
	01	0609	6600	12.10	799		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	01	4773	11550	55.37	6395									Act	Type	Recov	Cov	Settl				
	01	0951	1650	.96	16		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	01	0952	1050	10	21		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	A.	Total Subject Premium				Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	B.	Expense Constant Mod (XX.XXX)												Act	Type	Recov	Cov	Settl				
	C.	Total Modified Premium					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	D.					Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	E.													Act	Type	Recov	Cov	Settl				
	F.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
						Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure			Total Standard Premium									Act	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
	J.					Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	K.													Act	Type	Recov	Cov	Settl				
	L.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred				
LOSS TOTALS																						
Reserved for Future Use							Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical		0			
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred				

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567		Policy Effective Date 12/01/00		Policy Expiration Date 12/01/01		Expos. State 07	State Effective Date		Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.										
Insured's Name: 123, Inc.															F.E.I.N.		Pending File No.												
Insured's Address:															123456789														
Mod Effective Date	Rate Effective Date		Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use										
			3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estima ted Expos ure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.																	
06/01/96	06/01/96		N	Y		N	N	N	N	01	01	01	0301		1000														
EXPOSURE INFORMATION										LOSS INFORMATION																			
Upd Type	Exp. Cov.	Class Code	Exposure Amount		Manual Rate		Premium Rate			Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions				Jurisdic State	Cat. No.	MCO Type	
																							Act	Type	Recov	Cov	Settl		
	02	6843	9900		15.98		1582																						
											Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical				
											Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred					
										Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions				Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subject Premium		8816																									
	B.	Expense Mod (XX.XXX)		1.198																									
	C.	Total Modified Premium		10562																									
										Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions				Jurisdic State	Cat. No.	MCO Type	
	D.	0773	11550		6.09		703																						
	E.	9887			.25		2816																						
	F.	9046			.22		1859																						
										Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions				Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure 130650		Total Standard Premium 26634																									
	H.	0063_	Premium Discount Amt.																										
	I.	0900	Expense Constant Amt																										
										Upd Type	Claim Number		Acc. Date/ No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions				Jurisdic State	Cat. No.	MCO Type	
	J.																												
	K.																												
	L.																												
																					</								

**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

 $\$192.78 \times 104 \times .0129 = \$259$ 

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/01 to 06/01/02 - 408 days / 7 = 58.285 Wks

 $(58.285 \text{ Wks}) \times \$192.78 = \$11,236$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE 0615	REPORT NO. CODE* 1	TRAN. TYPE CODE*	TYPE OF INJ. CODE* 1	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 00		CLAIM NO. 3214		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L 01 01 01 03 00					JURIS STATE 37	MCO TYPE 00		
INSURED NAME 123, Inc.							ACC. DATE MO DAY YR 04 20 01		DATE OF DEATH MO DAY YR 04 20 01		DATE REPORTED MO DAY YR 04 20 01		DATE OF BIRTH MO DAY YR 09 27 34		SURG CODE	ATTNY CODE*			
WORKER LAST NAME Hilty		AVG. WEEKLY WAGE 378	INJURY DESC. CODE* ↓		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD			
SOCIAL SECURITY NUMBER 564-73-8291		DATE SINGLE SUM PAID ↓	MO	DAY	YR	EMPLOYMENT STATUS ↓		YEAR LAST EXPOSED ↓			DATE OF HIRE ↓		MO	DAY	YR				
BENEFITS OTHER THAN PENSION								PENSION BENEFITS											
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		XXX	XXX					CODE	DATE OF BIRTH MO DAY YR 05 09 35				Paid to Valuation Date 192.78x58.285= 11236 Future Payments 192.78x52x12.705= 127362						
2. SCHEDULED INDEMNITY								2											
3. NON-SCHEDULED INDEMNITY			XXX	XXXX															
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					11236						
PHYSICIAN PAID			TEMP. DISABILITY PAID					8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID			PERM. PARTIAL PAID					9. PRES. VALUE FUTURE INDEM. PMNT.					127362						
APP. MED. EVAL. PAID			PERM. TOTAL PAID					10. FUNERAL ALLOWANCE					3000						
DEFENSE MED. EVAL PAID			DEATH PAID					11. LUMP SUM REMARRIAGE					259						
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM					12. TOTAL INCURRED INDEM. (SUM 1-11)					141857						
LEGAL EXP. - DEFENSE			V.R. PAID					13. TOTAL INCURRED MEDICAL					0						
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED					14. TOTAL INDEM. PAID TO VAL. DATE					12035						
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED					15. TOTAL MED. PAID TO VAL. DATE					0						
			V.R. EVAL. INCURRED					16. SOC. SEC. OR OTHER OFFSET AMT.											

\*SEE REVERSE FOR CODING

**Illustration 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

POLICY INFORMATION

Report No. 02	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/00	Policy Expiration Date 06/01/01	Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.

Insured's Name: 123, Inc.											F.E.I.N. 123456789		Pending File No.	
Insured's Address:														

Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use		
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.										
		N	Y		N	N	N	N	01	01	01	0301			1000						

EXPOSURE INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type
						P
	A.	Total Subject Premium				R
	B.	Expense Mod (XX.XXX)				
	C.	Total Modified Premium				
	D.					P
	E.					
	F.					
	G.	Total Standard Exposure	Total Standard Premium			R
	H.	006_	Premium Discount Amt.			
	I.	0900	Expense Constant Amt			
	J.					
	K.					
	L.					

LOSS INFORMATION

Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
1234	02/13/01	2000	1500	0609	5	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00	
Social Security Number		Part 40	Nature 28	Cause 25	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity 1000		Paid Medical 1000	
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
1234	02/13/01	1000	1000	0609	5	1	Act 01	Type 01	Recov 03	Cov 03	Settl 04		00	00	
Social Security Number		Part 40	Nature 28	Cause 25	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity 1000		Paid Medical 1000	
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
3214	04/20/01	141857		4773	1	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00	
Social Security Number		Part 44	Nature 03	Cause 99	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity 12035		Paid Medical	
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
3214	04/20/01	148201		4773	1	0	Act 01	Type 01	Recov 01	Cov 03	Settl 00		00	00	
Social Security Number		Part 44	Nature 03	Cause 99	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity 22087		Paid Medical	
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
							Act	Type	Recov	Cov	Settl				
Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred	
LOSS TOTALS															
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
		4		193012		3500				24587		3500			
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use						Total ALAE Paid		Total ALAE Incurred			

USR FORM - 1/1/95

NC2957 (TB00365B)

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

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

 $\$192.78 \times 104 \times .0118 = \$237$ 

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/01 to 06/01/03 - 772 days / 7 = 110.285 Wks

 $(110.285 \text{ Wks}) \times \$192.78 = \$21,261$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																					
CLASS CODE <b>0615</b>	REPORT NO. CODE* <b>2</b>	TRAN. TYPE CODE*	TYPE OF INJ. CODE* <b>1</b>	CARRIER NUMBER <b>12345</b>	CARRIER NAME					PAYROLL STATE CODE* <b>07</b>	ADM. FILE NUMBER										
POLICY NUMBER <b>1234567</b>		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR <b>12 01 00</b>			CLAIM NO. <b>3214</b>		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L <b>01 01 01 03 00</b>					JURIS STATE <b>37</b>	MCO TYPE <b>00</b>			
INSURED NAME <b>123, Inc.</b>								ACC. DATE MO DAY YR <b>04 20 01</b>			DATE OF DEATH MO DAY YR <b>04 20 97</b>			DATE REPORTED MO DAY YR <b>04 20 97</b>			DATE OF BIRTH MO DAY YR <b>09 27 34</b>			SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Hilty</b>		AVG. WEEKLY WAGE <b>378</b>		INJURY DESC. CODE* <b>44</b>		PART <b>03</b>	NATURE <b>99</b>	CAUSE <b>Laborer</b>					OCCUPATION		DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD		
SOCIAL SECURITY NUMBER <b>564-73-8291</b>			DATE SINGLE SUM PAID		MO	DAY	YR	EMPLOYMENT STATUS			YEAR LAST EXPOSED			DATE OF HIRE			MO	DAY	YR		
BENEFITS OTHER THAN PENSION										PENSION BENEFITS											
KIND OF BENEFIT			% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS								
1. TEMPORARY INDEMNITY			<b>X X X</b>	<b>X X X</b>					CODE	DATE OF BIRTH MO DAY YR <b>2 05 09 35</b>				Paid to Valuation Date $192.78 \times 110.285 = 21261$ Future Payments $192.78 \times 52 \times 12.340 = 123703$							
2. SCHEDULED INDEMNITY																					
3. NON-SCHEDULED INDEMNITY				<b>X X X</b>	<b>XXXX</b>																
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE					21261							
PHYSICIAN PAID				TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID											
HOSPITAL PAID				PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					123703						
APP. MED. EVAL. PAID				PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3000						
DEFENSE MED. EVAL PAID				DEATH PAID						11. LUMP SUM REMARRIAGE					237						
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM						12. TOTAL INCURRED INDEM., (SUM 1-11)					148201						
LEGAL EXP. - DEFENSE				V.R. PAID						13. TOTAL INCURRED MEDICAL					0						
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					22087						
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					0						
				V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.											

\*SEE REVERSE FOR CODING

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

Claim 68235 is a death claim.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 99998	Policy Number 111222		Policy Effective Date 07/01/00		Policy Expiration Date 01/01/01		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.				
Insured's Name: Bob's Roofing														F.E.I.N. 123456789		Pending File No.						
Insured's Address:																						
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use			For Bureau Use		
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.											
		N	N		N	N	N	N	01	01	01											

EXPOSURE INFORMATION										LOSS INFORMATION												
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
							Act	Type	Recov	Cov	Settl											
	01	0659	98076	41.13	40339		68235	11/01/00	210123	0	0659	1	0	01	01	01	03	00	00	00		
	01	9807			776		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subject Premium		41115			5	1560	1130	0659	5	1	01	01	01	03	00	00	00			
	B.	Expense Constant Mod (XX.XXX)		0.990			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	C.	Total Modified Premium		40704			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	D.						3	830	0659	6	1	01	01	01	03	00	00	00				
	E.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	G.	Total Standard Exposure		40704			Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	I.	0900	Expense Constant Amt				Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	J.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	L.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							LOSS TOTALS															
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
							9		211683		1960		8359		1960							
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred		

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

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

## Present Value of Future Payments

## 1) Widow's Benefit plus child #1 Benefits

Weekly Benefit =  $.6667 \times (\$295) = \$196.68$ Present Value of \$1 = 17.616 - Widowhood at age 39,  $^a[x] + 1$  Value $\$196.68 \times 52 \times 18.212 = \$186,261$ 

## 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 =  $\$196.68 \times 104 \times .1516 = \$3,101$ 

## 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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT																			
CLASS CODE <b>0659</b>	REPORT NO. CODE* <b>1</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>1</b>	CARRIER NUMBER <b>99998</b>	CARRIER NAME					PAYROLL STATE CODE* <b>07</b>	ADM. FILE NUMBER								
POLICY NUMBER <b>111222</b>	CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR <b>07 01 00</b>			CLAIM NO. <b>68235</b>	STAT CODE* <b>0</b>	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETT L <b>01 01 01 03 00</b>					JURIS STATE <b>37</b>	MCO TYPE <b>00</b>			
INSURED NAME <b>Bob's Roofing</b>						ACC. DATE MO DAY YR <b>11 01 00</b>			DATE OF DEATH MO DAY YR <b>11 01 00</b>			DATE REPORTED MO DAY YR <b>11 01 00</b>			DATE OF BIRTH MO DAY YR <b>12 01 50</b>			SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Harris</b>	AVG. WEEKLY WAGE <b>295</b>	INJURY DESC. CODE* <b>90</b>			PART <b>13</b>	NATURE <b>25</b>	CAUSE <b>Roofer</b>					OCCUPATION		DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD	
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID		MO	DAY	YR	EMPLOYMENT STATUS		YEAR LAST EXPOSED		DATE OF HIRE		MO	DAY	YR				
BENEFITS OTHER THAN PENSION										PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				CALCULATIONS							
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>					CODE	DATE OF BIRTH MO DAY YR			Paid to Valuation Date $206.50 \times 60.857 = 12567$ Future Payments $(196.68 \times 52 \times 18.212 = 186261)$ $+(9.82 \times 478) = 190955$							
2. SCHEDULED INDEMNITY								<b>2</b>	<b>09</b>	<b>01</b>	<b>61</b>								
								<b>4</b>	<b>03</b>	<b>01</b>	<b>93</b>								
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>				<b>4</b>	<b>05</b>	<b>01</b>	<b>95</b>								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY																			
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					12567						
PHYSICIAN PAID			TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID			PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					190955					
APP. MED. EVAL. PAID			PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500					
DEFENSE MED. EVAL PAID			DEATH PAID						11. LUMP SUM REMARRIAGE					3101					
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					210123					
LEGAL EXP. - DEFENSE			V.R. PAID						13. TOTAL INCURRED MEDICAL					0					
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					6799					
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					0					
			V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.										

\*SEE REVERSE FOR CODING

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

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

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

## UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				12345	123456789	01/01/97	01/01/98	07														
Insured's Name: DEE'S FLOWERS												F.E.I.N.		Pending File No.								
Insured's Address:												123456789										
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
01/01/97	01/01/97	N	Y	N	N	N	N	01	01	01	0000											
EXPOSURE INFORMATION																						
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
	01	0661	40000	5.71	2284									Act	Type	Recov	Cov	Settl				
	01	9807			91		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid			ALAE Incurred			
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type							
								Act	Type	Recov	Cov	Settl										
	A.	Total Subject Premium																				
	B.	Experience Mod (XX.XXX)																				
	C.	Total Modified Premium																				
	D.	9885		.05	119																	
	E.																					
	F.																					
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type							
								Act	Type	Recov	Cov	Settl										
	G.	Total Standard Exposure 40000			Total Standard Premium 2256																	
	H.	006_	Premium Discount Amt.																			
	I.	0900	Expense Constant Amt			160																
Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type							
								Act	Type	Recov	Cov	Settl										
	J.																					
	K.																					
	L.																					
LOSS TOTALS																						
Reserved for Future Use			Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved for Future Use			Total Paid Indemnity			Total Paid Medical				
Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees			Reserved for Future Use			Total ALAE Paid			Total ALAE Incurred										

**Illustration 20 – Assigned Risk Surcharge**

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

POLICY INFORMATION																									
Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 00200	Policy Number WC123456789				Policy Effective Date 10/01/99		Policy Expiration Date 10/01/00		Expos. State 07	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number		Page No.	Last Page No.					
Insured's Name: A. B. C. INC.																F.E.I.N.		Pending File No.							
Insured's Address:																123456789									
Mod Effective Date 10/01/99	Rate Effective Date 10/01/99		Policy Conditions							Policy Type I D			Deduct. Type 0000	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use		For Bureau Use					
			3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01													
EXPOSURE INFORMATION										LOSS INFORMATION															
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
															Act	Type	Recov	Cov	Settl						
	01	0951	35000	.72	252		Social Security Number				Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	01	0953	17950	.49	88		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
	A.	Total Subject Premium		340			Social Security Number				Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	B.	Experience Mod (XX.XXX)		1.431			Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium		487		*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	D.	0277		.39	190		Social Security Number				Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	F.					*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	G.	Total Standard Exposure 52950		Total Standard Premium 677			Social Security Number				Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt			*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
	J.													Act	Type	Recov	Cov	Settl							
	K.						Social Security Number				Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use											ALAE Paid		ALAE Incurred	
						LOSS TOTALS																			
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical						
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred							

# **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.

**Cumulative Injury**

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

**Employers Liability**

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

**Expense Constant**

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

**Experience Modification**

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

*Rated Risk*

A risk which has an experience modification.

*Non-Rated Risk*

A risk which has no experience modification.

**Exposure**

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

**Loss Constant**

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

**Loss Cost**

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

**Loss Ratio**

The ratio of losses to premiums.

**Man-Year**

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

**Merit Rating**

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

**Minimum Premium**

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

**Non-Rateable Element**

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

**Occupational Disease 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."

**Rating Value**

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

**Reinsurance**

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

**Scheduled Indemnity**

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

**Second Injury Fund**

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

**Schedule Rating Plan**

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

**Subrogation**

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

**Subsequent Report**

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

**Supplemental Non-Rateable Loading**

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

### **Vocational Rehabilitation**

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

### **Voluntary Compensation Insurance**

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

# **SECTION VIII**

## ***SAMPLE FORMS***

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

**SECTION VIII - SAMPLE FORMS**

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

UNIT STATISTICAL REPORT

POLICY INFORMATION

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

Insured's Name:

Insured's Address:

F.E.L.N.

Pending File No.

Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct.		Deduct.	Deductible Amount Per	Deductible Amount	Reserved	For Carrier Use	For Bureau Use
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	Type 12	Percent	Claim/Accident	Aggregate			

EXPOSURE INFORMATION

LOSS INFORMATION

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

# SUPPLEMENTAL LOSS REPORT

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

LOSS TOTALS													
Reverse for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical	
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use						Total ALAE Paid		Total ALAE Incurred	

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

\*SEE REVERSE FOR CODING

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

Transmittal No. \_\_\_\_\_

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

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

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Carrier Name \_\_\_\_\_ Group Code \_\_\_\_\_

Address \_\_\_\_\_ No. of Reports Included: \_\_\_\_\_

\_\_\_\_\_ No. of Cards Included: \_\_\_\_\_

Check One Submission and Complete the Following:

☐ 1. By State: State Name \_\_\_\_\_ State Code \_\_\_\_\_ Report Type \_\_\_\_\_

☐ 2. Effective Month: \_\_\_\_\_

☐ 3. Underground Coal Mine From Serial # \_\_\_\_\_ to Serial # \_\_\_\_\_

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

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**NCCI--RECEIPT OF UNIT REPORTS**

No. of Reports Received \_\_\_\_\_ Received By \_\_\_\_\_

No. of Cards Received \_\_\_\_\_

<b>DATE RECEIVED</b>
----------------------

## SUMMARY REPORT - THREE YEAR FIXED RATE POLICIES

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

CARRIER \_\_\_\_\_ CARRIER NO. \_\_\_\_\_

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

B. EXPOSURE TOTALS

1. PAYROLL \_\_\_\_\_

2. PER CAPITA \_\_\_\_\_

3. OTHER \_\_\_\_\_

C. STD. EARNED PREM. \_\_\_\_\_

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

# **SECTION IX**

## ***ELECTRONIC SUBMISSION***

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

**SECTION IX - ELECTRONIC SUBMISSION**

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

# **SECTION X**

## ***PREMIUM ALGORITHM***

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

## **SECTION X - ALGORITHM**

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

**Optional use 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.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 2

Section X

PREMIUM ALGORITHM

**Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	XXXX	(1)	Carrier value
(2)	Exposure	XXXX	(2)	Risk characteristic
(3)	Carrier Rating Value	XXXX	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	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

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 3

Section X

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)

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 4

Section X

PREMIUM ALGORITHM

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 <b>(PA)</b>	9890	(42)	Credit applies if insured is certified and has remaining year(s) of eligibility
(43)	Certified Safety Committee Premium Credit <b>(PA)</b>	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor <b>(DE)</b>	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 <b>(DE)</b>	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit <b>(DE)</b>	9846	(49)	[(39)+(41)+(45)+(47)]x(-48) expressed as a decimal]
(50)	Managed Care Factor <b>(DE)</b>	9874	(50)	Carrier value
(51)	Managed Care Credit <b>(DE)</b>	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor <b>(DE)</b>	9721	(52)	Carrier value
(53)	Package Credit <b>(DE)</b>	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)]

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002

Page 5

Section X

PREMIUM ALGORITHM

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(55)	Assigned Risk Surcharge Factor <b>(DE)</b>	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge <b>(DE)</b>	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 <b>(PA)</b>	0938	(70)	Bureau value for the specific purpose of computing employer assessments

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: October 1, 2002  
Page 6

Section X  
PREMIUM ALGORITHM

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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.