

# **DELAWARE STATISTICAL PLAN MANUAL**

**WORKERS COMPENSATION  
and  
EMPLOYERS  
LIABILITY  
INSURANCE**

**Effective  
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**ISSUED BY**

**DELAWARE COMPENSATION RATING BUREAU, INC.**

# **DELAWARE STATISTICAL PLAN MANUAL**



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# **INTRODUCTION**

**DELAWARE  
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## INTRODUCTION

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

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

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

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

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

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



# **SECTION I**

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

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

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

**B. Recording of Statistics**

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

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

Companies will receive notices of overdue unit reports to be mailed to the company by the DCRB at the end of each month when unit statistical reports are 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 DCRB, 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 DCRB 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 DCRB 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. 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)

**7. Correction and Subsequent Reports**

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

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

b. Correction Reports

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

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. If the claim was declared fraudulent, a Code "01" or Code "02" must be reported in the Fraudulent Claim Code field. (See Section IV, Codes)

- (2) It shall not be permissible to revise loss values between two valuation dates because of departmental or judicial decision or because of developments in the nature of the injury.
- (3) Correction reports as defined above should be forwarded to the DCRB 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.

8. 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.

#### 9. 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 DCRB reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. (Refer to Item K.7. 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 DCRB, 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, United States Longshore and Harbor Workers Compensation 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 DCRB within 12 months after submitting the original report shall be revised by submitting a correction report per the rules set forth in this manual.
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 ValueLoss 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.

**M. General Rules and Definitions**

1. **Standard Type of Coverage**

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

2. **Voluntary Plan**

A policy written voluntarily by a carrier.

3. **Delaware Workers Compensation Insurance Plan**

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

**4. Vocational Rehabilitation**

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

**5. Lump Sum**

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

**6. Fraudulent Claim**

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

**7. Exposure Coverage / Loss Conditions**

- a. *State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health 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 USL&HW Coverage on Non "F" Classes.* 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 Mine Safety and Health Act Only.* Coverage for benefits paid to employees injured as the result of a workplace accident under the Federal Mine Safety and Health Act.
- d. *Federal Mine Safety and Health Act and the State Act.* Coverage for benefits paid to employees injured as the result of a workplace accident under both Federal Mine Safety and Health Act and the State Act.

**8. Loss Conditions**

- a. *Trauma.* An injury caused by a work-related accident.
- b. *Occupational Disease.* Occupational disease is any abnormal condition caused by repeated exposure extending over a period of time to a disease producing agent or agents present in the workers occupational environment resulting in disability or death, which is not traceable to a definite compensable accident occurring during the employee's present or past employment.
- c. *Cumulative Injury Other than Disease.* An injury occurring from repetitive mental or physical traumatic activities extending over a period of time, the combined effect of which caused disability or need for medical treatment (other than disease).

**9. Recovery**

- a. *Second Injury Fund Only.* The carrier has received reimbursements from the Second Injury Fund. The Second Injury Fund is a trust established to reimburse carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment or previous accident, disease or congenital condition.
- b. *Subrogation Only.* The carrier has received reimbursements from an entity other than the employer with legal liability due to circumstances for the injury.
- c. *Subrogation with Second Injury Fund.* The carrier has received reimbursement from both the Second Injury Fund and a third party.
- d. *Joint Coverage.* Coverage furnished by other than the one policy for which experience is being reported is pertinent to a division of the total incurred loss. Such claims usually result from one of the following causes:
  - (1) The injured party has co-employers.
  - (2) Overlapping coverage on the same employer.
  - (3) Injury developed over an extended period. When a carrier has determined that the loss is chargeable to two or more policies written by such carrier or when two or more carriers have accepted liability for a part of the total incurred loss, it shall be considered the equivalent of a determination by adjudication that the coverage furnished by other than the one policy for which experience is being reported is pertinent to the division of the total incurred loss.

**10. Type of Claim**

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

**11. Type of Settlement**

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

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

## 12. **Managed Care Organization**

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

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

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

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



- (2) Court, Alternate Dispute Resolution and other specific items of expense such as:
    - Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency or length of disability;
    - Expert medical or other testimony;
    - Autopsy;
    - Witnesses and summonses;
    - Copies of documents such as birth and death certificates, medical treatment records;
    - Arbitration fees;
    - Surveillance;
    - Appeal bond costs and appeal filing fees.
  - (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:
    - Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
    - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
    - Preferred provider network/organization expenses.
    - Medical fee review panel expenses.
  - (4) Expenses which are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services which are required to be performed by statute or regulation.
- b. *Unallocated Loss Adjustment Expenses.* Unallocated Loss Adjustment Expenses are loss adjustment expenses that are not defined above. These include but are not limited to:
- (1) Carrier employees' salaries, overhead and traveling expenses, which are considered loss adjustment expense and are not incurred while doing activities previously listed as allocated expenses.
  - (2) Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters), for developing and investigating a claim so that a determination can be made of the cause, extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

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

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



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

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

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

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

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

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

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



## **SECTION II**

# ***REPORTING REQUIREMENTS***

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

**SECTION II - REPORTING REQUIREMENTS****A. Rules Common to Premiums and Losses****1. Form of Report**

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

Unit report data may be submitted electronically in lieu of the above hard copy reports. For further information regarding electronic reporting, please contact the DCRB.

<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 DCRB and the Policy Conditions field "Estimated Audit Code" shall be marked with the appropriate code.

**3. Fraction of Dollars**

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

**4. Method of Transmittal**

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

**5. Dates**

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

**6. Policy Information**

- a. *Report Number.* In the space provided in the upper left-hand corner of Form NC2957 or NC2913 report the 2-digit numeric code that corresponds to the loss valuation date.

- First Reports are valued as of the 18th month after the month in which the policy became effective, and the report shall be filed not later than 20 months after the effective date of the policy.
- Subsequent Reports
  - Second reports are valued exactly 30 months from the policy effective date.
  - Third reports are valued exactly 42 months from the policy effective date.
  - Fourth reports are valued exactly 54 months from the policy effective date.
  - Fifth reports are valued exactly 66 months from the policy effective date.
  - Sixth reports are valued exactly 78 months from the policy effective date.
  - Seventh reports are valued exactly 90 months from the policy effective date.
  - Eighth reports are valued exactly 102 months from the policy effective date.
  - Ninth reports are valued exactly 114 months from the policy effective date.
  - Tenth reports are valued exactly 126 months from the policy effective date.

- b. *Correction Report Number.* Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.

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

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

- c. *Correction Type.* Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.

H - Header Record Correction  
E - Exposure Record Correction (First Reports Only)  
L - Loss Record Corrections  
T - Total Record Correction  
M - Correction to Multiple Record Types

- d. *Carrier Code.* The carrier code shall be inserted in the space provided. Refer to the National Council on Compensation Insurance, Inc. for the appropriate 5-digit code number.
- e. *Policy Number.* The complete policy number must be shown on the unit report AND MUST AGREE WITH THE POLICY NUMBER SHOWN ON THE POLICY INFORMATION PAGE. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. *Policy Effective Date.* The effective date should correspond exactly with that shown on the policy information page or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Delaware, the effective date shown on the risk report for Delaware shall be the effective date of the interstate policy. The effective date of the coverage for Delaware shall be indicated in the space captioned State Effective Date.
- g. *Policy Expiration Date.* The expiration date shall be the expiration date shown on the policy information page unless the policy is canceled. In that event, the cancellation date shall be recorded as the expiration date.
- h. *Exposure State.* Report the 2-digit numeric code that represents the state in which coverage has been provided.

Delaware – 07

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

**7. Policy Conditions**

Report the 1-position indicator or code for each policy condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated audit code, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

**8. Policy Type ID Code**

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

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

## Non-Standard Type

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

9. **Deductible Type Codes**

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

## Losses Subject to Deductible Code

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

## Basis of Deductible Calculation Code

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

10. **Deductible Percent**

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

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

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

12. **Deductible Amount Aggregate**

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

**B. Exposure Information**

**1. Update Type**

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

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

<b>Code</b>	<b>Description</b>
01	State Act or Federal Act, Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and the State Act
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 DCRB 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. No Exposure in the State – When a policy is issued, either on an “if any” basis or as a multi-state policy, and upon audit it is determined that exposure did not develop, a first level unit report must be submitted containing either 1) no exposure records at all or 2) a single exposure record containing Class Code 1111, No Exposure. If the Class Code 1111 option is chosen, the class must be reported above Line “A” with no corresponding exposure, rate or premium amounts. All no exposure unit totals (exposure, premium, loss, etc.) must be equal to zero, and there should be no corresponding exposure or loss records reported. The use of either Option 1) or 2) above will alert the DCRB that no exposure developed in the state.
- b. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Audit Code should be marked with the symbol “Y” and without further request MUST be replaced by a revised report as soon as audited payrolls are available.
- c. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.

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### Section II

### REPORTING REQUIREMENTS

- d. 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.
- e. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.
- f. 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 DCRB Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the DCRB Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as **9985, 0175, or 0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported.
- g. 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 DCRB Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
4771	Manufacturing of Explosives or Ammunition	0771
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

To provide coverage for Federal Black Lung on class **Code 0615**, Tunneling and Shaft Sinking, the additional non-ratable disease loading **Code 0164** and rating value must be applied to the payroll.

#### 5. Exposure-Other Than Payroll

For a number of classifications, the Manual provides a basis 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.



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

6. **Carrier Rating Values**

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

7. **Premium**

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

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

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

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

- (1) Miscellaneous premium shall be reported on one of the lines designated "D," "E" or "F" if it is required by the Manual rules to be determined after application of the experience modification.
- (2) All items of miscellaneous premium which do not fall under Item 1 above shall be reported on any of the blank lines above the line designated A-Total Subject Premium. For further details on the reporting of Miscellaneous Premium, refer to Item B.9. of this Section.

- c. *Premium Totals on Risks not Subject to Experience Modification.* For a risk, which is not subject to experience modification, DISREGARD line A-Total Subject Premium, line B-Experience Modification and line C-Total Modified Premium. The sum of the premiums by classification shown above line A-Total Subject Premium and/or on lines "D," "E" and "F" shall be shown on the line captioned Total Standard Exposure.

8. **Exposure Total Record**

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

- (1) Line A-Total Subject Premium. The total of the premium above this line, as per subsection a. and b. above, shall be entered in the premium column on the line captioned A-Total Subject Premium.

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

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

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

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

9. **Miscellaneous Statistical Codes**

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

- (1) Premium for Increased Limits under Part II **Codes 9803, 9805, 9806, 9807, 9808, 9810, 9811, 9812, 9814, 9815, 9816 and 9837** to be reported in the aggregate in the Premium Amount column, assigned to the appropriate code. Refer to Section IV for limits.

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

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

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

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

- (2) Additional Premium Resulting From Flat Increase on Outstanding Policies - **Code 0998**. For policies where the effect of a law amendment has been applied during the term of the policy as a flat increase on total premium for the unexpired portion, the additional aggregate premium resulting from the flat increase shall be reported on a carrier's Manual rate basis and shall be assigned to **Code 0998** and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
  - (3) Premium Credit Resulting From Flat Decrease on Outstanding Policies - **Code 0994**. For policies where the effect of a law amendment has been applied during the term of the policy as a flat decrease on total premium for the unexpired portion, the premium credit resulting from the flat decrease shall be reported on a carrier's Manual rate basis and shall be assigned to **Code 0994** and entered in the Premium Amount column. The Exposure Amount and Manual Rate columns shall be left blank.
  - (4) Waiver of Subrogation Premium - **Code 0930**. For Policies where the carrier waives subrogation rights, the premium charge associated with such waiver of subrogation shall be assigned to **Code 0930** and entered in the "Premium" column. The "Exposure" and "Rate" columns shall be left blank.
- b. Premium Not Subject to Experience Modification, to be reported on lines "D," "E" or "F" on the hard copy Unit Statistical Report.
- (1) 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.)
  - (2) 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**.
  - (3) 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**.

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

- (4) **Terrorism - Code 9740**  
Premium charge for Terrorism is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9740 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9740. Premium developed under Terrorism is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Terrorism.
- (5) **Catastrophe (other than Certified Acts of Terrorism) - Code 9741.**  
Premium charge for Catastrophe (other than Certified Acts of Terrorism) is reported on a hard copy unit subsequent to experience modification after the expense constant, if applicable. The premium charge for Code 9741 is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value for Code 9741. Premium developed under Catastrophe (other than Certified Acts of Terrorism) is not included in Total Standard Premium. Non-payroll exposures are not subject to premium charges for Catastrophe (other than Certified Acts of Terrorism).

- d. **Assigned Risk Surcharge - Code 0277.** Premium Not Subject to Experience Rating, to be reported on line "K" on the hard copy Unit Statistical Report.

**e. Audit Noncompliance Charge (ANC) – Code 9757**

For policies where the carrier has chosen to apply an audit noncompliance charge because the employer would not allow the carrier to examine and audit its records.

The premium for Code 9757 is a flat charge applied after the Employer Assessment (Code 0938).

Note: When the Exposure on the 1<sup>st</sup> report includes Code 9757, report the Estimated Audit Code as "U" in the applicable Policy Conditions, Estimated Audit Code field.

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with the Basic Manual rules, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Audit Code must be changed to "N" and the exposure and premium must reflect the final audit.

**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 DCRB.
- (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 DCRB 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 DCRB as soon as possible after the changes are known.
- e. All correction reports should, in the Correction Type field indicate the type of correction being submitted. For example, due to an audit where the previous report was an estimate, the correction type would be "E" exposure. (For a list of Correction Type see Section II Item A.6.c.)
- f. Where the exposure previously reported has been changed by reason of an audit, or by a re-audit or any other adjustment affecting classifications, exposure or premiums, a revised report, **Form NC2957** shall be filed showing the amounts reported previously, as well as revised amounts for those classifications where there have been changes.
- g. The lines captioned A-Total Subject Premium, B-Experience Modification and C-Total Modified Premium, (if these lines have been used on the prior report), together with the Total Standard Exposure and Total Standard Premium, shall be shown as revised only.
- h. If the exposure does not change but the risk total standard premium previously reported is revised due solely to a change in the experience modification, it shall be necessary to submit a revised report showing only each item affected by the modification change on a previously reported and revised basis.
- i. Previous premium discounts and revised discounts also shall be reported in the space provided.

**C. Loss Information**

1. **Update Type**

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

Code	Description
P	Previously Reported
R	Revised

**2. Claim Number**

- a. Report the alphanumeric code that uniquely identifies the claim excluding blanks, punctuation marks and special characters. The complete claim number, including suffixes and prefixes, if used, must remain the same throughout the life of the claim.

**3. Accident Date**

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

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

**4. Incurred Indemnity**

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

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

**5. Incurred Medical**

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

**6. Class Code**

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the DCRB. 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, Table I, Surviving Spouse Pension Table, 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, Present Value of Remarriage Award Table, 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, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used. (Refer to Section V for the Tables.)

- (2) USL&HW Benefits on Death Cases. In valuing a surviving spouse's benefits in death cases under USL&HW Coverage, Table USL&HW-I, Surviving Spouse Pension Table, shall be used. In valuing the portion of reserves in death cases under USL&HW Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table USL&HW-II, Present Value of Remarriage Award Table shall be used. In valuing the portion of reserves certain death cases under USL&HW Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL&HW-III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, 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, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used, as found in Section V. (For examples, see Section VI.)

- (2) USL&HW Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under USL&HW Coverage, Table USL&HW-III, Lifetime Benefits (Other Than Surviving Spouse) Pension Table, shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table USL&HW-IV, Present Value of Survivorship Benefits Table, shall be used. (For an example, see Section VI.)

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

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



- d. *Medical Only Claims Code - 06*  
When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.
- e. *Contract Medical Code - 07*  
Contract medical costs, which cannot be allocated to individual claims, shall be reported in the aggregate in the column captioned Medical Incurred. Such medical shall be assigned to the governing classification of the risk. Contract medical costs allocated to individual claims shall be reported in connection with these claims and shall not be included in the amount reported as contract medical. The amount reported, as contract medical shall be the actual incurred cost to the company for such medical contracts, including payments to physicians and hospitals under contract.
- f. *Permanent Partial Disability Code - 09*
  - (1) Cases involving partial disability or permanent injuries, as defined in Sections 2325 or 2326, respectively, of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.
  - (2) Cases involving total disability, other than permanent total disability, if either of the following holds true:
    - (a) The duration of the disability benefits exceeds, or is expected to exceed, one year.
    - (b) In the judgment of the carrier, the extent of liability for future payments is indeterminate. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. (For examples, see Section VI.)

**8. Claim Status**

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

<b>Code</b>	<b>Description</b>
0	Open (final payment not made)
1	Closed

**9. Loss Condition Codes**

Report the 2-digit code for each loss condition.

**Loss Coverage Act**

<b>Code</b>	<b>Description</b>
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and the State Act

**Type of Loss**

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

## Type of Recovery

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

## Type of Claim

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

## Type of Settlement

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

**10. Jurisdiction State**

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

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

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

**EXCEPTIONS:**

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

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

**12. Managed Care Organization Type**

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

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

**13. Injury Description Code**

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

**14. Occupation Description**

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

**15. Vocational Rehabilitation Indicator**

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

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

**16. Lump Sum Indicator**

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

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

**17. Fraudulent Claim Code**

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

<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. Weekly Wage Amount**

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

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

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

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

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

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

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

**2. Total Incurred Indemnity**

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

**3. Total Incurred Medical**

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

**4. Total Paid Indemnity**

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

**5. Total Paid Medical**

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

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

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

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

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

**8. Total ALAE Paid**

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

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

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



## **SECTION III**

# ***INDIVIDUAL CASE REPORTS***

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

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

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

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

NOTE: Delaware has no statutory maximum for incurred indemnity.

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

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 DCRB Unit Review System of a previous Individual Case Report filed for a particular claim. All data on the correction report must be identical to the data on the original report except for Transaction Type and the data elements being corrected.
  - (4) Correction Report-Code 4. Individual Case Report filed when the carrier discovers a need for change on an Individual Case Report previously filed for the particular claim.
- e. *Type of Injury Code.* Enter the type of injury code as shown on the corresponding unit report for the particular claim.
- f. *Carrier Number.* Report the 5-digit carrier code assigned to the company by the National Council on Compensation Insurance, Inc.
- g. *Payroll State Code.* Report the 2-digit numeric code corresponding to the state to which the injured worker's payroll was assigned. Code "07" is required in Delaware.
- h. *Administration File Number.* This field is not required by Delaware.

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



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

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

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

c. *Non-Scheduled Indemnity.*

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

d. *Employers Liability or Other Indemnity.*

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

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

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

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

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

**5. Totals**

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

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

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



# **SECTION IV**

## ***CODES***

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

## SECTION IV - CODES

### A. Codes Common to Premium and Losses

#### 1. Report Number and Valuation Date

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

#### 2. Correction Type

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

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

#### 3. Exposure State

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

#### 4. Policy Type ID Code

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

##### Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Policy

##### Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

##### Non-Standard Type

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

5. **Deductible Type Codes**

Identifies the type of deductible being reported.

Losses Subject to Deductible Code

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

Basis of Deductible Calculation Code

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

6. **Policy Conditions**

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

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

**Note: When the Exposure on the 1<sup>st</sup> report includes Code 9757, report the Estimated Audit Code as "U" in the applicable Policy Conditions, Estimated Audit Code field.**

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with the Basic Manual rules, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Audit Code must be changed to "N" and the exposure and premium must reflect the final audit.

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

**B. Exposure Information Codes**

**1. Update Type**

Code	Description
P	Previously Reported
R	Revised

**2. Exposure Coverage**

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

Code	Description
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and/or the State Act
10	Voluntary Compensation Coverage

**3. Premium Codes**

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

Table for Increased Limits Effective 06/01/13

Limits of Liability (000's omitted)	Codes
100/100/1,000	9803
100/100/5,000	9805
100/100/10,000	9806
500/500/500	9807
500/500/1,000	9808
500/500/5,000	9810
500/500/10,000	9811
1,000/1,000/1,000	9812



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**Section IV  
CODES**

1,000/1,000/5,000	9814
1,000/1,000/10,000	9815
Over 1,000/1,000/10,000	9816
All Other	9837

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

- |   |                  |
|---|------------------|
| (2) Amount Required to Balance to Increased Limits Minimum Premium      | <b>Code 9848</b> |
| (3) Additional Premium From Flat Increase on Outstanding Policies       | <b>Code 0998</b> |
| (4) Premium Credit Resulting From Flat Decrease on Outstanding Policies | <b>Code 0994</b> |
| (5) Deductible Applied to Manual Premium Before Experience Modification | <b>Code 9664</b> |
| (6) Waiver of Subrogation   | <b>Code 0930</b> |
- b. Premium Not Subject to Experience Modification
- |   |                  |
|---|------------------|
| (1) Short Rate Penalty Premium  | <b>Code 0931</b> |
| (2) Risk Minimum Premium  | <b>Code 0990</b> |
| (3) Optional Supplemental Loadings  |                  |
| For Class 512   | <b>Code 0175</b> |
| For Class 513   | <b>Code 0176</b> |
| For Black Lung Experience   | <b>Code 0164</b> |
| For Radiation Experience  | <b>Code 9985</b> |
| (4) Mandatory Supplemental Loadings   |                  |
| For Class 4771  | <b>Code 0771</b> |
| For Class 7405  | <b>Code 7445</b> |
| For Class 7413  | <b>Code 7453</b> |
| (5) Delaware Construction Credit Premium Adjustment Program (DCCPAP)              | <b>Code 9046</b> |
| (6) Delaware Workplace Safety Credit (DWSP)                                       | <b>Code 9880</b> |
| (7) Assigned Risk Surcharge   | <b>Code 0277</b> |
| (8) Deductible Applied to Manual Premium After Experience Modification Deductible | <b>Code 9663</b> |
| (9) Merit Rating Plan Adjustment Neutral  | <b>Code 9884</b> |
| (10) Merit Rating Plan Adjustment - 5% Credit Adjustment                          | <b>Code 9885</b> |
| (11) Merit Rating Plan Adjustment - 5% Debit Adjustment                           | <b>Code 9886</b> |
| (12) Schedule Rating Plan Credit  | <b>Code 9887</b> |
| (13) Schedule Rating Plan Debit   | <b>Code 9889</b> |
- c. Premium Not Subject to Experience Modification and Not to be Included in Standard Premium (Reported on lines "H", "I" or "J")
- |  |                            |
|--|----------------------------|
| (1) Premium Discount                                     | <b>Code 0063/Code 0064</b> |
| (2) Expense Constant                                     | <b>Code 0900</b>           |
| (3) Waiver of Subrogation – Flat Charge                  | <b>Code 9115</b>           |
| (4) Terrorism  | <b>Code 9740</b>           |
| (5) Catastrophe (other than Certified Acts of Terrorism) | <b>Code 9741</b>           |
| (6) Audit Noncompliance Charge                           | <b>Code 9757</b>           |

**C. Loss Information Codes****1. Injury Type**

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

<b>Code</b>	<b>Description</b>
0	Open
1	Closed

**3. Loss Conditions**

Report the 2-digit code for each loss condition.

**Loss Coverage Act**

<b>Code</b>	<b>Description</b>
01	State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
02	USL&HW "F" or USL&HW Coverage on non "F" Classes
03	Federal Mine Safety and Health Act Only
04	Federal Mine Safety and Health Act and/or the State Act

**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 Claim**

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

Type of Settlement

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

4. **Managed Care Organization Type**

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

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

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

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

6. **Vocational Rehabilitation Indicator**

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

7. **Lump Sum Indicator**

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

8. **Fraudulent Claim Codes**

Code	Description
00	Not Fraudulent
01	Partial Fraudulent
02	Fully Fraudulent

**D. Individual Case Report Codes**

1. **Report Number**

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

**2. Transaction Type**

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

**3. Status**

<b>Code</b>	<b>Description</b>
0	Open Claim
1	Closed Claim

**4. Managed Care Organization Type Code**

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

**5. Surgery Code**

<b>Code</b>	<b>Description</b>
1	Surgery
2	No Surgery

**6. Attorney Code**

<b>Code</b>	<b>Description</b>
2	Attorney involved
3	No Attorney involved

**7. Worker's Sex**

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

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

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

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

**9. Reserve Type**

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

**10. Lump Sum Indicator**

<b>Indicator</b>	<b>Description</b>
Y	Lump Sum
N	Other than Lump Sum

**11. Fraudulent Claim Code**

<b>Code</b>	<b>Description</b>
00	Not Fraudulent
01	Partially Fraudulent
02	Fully Fraudulent

**12. Employment Status**

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

**13. Beneficiary Code**

<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
9	Handicapped Child

**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.
99. Whole Body	A code referencing the anatomic classification of the injury.



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

Code	Narrative Description
<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 Subluxion, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing

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

<b>Code</b>	<b>Narrative Description</b>
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 or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain or Tear	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
<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

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

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

**Injury Description Coding**

**Nature of Injury**

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

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

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

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CODES

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

**Injury Description Coding**

**Cause of Injury**

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

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

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



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

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

\* Intentionally left blank.

**SCHEDULED INDEMNITY - MAXIMUM WEEKS**

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



# **SECTION V**

## ***TABLES***

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

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Tables

**TABLE I-A**  
**Surviving Spouse Pension Table**  
 Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

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	13.391	13.186	13.422	13.840	14.386	14.817	21
17	13.526	13.329	13.580	14.016	14.583	15.034	22
18	13.673	13.486	13.752	14.207	14.797	15.270	23
19	13.833	13.656	13.939	14.415	15.029	15.526	24
20	14.007	13.841	14.142	14.641	15.281	15.805	25
21	14.369	14.208	14.502	14.986	15.604	16.107	26
22	14.722	14.565	14.850	15.318	15.913	16.395	27
23	15.065	14.911	15.186	15.636	16.208	16.667	28
24	15.397	15.245	15.509	15.941	16.487	16.922	29
25	15.715	15.566	15.817	16.229	16.749	17.160	30
26	16.021	15.872	16.111	16.502	16.995	17.380	31
27	16.311	16.163	16.387	16.757	17.222	17.582	32
28	16.586	16.437	16.647	16.994	17.431	17.765	33
29	16.845	16.695	16.889	17.213	17.621	17.929	34
30	17.087	16.935	17.113	17.414	17.792	18.073	35
31	17.311	17.157	17.318	17.595	17.943	18.197	36
32	17.516	17.360	17.503	17.756	18.074	18.301	37
33	17.703	17.544	17.669	17.897	18.184	18.384	38
34	17.871	17.708	17.814	18.017	18.274	18.447	39
35	18.019	17.852	17.940	18.117	18.344	18.489	40
36	18.146	17.975	18.044	18.195	18.392	18.511	41
37	18.254	18.078	18.127	18.254	18.421	18.513	42
38	18.341	18.159	18.190	18.291	18.428	18.494	43
39	18.408	18.220	18.231	18.307	18.416	18.456	44
40	18.454	18.261	18.253	18.303	18.383	18.397	45
41	18.480	18.280	18.253	18.279	18.330	18.320	46
42	18.485	18.279	18.232	18.234	18.257	18.222	47
43	18.470	18.257	18.191	18.169	18.165	18.104	48
44	18.435	18.215	18.130	18.084	18.052	17.967	49
45	18.379	18.152	18.049	17.979	17.920	17.811	50
46	18.305	18.070	17.947	17.854	17.769	17.636	51
47	18.210	17.967	17.826	17.709	17.598	17.442	52
48	18.095	17.844	17.684	17.544	17.408	17.230	53
49	17.961	17.701	17.522	17.361	17.200	16.999	54
50	17.807	17.538	17.342	17.158	16.973	16.752	55
51	17.633	17.356	17.141	16.936	16.728	16.488	56
52	17.440	17.153	16.920	16.695	16.467	16.210	57
53	17.228	16.931	16.682	16.438	16.191	15.917	58
54	16.997	16.691	16.426	16.165	15.901	15.612	59
55	16.750	16.435	16.155	15.878	15.598	15.296	60
56	16.487	16.163	15.869	15.578	15.283	14.969	61
57	16.209	15.876	15.570	15.266	14.958	14.632	62
58	15.917	15.576	15.259	14.942	14.622	14.286	63
59	15.612	15.264	14.936	14.608	14.277	13.931	64
60	15.295	14.940	14.602	14.265	13.923	13.567	65

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Tables

**TABLE I-A**  
**Surviving Spouse Pension Table**  
 Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%

Age at Widowhood (x)	a [x]	a [x]+1	a [x]+2	a [x]+3	a [x]+4	a [x]+5	Attained Age* (x+5)
61	14.967	14.605	14.259	13.912	13.560	13.196	66
62	14.629	14.261	13.906	13.550	13.189	12.817	67
63	14.281	13.907	13.545	13.181	12.811	12.431	68
64	13.925	13.545	13.175	12.804	12.425	12.038	69
65	13.561	13.175	12.798	12.419	12.032	11.638	70
66	13.189	12.798	12.414	12.027	11.633	11.232	71
67	12.810	12.413	12.022	11.628	11.228	10.824	72
68	12.424	12.021	11.624	11.224	10.820	10.413	73
69	12.031	11.623	11.220	10.817	10.410	10.003	74
70	11.631	11.219	10.813	10.408	10.001	9.595	75
71	11.227	10.812	10.405	9.999	9.593	9.190	76
72	10.819	10.404	9.996	9.591	9.188	8.788	77
73	10.409	9.995	9.589	9.187	8.787	8.390	78
74	10.000	9.588	9.185	8.786	8.389	7.998	79
75	9.592	9.184	8.784	8.389	7.997	7.612	80
76	9.187	8.783	8.387	7.997	7.612	7.233	81
77	8.786	8.387	7.996	7.611	7.233	6.862	82
78	8.389	7.995	7.610	7.233	6.862	6.500	83
79	7.997	7.610	7.232	6.862	6.500	6.148	84
80	7.611	7.232	6.862	6.500	6.148	5.806	85
81	7.232	6.861	6.500	6.148	5.806	5.474	86
82	6.862	6.500	6.147	5.806	5.474	5.154	87
83	6.500	6.147	5.805	5.474	5.154	4.846	88
84	6.148	5.805	5.474	5.154	4.846	4.551	89
85	5.805	5.474	5.154	4.846	4.551	4.268	90
86	5.474	5.154	4.846	4.551	4.268	3.998	91
87	5.154	4.846	4.551	4.268	3.998	3.741	92
88	4.846	4.551	4.268	3.998	3.741	3.497	93
89	4.550	4.268	3.998	3.741	3.497	3.266	94
90	4.268	3.998	3.741	3.497	3.266	3.049	95
91	3.997	3.741	3.497	3.266	3.049	2.844	96
92	3.741	3.497	3.266	3.049	2.844	2.652	97
93	3.497	3.266	3.049	2.844	2.652	2.473	98
94	3.266	3.049	2.844	2.652	2.473	2.305	99
95	3.049	2.844	2.652	2.473	2.305	2.149	100
96	2.844	2.652	2.473	2.305	2.149	2.009	101
97	2.652	2.473	2.305	2.149	2.009	1.879	102
98	2.472	2.305	2.149	2.009	1.878	1.754	103
99	2.305	2.149	2.009	1.878	1.754	1.642	104
100	2.149	2.009	1.879	1.756	1.644	1.530	105
101	2.009	1.879	1.756	1.644	1.530	1.419	106
102	1.879	1.756	1.644	1.530	1.419	1.302	107
103	1.756	1.644	1.530	1.419	1.302	1.153	108
104	1.644	1.530	1.419	1.302	1.153	0.955	109
105	1.530	1.419	1.302	1.153	0.955	0.500	110

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**TABLE I-A**  
**Surviving Spouse Pension Table**  
**Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%**

Age at Widowhood (x)	$\bar{a}$ [x]	$\bar{a}$ [x]+1	$\bar{a}$ [x]+2	$\bar{a}$ [x]+3	$\bar{a}$ [x]+4	$\bar{a}$ [x]+5	Attained Age* (x+5)
106	1.419	1.302	1.153	0.955	0.500		111
107	1.302	1.153	0.955	0.500			112
108	1.153	0.955	0.500				113
109	0.955	0.500					114
110	0.500						115

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

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

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**TABLE II-A**  
**Present Value of Remarriage Award Table**  
**Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%**

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	0.4989	0.5039	0.4920	0.4729	0.4487	0.4285	21
17	0.4912	0.4957	0.4830	0.4630	0.4376	0.4163	22
18	0.4828	0.4868	0.4732	0.4522	0.4255	0.4030	23
19	0.4737	0.4771	0.4627	0.4404	0.4125	0.3886	24
20	0.4639	0.4667	0.4512	0.4278	0.3983	0.3730	25
21	0.4464	0.4488	0.4333	0.4100	0.3810	0.3561	26
22	0.4289	0.4310	0.4155	0.3925	0.3639	0.3393	27
23	0.4115	0.4133	0.3978	0.3750	0.3469	0.3228	28
24	0.3942	0.3956	0.3803	0.3578	0.3302	0.3066	29
25	0.3771	0.3782	0.3629	0.3407	0.3137	0.2907	30
26	0.3600	0.3608	0.3457	0.3239	0.2975	0.2750	31
27	0.3432	0.3438	0.3288	0.3074	0.2817	0.2597	32
28	0.3266	0.3269	0.3122	0.2913	0.2661	0.2448	33
29	0.3103	0.3103	0.2958	0.2754	0.2510	0.2303	34
30	0.2942	0.2940	0.2798	0.2599	0.2362	0.2161	35
31	0.2784	0.2780	0.2641	0.2447	0.2218	0.2024	36
32	0.2630	0.2624	0.2488	0.2300	0.2078	0.1891	37
33	0.2479	0.2472	0.2339	0.2157	0.1943	0.1763	38
34	0.2332	0.2324	0.2194	0.2018	0.1812	0.1639	39
35	0.2190	0.2179	0.2054	0.1884	0.1686	0.1521	40
36	0.2051	0.2039	0.1918	0.1754	0.1565	0.1407	41
37	0.1916	0.1904	0.1787	0.1630	0.1449	0.1298	42
38	0.1787	0.1773	0.1660	0.1510	0.1338	0.1194	43
39	0.1661	0.1648	0.1539	0.1396	0.1232	0.1096	44
40	0.1541	0.1527	0.1423	0.1286	0.1131	0.1002	45
41	0.1425	0.1411	0.1311	0.1182	0.1035	0.0914	46
42	0.1315	0.1300	0.1206	0.1083	0.0945	0.0831	47
43	0.1210	0.1195	0.1105	0.0989	0.0860	0.0753	48
44	0.1109	0.1095	0.1010	0.0901	0.0780	0.0681	49
45	0.1014	0.1000	0.0920	0.0818	0.0706	0.0614	50
46	0.0925	0.0910	0.0835	0.0741	0.0636	0.0552	51
47	0.0840	0.0826	0.0756	0.0669	0.0573	0.0495	52
48	0.0761	0.0748	0.0683	0.0602	0.0514	0.0444	53
49	0.0687	0.0674	0.0614	0.0540	0.0461	0.0398	54
50	0.0619	0.0607	0.0552	0.0484	0.0413	0.0356	55
51	0.0556	0.0545	0.0495	0.0435	0.0370	0.0318	56
52	0.0499	0.0489	0.0444	0.0389	0.0331	0.0284	57
53	0.0447	0.0438	0.0398	0.0348	0.0296	0.0254	58
54	0.0401	0.0393	0.0356	0.0311	0.0264	0.0226	59
55	0.0359	0.0351	0.0318	0.0278	0.0235	0.0201	60
56	0.0321	0.0314	0.0284	0.0248	0.0209	0.0178	61
57	0.0286	0.0280	0.0253	0.0220	0.0185	0.0157	62
58	0.0255	0.0250	0.0225	0.0195	0.0164	0.0139	63
59	0.0227	0.0222	0.0200	0.0173	0.0145	0.0122	64
60	0.0202	0.0198	0.0178	0.0154	0.0128	0.0107	65

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**TABLE II-A**  
**Present Value of Remarriage Award Table**  
**Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%**

Age at Widowhood (x)	A' [x]	A' [x]+1	A' [x]+2	A' [x]+3	A' [x]+4	A' [x]+5	Attained Age* (x+5)
61	0.0180	0.0176	0.0158	0.0136	0.0113	0.0094	66
62	0.0161	0.0157	0.0141	0.0120	0.0099	0.0082	67
63	0.0143	0.0140	0.0125	0.0106	0.0087	0.0072	68
64	0.0127	0.0125	0.0110	0.0093	0.0076	0.0062	69
65	0.0113	0.0111	0.0098	0.0082	0.0067	0.0054	70
66	0.0101	0.0098	0.0086	0.0072	0.0058	0.0046	71
67	0.0089	0.0087	0.0076	0.0063	0.0050	0.0040	72
68	0.0079	0.0077	0.0067	0.0054	0.0043	0.0034	73
69	0.0069	0.0068	0.0058	0.0047	0.0037	0.0028	74
70	0.0060	0.0059	0.0050	0.0040	0.0031	0.0024	75
71	0.0052	0.0051	0.0043	0.0033	0.0026	0.0020	76
72	0.0045	0.0044	0.0037	0.0028	0.0022	0.0017	77
73	0.0039	0.0038	0.0031	0.0023	0.0018	0.0014	78
74	0.0033	0.0032	0.0026	0.0019	0.0015	0.0011	79
75	0.0028	0.0027	0.0021	0.0016	0.0012	0.0009	80
76	0.0023	0.0022	0.0017	0.0013	0.0010	0.0007	81
77	0.0019	0.0018	0.0014	0.0010	0.0008	0.0006	82
78	0.0016	0.0015	0.0012	0.0008	0.0006	0.0005	83
79	0.0013	0.0012	0.0009	0.0006	0.0005	0.0004	84
80	0.0011	0.0010	0.0007	0.0005	0.0004	0.0003	85
81	0.0009	0.0008	0.0006	0.0004	0.0003	0.0002	86
82	0.0007	0.0006	0.0004	0.0003	0.0002	0.0002	87
83	0.0006	0.0005	0.0003	0.0002	0.0001	0.0001	88
84	0.0004	0.0003	0.0002	0.0001	0.0001	0.0001	89
85	0.0003	0.0002	0.0002	0.0001	0.0001	0.0001	90
86	0.0002	0.0002	0.0001	0.0001	0.0001	0.0000	91
87	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	92
88	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	93
89	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	94
90	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	95
91	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	96
92	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	97
93	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	98
94	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	99
95	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	100
96	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	101
97	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	102
98	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	103
99	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	104
100	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	105
101	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	106
102	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	107
103	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	108
104	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	109
105	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	110

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

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

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**TABLE III-M-A**  
**Lifetime Benefits (Other Than Surviving Spouse) Pension Table**  
**Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%**  
**Male**

Age	Present Value	Age	Present Value	Age	Present Value
11	25.363	41	20.024	71	9.945
12	25.236	42	19.758	72	9.553
13	25.105	43	19.486	73	9.164
14	24.973	44	19.210	74	8.779
15	24.840	45	18.928	75	8.400
16	24.706	46	18.641	76	8.027
17	24.572	47	18.349	77	7.660
18	24.436	48	18.051	78	7.300
19	24.299	49	17.749	79	6.948
20	24.160	50	17.442	80	6.604
21	24.020	51	17.132	81	6.268
22	23.878	52	16.818	82	5.943
23	23.733	53	16.499	83	5.627
24	23.583	54	16.175	84	5.321
25	23.427	55	15.846	85	5.025
26	23.263	56	15.511	86	4.741
27	23.093	57	15.170	87	4.468
28	22.917	58	14.824	88	4.206
29	22.733	59	14.473	89	3.956
30	22.543	60	14.117	90	3.718
31	22.347	61	13.755	91	3.491
32	22.144	62	13.390	92	3.275
33	21.935	63	13.020	93	3.071
34	21.719	64	12.646	94	2.878
35	21.496	65	12.268	95	2.696
36	21.266	66	11.887	96	2.523
37	21.030	67	11.504	97	2.361
38	20.787	68	11.118	98	2.206
39	20.539	69	10.729	99	2.058
40	20.284	70	10.338	100	1.914

Based on the 2007 United States Life Table for Male Population.

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**TABLE III-F-A**  
**Lifetime Benefits (Other Than Surviving Spouse) Pension Table**  
**Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 0.0%**  
**Female**

Age	Present Value	Age	Present Value	Age	Present Value
11	26.053	41	21.230	71	11.276
12	25.950	42	20.988	72	10.860
13	25.844	43	20.739	73	10.443
14	25.735	44	20.486	74	10.027
15	25.623	45	20.227	75	9.614
16	25.510	46	19.962	76	9.205
17	25.393	47	19.691	77	8.800
18	25.274	48	19.414	78	8.400
19	25.152	49	19.130	79	8.005
20	25.025	50	18.840	80	7.618
21	24.895	51	18.544	81	7.238
22	24.760	52	18.241	82	6.866
23	24.622	53	17.931	83	6.503
24	24.478	54	17.614	84	6.150
25	24.331	55	17.290	85	5.807
26	24.178	56	16.959	86	5.475
27	24.020	57	16.620	87	5.155
28	23.857	58	16.275	88	4.847
29	23.689	59	15.922	89	4.551
30	23.515	60	15.564	90	4.268
31	23.335	61	15.200	91	3.998
32	23.150	62	14.831	92	3.741
33	22.960	63	14.457	93	3.497
34	22.764	64	14.077	94	3.266
35	22.562	65	13.692	95	3.049
36	22.355	66	13.302	96	2.844
37	22.141	67	12.907	97	2.652
38	21.922	68	12.506	98	2.473
39	21.697	69	12.101	99	2.305
40	21.466	70	11.690	100	2.149

Based on the 2007 United States Life Table for Female Population.

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-I-B****Surviving Spouse Pension Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%**

<b>Age at Widowhood (x)</b>	<b>a [x]</b>	<b>a [x]+1</b>	<b>a [x]+2</b>	<b>a [x]+3</b>	<b>a [x]+4</b>	<b>a [x]+5</b>	<b>Attained Age* (x+5)</b>
16	31.361	31.003	31.689	32.780	34.136	35.174	21
17	31.740	31.391	32.099	33.219	34.608	35.675	22
18	32.137	31.797	32.528	33.678	35.101	36.199	23
19	32.552	32.221	32.977	34.157	35.616	36.745	24
20	32.985	32.665	33.445	34.658	36.154	37.317	25
21	33.895	33.553	34.282	35.425	36.834	37.913	26
22	34.752	34.386	35.060	36.130	37.448	38.442	27
23	35.552	35.161	35.778	36.770	37.995	38.902	28
24	36.292	35.876	36.431	37.344	38.475	39.292	29
25	36.969	36.525	37.018	37.850	38.883	39.612	30
26	37.580	37.109	37.538	38.287	39.223	39.862	31
27	38.124	37.625	37.988	38.654	39.492	40.043	32
28	38.600	38.073	38.370	38.952	39.692	40.155	33
29	39.006	38.452	38.681	39.180	39.824	40.200	34
30	39.342	38.760	38.923	39.339	39.887	40.179	35
31	39.609	38.999	39.097	39.430	39.884	40.093	36
32	39.805	39.169	39.202	39.454	39.817	39.945	37
33	39.934	39.271	39.240	39.414	39.686	39.736	38
34	39.995	39.306	39.213	39.309	39.494	39.469	39
35	39.989	39.276	39.122	39.143	39.245	39.147	40
36	39.918	39.182	38.969	38.917	38.938	38.771	41
37	39.784	39.026	38.756	38.635	38.579	38.346	42
38	39.590	38.810	38.486	38.298	38.168	37.873	43
39	39.336	38.537	38.161	37.909	37.709	37.355	44
40	39.027	38.210	37.784	37.472	37.206	36.796	45
41	38.665	37.830	37.357	36.989	36.660	36.198	46
42	38.251	37.401	36.884	36.462	36.074	35.563	47
43	37.789	36.925	36.367	35.894	35.450	34.893	48
44	37.282	36.406	35.809	35.288	34.792	34.192	49
45	36.733	35.846	35.213	34.646	34.101	33.461	50
46	36.145	35.247	34.579	33.971	33.380	32.704	51
47	35.519	34.611	33.912	33.265	32.632	31.922	52
48	34.857	33.941	33.213	32.530	31.859	31.118	53
49	34.163	33.240	32.485	31.770	31.063	30.294	54
50	33.439	32.511	31.731	30.986	30.247	29.455	55
51	32.686	31.753	30.951	30.178	29.413	28.603	56
52	31.907	30.970	30.148	29.354	28.566	27.742	57
53	31.105	30.165	29.327	28.514	27.710	26.874	58
54	30.283	29.342	28.491	27.664	26.846	26.002	59
55	29.445	28.505	27.644	26.806	25.978	25.130	60
56	28.595	27.656	26.789	25.944	25.109	24.260	61
57	27.735	26.800	25.929	25.080	24.242	23.394	62
58	26.868	25.938	25.067	24.216	23.378	22.532	63
59	25.997	25.074	24.205	23.355	22.518	21.676	64
60	25.125	24.210	23.345	22.498	21.663	20.826	65

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-I-B****Surviving Spouse Pension Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%**

<b>Age at Widowhood (x)</b>	<b>— a [x]</b>	<b>— a [x]+1</b>	<b>— a [x]+2</b>	<b>— a [x]+3</b>	<b>— a [x]+4</b>	<b>— a [x]+5</b>	<b>Attained Age* (x+5)</b>
61	24.254	23.349	22.488	21.645	20.814	19.985	66
62	23.385	22.490	21.636	20.799	19.974	19.152	67
63	22.522	21.637	20.790	19.961	19.142	18.328	68
64	21.664	20.790	19.952	19.131	18.319	17.514	69
65	20.814	19.951	19.122	18.310	17.506	16.710	70
66	19.972	19.121	18.302	17.498	16.703	15.919	71
67	19.139	18.300	17.490	16.696	15.913	15.143	72
68	18.316	17.489	16.690	15.907	15.138	14.384	73
69	17.502	16.688	15.901	15.133	14.380	13.644	74
70	16.700	15.899	15.128	14.376	13.641	12.926	75
71	15.910	15.126	14.371	13.638	12.923	12.229	76
72	15.135	14.370	13.634	12.920	12.227	11.554	77
73	14.378	13.633	12.917	12.225	11.553	10.902	78
74	13.639	12.916	12.222	11.551	10.901	10.272	79
75	12.921	12.221	11.549	10.900	10.271	9.666	80
76	12.226	11.548	10.898	10.271	9.665	9.083	81
77	11.551	10.897	10.269	9.665	9.083	8.524	82
78	10.900	10.268	9.664	9.082	8.524	7.989	83
79	10.270	9.663	9.081	8.524	7.989	7.478	84
80	9.664	9.081	8.523	7.989	7.478	6.991	85
81	9.082	8.522	7.988	7.478	6.991	6.528	86
82	8.523	7.988	7.477	6.991	6.528	6.089	87
83	7.988	7.477	6.991	6.528	6.089	5.673	88
84	7.478	6.991	6.528	6.089	5.673	5.280	89
85	6.991	6.528	6.088	5.673	5.280	4.909	90
86	6.528	6.088	5.672	5.280	4.909	4.561	91
87	6.088	5.672	5.279	4.909	4.561	4.234	92
88	5.672	5.279	4.909	4.561	4.234	3.929	93
89	5.279	4.909	4.561	4.234	3.929	3.643	94
90	4.909	4.561	4.234	3.929	3.643	3.377	95
91	4.561	4.234	3.929	3.643	3.377	3.130	96
92	4.234	3.929	3.643	3.377	3.130	2.901	97
93	3.928	3.643	3.377	3.130	2.901	2.688	98
94	3.643	3.377	3.130	2.901	2.688	2.492	99
95	3.377	3.130	2.901	2.688	2.492	2.311	100
96	3.130	2.901	2.688	2.492	2.311	2.150	101
97	2.901	2.688	2.492	2.311	2.150	2.001	102
98	2.688	2.492	2.311	2.150	2.001	1.861	103
99	2.492	2.311	2.150	2.001	1.860	1.734	104
100	2.311	2.150	2.001	1.860	1.734	1.606	105
101	2.150	2.001	1.860	1.734	1.606	1.483	106
102	2.001	1.860	1.734	1.606	1.483	1.350	107
103	1.860	1.734	1.606	1.483	1.350	1.192	108
104	1.734	1.606	1.483	1.350	1.192	0.969	109
105	1.606	1.483	1.350	1.192	0.969	0.500	110

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-I-B****Surviving Spouse Pension Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%**

<b>Age at Widowhood (x)</b>	<b><math>\bar{a}</math> [x]</b>	<b><math>\bar{a}</math> [x]+1</b>	<b><math>\bar{a}</math> [x]+2</b>	<b><math>\bar{a}</math> [x]+3</b>	<b><math>\bar{a}</math> [x]+4</b>	<b><math>\bar{a}</math> [x]+5</b>	<b>Attained Age* (x+5)</b>
106	1.483	1.350	1.192	0.969	0.500		111
107	1.350	1.192	0.969	0.500			112
108	1.192	0.969	0.500				113
109	0.969	0.500					114
110	0.500						115

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

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

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-II-B****Present Value of Remarriage Award Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%**

<b>Age at Widowhood (x)</b>	<b>A' [x]</b>	<b>A' [x]+1</b>	<b>A' [x]+2</b>	<b>A' [x]+3</b>	<b>A' [x]+4</b>	<b>A' [x]+5</b>	<b>Attained Age* (x+5)</b>
16	0.7294	0.7192	0.6992	0.6744	0.6461	0.6202	21
17	0.7133	0.7029	0.6819	0.6560	0.6264	0.5993	22
18	0.6966	0.6858	0.6640	0.6369	0.6059	0.5775	23
19	0.6792	0.6681	0.6452	0.6169	0.5845	0.5548	24
20	0.6611	0.6496	0.6257	0.5961	0.5621	0.5312	25
21	0.6367	0.6251	0.6011	0.5713	0.5373	0.5065	26
22	0.6120	0.6005	0.5763	0.5465	0.5126	0.4819	27
23	0.5872	0.5757	0.5515	0.5218	0.4881	0.4577	28
24	0.5623	0.5509	0.5267	0.4972	0.4637	0.4337	29
25	0.5375	0.5261	0.5021	0.4728	0.4397	0.4102	30
26	0.5127	0.5014	0.4776	0.4486	0.4161	0.3871	31
27	0.4881	0.4770	0.4534	0.4249	0.3929	0.3645	32
28	0.4637	0.4527	0.4296	0.4015	0.3702	0.3425	33
29	0.4396	0.4289	0.4061	0.3786	0.3480	0.3211	34
30	0.4159	0.4054	0.3831	0.3562	0.3265	0.3003	35
31	0.3926	0.3824	0.3606	0.3344	0.3055	0.2802	36
32	0.3698	0.3599	0.3387	0.3133	0.2853	0.2609	37
33	0.3476	0.3380	0.3174	0.2927	0.2657	0.2422	38
34	0.3260	0.3167	0.2967	0.2729	0.2469	0.2244	39
35	0.3050	0.2960	0.2768	0.2538	0.2288	0.2073	40
36	0.2847	0.2760	0.2575	0.2355	0.2116	0.1910	41
37	0.2651	0.2568	0.2390	0.2179	0.1951	0.1755	42
38	0.2462	0.2383	0.2213	0.2011	0.1794	0.1609	43
39	0.2281	0.2206	0.2043	0.1851	0.1645	0.1470	44
40	0.2108	0.2036	0.1881	0.1700	0.1505	0.1340	45
41	0.1943	0.1874	0.1728	0.1556	0.1372	0.1217	46
42	0.1785	0.1721	0.1582	0.1420	0.1248	0.1103	47
43	0.1636	0.1576	0.1445	0.1293	0.1132	0.0997	48
44	0.1495	0.1439	0.1316	0.1174	0.1023	0.0898	49
45	0.1363	0.1309	0.1195	0.1062	0.0923	0.0807	50
46	0.1238	0.1188	0.1082	0.0959	0.0830	0.0724	51
47	0.1121	0.1075	0.0976	0.0863	0.0745	0.0648	52
48	0.1013	0.0970	0.0879	0.0775	0.0667	0.0579	53
49	0.0912	0.0873	0.0789	0.0694	0.0596	0.0517	54
50	0.0819	0.0783	0.0707	0.0620	0.0532	0.0461	55
51	0.0734	0.0702	0.0632	0.0555	0.0475	0.0411	56
52	0.0657	0.0628	0.0565	0.0495	0.0423	0.0365	57
53	0.0587	0.0561	0.0505	0.0441	0.0377	0.0324	58
54	0.0525	0.0501	0.0450	0.0393	0.0334	0.0287	59
55	0.0468	0.0447	0.0401	0.0349	0.0297	0.0254	60
56	0.0417	0.0398	0.0356	0.0310	0.0262	0.0224	61
57	0.0371	0.0353	0.0316	0.0274	0.0232	0.0197	62
58	0.0329	0.0314	0.0280	0.0242	0.0204	0.0173	63
59	0.0292	0.0278	0.0248	0.0214	0.0179	0.0152	64
60	0.0258	0.0246	0.0219	0.0189	0.0158	0.0132	65

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-II-B****Present Value of Remarriage Award Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%**

<b>Age at Widowhood (x)</b>	<b>A' [x]</b>	<b>A' [x]+1</b>	<b>A' [x]+2</b>	<b>A' [x]+3</b>	<b>A' [x]+4</b>	<b>A' [x]+5</b>	<b>Attained Age* (x+5)</b>
61	0.0229	0.0218	0.0194	0.0166	0.0138	0.0116	66
62	0.0203	0.0193	0.0171	0.0146	0.0121	0.0100	67
63	0.0180	0.0171	0.0151	0.0128	0.0105	0.0087	68
64	0.0159	0.0151	0.0133	0.0112	0.0092	0.0075	69
65	0.0140	0.0134	0.0117	0.0097	0.0080	0.0065	70
66	0.0124	0.0118	0.0102	0.0085	0.0069	0.0055	71
67	0.0109	0.0104	0.0090	0.0074	0.0059	0.0047	72
68	0.0096	0.0091	0.0078	0.0063	0.0051	0.0040	73
69	0.0084	0.0079	0.0067	0.0054	0.0043	0.0033	74
70	0.0073	0.0069	0.0058	0.0046	0.0036	0.0028	75
71	0.0062	0.0059	0.0049	0.0038	0.0030	0.0023	76
72	0.0053	0.0051	0.0042	0.0032	0.0025	0.0019	77
73	0.0045	0.0043	0.0035	0.0026	0.0021	0.0016	78
74	0.0038	0.0036	0.0029	0.0022	0.0017	0.0013	79
75	0.0032	0.0030	0.0024	0.0018	0.0014	0.0010	80
76	0.0027	0.0025	0.0020	0.0014	0.0011	0.0008	81
77	0.0022	0.0021	0.0016	0.0011	0.0009	0.0007	82
78	0.0018	0.0017	0.0013	0.0009	0.0007	0.0005	83
79	0.0015	0.0014	0.0010	0.0007	0.0005	0.0004	84
80	0.0012	0.0011	0.0008	0.0005	0.0004	0.0003	85
81	0.0010	0.0009	0.0006	0.0004	0.0003	0.0002	86
82	0.0008	0.0007	0.0005	0.0003	0.0002	0.0002	87
83	0.0006	0.0005	0.0004	0.0002	0.0002	0.0001	88
84	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	89
85	0.0003	0.0002	0.0002	0.0001	0.0001	0.0001	90
86	0.0003	0.0002	0.0001	0.0001	0.0001	0.0000	91
87	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	92
88	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	93
89	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	94
90	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	95
91	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	96
92	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	97
93	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	98
94	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	99
95	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	100
96	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	101
97	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	102
98	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	103
99	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	104
100	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	105
101	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	106
102	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	107
103	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	108
104	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	109
105	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	110

Based on the 2007 United States Life Table for Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

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

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-III-M-C****Lifetime Benefits (Other Than Surviving Spouse) Pension Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%****Male**

<b>Age</b>	<b>Present Value</b>	<b>Age</b>	<b>Present Value</b>	<b>Age</b>	<b>Present Value</b>
11	77.228	41	40.869	71	13.605
12	75.866	42	39.776	72	12.913
13	74.514	43	38.694	73	12.241
14	73.178	44	37.624	74	11.590
15	71.857	45	36.567	75	10.963
16	70.555	46	35.522	76	10.359
17	69.269	47	34.489	77	9.777
18	67.998	48	33.467	78	9.218
19	66.742	49	32.459	79	8.681
20	65.500	50	31.465	80	8.167
21	64.271	51	30.486	81	7.675
22	63.054	52	29.521	82	7.205
23	61.848	53	28.570	83	6.757
24	60.647	54	27.631	84	6.331
25	59.448	55	26.704	85	5.927
26	58.249	56	25.788	86	5.544
27	57.052	57	24.884	87	5.181
28	55.859	58	23.992	88	4.838
29	54.668	59	23.111	89	4.515
30	53.483	60	22.243	90	4.212
31	52.303	61	21.387	91	3.926
32	51.128	62	20.545	92	3.658
33	49.959	63	19.716	93	3.408
34	48.796	64	18.901	94	3.173
35	47.639	65	18.099	95	2.954
36	46.489	66	17.313	96	2.749
37	45.347	67	16.542	97	2.558
38	44.212	68	15.785	98	2.378
39	43.088	69	15.043	99	2.207
40	41.973	70	14.316	100	2.042

Based on the 2007 United States Life Table for Male Population.

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-III-F-C****Lifetime Benefits (Other Than Surviving Spouse) Pension Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%****Female**

<b>Age</b>	<b>Present Value</b>	<b>Age</b>	<b>Present Value</b>	<b>Age</b>	<b>Present Value</b>
11	83.932	41	45.692	71	15.988
12	82.540	42	44.542	72	15.199
13	81.155	43	43.403	73	14.429
14	79.780	44	42.274	74	13.680
15	78.415	45	41.156	75	12.954
16	77.062	46	40.050	76	12.251
17	75.718	47	38.953	77	11.572
18	74.385	48	37.866	78	10.915
19	73.059	49	36.790	79	10.283
20	71.740	50	35.724	80	9.674
21	70.429	51	34.669	81	9.089
22	69.125	52	33.624	82	8.529
23	67.829	53	32.589	83	7.992
24	66.539	54	31.564	84	7.480
25	65.256	55	30.550	85	6.993
26	63.978	56	29.544	86	6.529
27	62.708	57	28.549	87	6.089
28	61.444	58	27.565	88	5.673
29	60.186	59	26.593	89	5.280
30	58.935	60	25.633	90	4.910
31	57.691	61	24.687	91	4.561
32	56.454	62	23.755	92	4.234
33	55.225	63	22.837	93	3.929
34	54.004	64	21.932	94	3.643
35	52.791	65	21.041	95	3.377
36	51.585	66	20.164	96	3.130
37	50.389	67	19.301	97	2.901
38	49.201	68	18.452	98	2.688
39	48.022	69	17.616	99	2.492
40	46.852	70	16.795	100	2.311

Based on the 2007 United States Life Table for Female Population.

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-IV-B****Present Value of Survivorship Benefits Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%\*****Age Difference (Spouse's Age Minus Claimant's Age)\*\***

<b>Claimant's Age</b>	<b>-5</b>	<b>-4</b>	<b>-3</b>	<b>-2</b>	<b>-1</b>	<b>0</b>
16						11.033
17						10.973
18					11.684	10.911
19			13.054	12.358	11.619	10.848
20		13.771	12.981	12.289	11.553	10.783
21	14.509	13.694	12.907	12.219	11.486	10.716
22	14.427	13.616	12.831	12.147	11.417	10.646
23	14.346	13.537	12.754	12.074	11.346	10.576
24	14.264	13.457	12.677	12.000	11.273	10.504
25	14.182	13.378	12.600	11.924	11.200	10.432
26	14.101	13.299	12.523	11.849	11.126	10.361
27	14.020	13.220	12.446	11.774	11.053	10.289
28	13.938	13.141	12.369	11.699	10.980	10.218
29	13.856	13.061	12.291	11.624	10.906	10.146
30	13.774	12.981	12.213	11.548	10.833	10.075
31	13.691	12.900	12.134	11.472	10.759	10.002
32	13.607	12.818	12.055	11.395	10.685	9.929
33	13.522	12.735	11.974	11.318	10.610	9.856
34	13.436	12.652	11.893	11.240	10.534	9.782
35	13.349	12.566	11.810	11.161	10.457	9.706
36	13.260	12.480	11.726	11.081	10.379	9.630
37	13.169	12.392	11.641	10.999	10.300	9.552
38	13.077	12.303	11.554	10.917	10.220	9.473
39	12.983	12.211	11.465	10.832	10.138	9.392
40	12.885	12.116	11.373	10.746	10.054	9.308
41	12.785	12.018	11.278	10.656	9.968	9.222
42	12.682	11.918	11.180	10.564	9.879	9.133
43	12.574	11.813	11.078	10.469	9.787	9.040
44	12.464	11.706	10.974	10.371	9.691	8.945
45	12.349	11.594	10.865	10.269	9.592	8.846
46	12.230	11.478	10.753	10.164	9.490	8.743
47	12.108	11.359	10.637	10.054	9.384	8.637
48	11.982	11.237	10.518	9.942	9.275	8.529
49	11.852	11.110	10.395	9.827	9.163	8.416
50	11.719	10.980	10.268	9.707	9.047	8.299
51	11.580	10.845	10.136	9.583	8.927	8.178
52	11.437	10.706	10.001	9.455	8.802	8.053
53	11.290	10.562	9.861	9.323	8.674	7.925
54	11.139	10.415	9.718	9.187	8.541	7.793
55	10.985	10.265	9.572	9.048	8.406	7.660
56	10.829	10.113	9.423	8.906	8.268	7.523
57	10.669	9.957	9.272	8.761	8.128	7.385
58	10.506	9.799	9.118	8.614	7.985	7.244
59	10.340	9.637	8.960	8.464	7.840	7.101
60	10.170	9.471	8.799	8.311	7.692	6.956

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**UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT****Table USL&HW-IV-B****Present Value of Survivorship Benefits Table****Based on an Annual Rate of Interest of 3.5% and an Annual Rate of Escalation of 4.0%\*****Age Difference (Spouse's Age Minus Claimant's Age)\*\***

<b>Claimant's Age</b>	<b>-5</b>	<b>-4</b>	<b>-3</b>	<b>-2</b>	<b>-1</b>	<b>0</b>
61	9.996	9.301	8.635	7.996	7.387	6.808
62	9.817	9.128	8.467	7.834	7.231	6.658
63	9.634	8.951	8.295	7.669	7.073	6.506
64	9.448	8.771	8.122	7.502	6.912	6.351
65	9.259	8.588	7.946	7.333	6.749	6.195
66	9.066	8.402	7.767	7.160	6.583	6.036
67	8.871	8.214	7.586	6.986	6.416	5.876
68	8.673	8.024	7.402	6.810	6.247	5.714
69	8.474	7.831	7.218	6.633	6.077	5.551
70	8.273	7.638	7.032	6.455	5.906	5.388
71	8.069	7.443	6.844	6.274	5.734	5.223
72	7.862	7.243	6.653	6.091	5.559	5.058
73	7.650	7.039	6.457	5.904	5.382	4.890
74	7.431	6.830	6.257	5.714	5.202	4.721
75	7.206	6.614	6.052	5.520	5.020	4.551
76	6.975	6.393	5.843	5.323	4.835	4.378
77	6.739	6.169	5.631	5.125	4.650	4.206
78	6.499	5.944	5.419	4.926	4.464	4.033
79	6.258	5.716	5.206	4.727	4.278	3.860
80	6.016	5.489	4.993	4.528	4.093	3.689
81	5.773	5.261	4.780	4.329	3.909	3.518
82	5.530	5.034	4.568	4.132	3.726	3.350
83	5.289	4.808	4.358	3.937	3.546	3.184
84	5.048	4.584	4.149	3.744	3.368	3.021
85	4.810	4.362	3.943	3.554	3.194	2.861
86	4.574	4.143	3.741	3.368	3.023	2.705
87	4.342	3.928	3.543	3.186	2.856	2.553
88	4.114	3.717	3.349	3.008	2.694	2.406
89	3.891	3.512	3.160	2.835	2.537	2.263
90	3.673	3.311	2.977	2.668	2.385	2.126
91	3.461	3.117	2.799	2.507	2.239	1.995
92	3.256	2.929	2.628	2.352	2.099	1.869
93	3.058	2.748	2.463	2.203	1.965	1.749
94	2.867	2.574	2.306	2.061	1.837	1.635
95	2.683	2.408	2.155	1.925	1.716	1.527
96	2.508	2.249	2.013	1.797	1.602	1.425
97	2.341	2.098	1.877	1.676	1.494	1.330
98	2.182	1.956	1.749	1.562	1.392	1.240
99	2.032	1.820	1.628	1.454	1.297	1.156
100	1.891	1.694	1.516	1.354	1.210	1.080
101	1.755	1.572	1.407	1.258	1.125	1.008
102	1.627	1.458	1.306	1.169	1.049	0.940
103	1.508	1.352	1.212	1.089	0.978	0.875
104	1.394	1.251	1.125	1.012	0.907	0.813
105	1.295	1.166	1.050	0.942	0.846	0.751

Based on the 2007 United States Life Tables for Total Population and Female Population and the 1997 US Railroad Retirement Board Remarriage Table.

\* Same rates applied prior to and after claimant's death.

\*\* When spouse's age exceeds claimant's age, use the 0 age difference value. When claimant's age exceeds spouse's age by more than 5, use the -5 age difference value.

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# **SECTION VI**

## ***EXAMPLES***

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

## **SECTION VI - EXAMPLES**

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

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

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

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

**Example 1 - First Report Requiring Two Unit Reports**

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

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

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

UNIT STATISTICAL REPORT

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				99998	WC4444		01/01/09		01/01/10		07																	
Insured's Name: : PDQ Refining Company														F.E.I.N. →123456789				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION													LOSS INFORMATION															
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
		R	01	0581	129040	6.99		9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		R	01	0951	80950	.96		777		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	01	0953	15010	.49		74		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
SUBJECT	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
		R	01	9664				385		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
NOT SUBJ	Upd Type	A. Total Subject Premium				9486	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		R	B. Experience Mod (XX.XXX)					1.160		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
			C. Total Modified Premium					11004		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
			D.							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
AFTER STD	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
			H.	006_	Premium Discount Amount					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
			I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
LOSS TOTALS	Upd Type	R	J.	9740		.02	45	Upd Type																				
		R	K.	9741		.01	23		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
							5		136293	4460		35731	4235															
							Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred											
			L.				15000					12500																



**Example 2 - Exposure Correction Report**

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

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

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

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

UNIT STATISTICAL REPORT

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
01	01	E		99998	WC4444	01/01/09	01/01/10	07																		
Insured's Name: : PDQ Refining Company											F.E.I.N. →123456789			Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use						
11/01/08	11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000										
EXPOSURE INFORMATION															LOSS INFORMATION											
C O D E S  S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions			Jurisdic State	Cat. No.	MCO Type		
																			Act	Type	Recv	Clm	Settl			
	P	01	0581	110486	6.99	7723		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	R	01	0581	120486	6.99	8422		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
	P	01	9664			332		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
	R	01	9664			359		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
A. Total Subject Premium					8846		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	B. Experience Mod (XX.XXX)				1.080		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	C. Total Modified Premium				9554		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
N O T  S B J							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	D.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
G.	Total Standard Exposure			Total Standard Premium			Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
A F T E R  S T D	H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
	LOSS TOTALS																									
	P	J.	9740		.02	40		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical						
	R	K.	9740		.02	42		Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred								
R	L.	9741		.01	21																					

**Example 3 - Loss Correction Report**

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

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

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

## UNIT STATISTICAL REPORT

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

**Example 4 - Deductible; Rated Risk**

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No							
01				12345	WC14579			01/01/09		01/01/10		07																			
Insured's Name: ABC, Inc.																F.E.I.N. →123456789				Pending File No.											
Insured's Address:																T.P.E / F.E.I.N. →															
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																	
				N	Y		N	N	N	N		01	01	01	03	02		1000													
EXPOSURE INFORMATION														LOSS INFORMATION																	
C O D E S  S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
																			Act	Type	Recv	Clm	Settl								
	R	01	0928	155121	3.68	5708		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
	R	01	0951	182051	.96	1748		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	01	0952	111599	1.89	2109		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	01	0953	58493	.49	287		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical				
N O T  S B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	D.	9663			340		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
	R	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	F.						Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R							Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical				
A F T E R  S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
	R	H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
	R	I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	J.	9740		.02	101		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	K.	9741		.01	51		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R  S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred							

**Example 5 - Deductible; Rated Risk with Construction Credit**

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

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



UNIT STATISTICAL REPORT

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

**Example 6 - Short Rate Cancellation; Rated Risk**

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

Premium developed from actual exposure

$$\$15,312 + \$1,878 = \$17,190$$

Short Rate Penalty Premium Calculation

- 1) Actual Policy Period = 6 months
- 2) Payroll extended to an annual basis  

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

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

- 3) Annual Premiums

a) Rated

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

b) Non-rated

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

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

UNIT STATISTICAL REPORT

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

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

For class codes 4771, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the DCRB and shown on the DCRB Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit.

UNIT STATISTICAL REPORT

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

**Example 8 - Ratable Class; Optional Non-Ratable Element**

An Optional Non-Ratable Element is established by the DCRB and shown on the DCRB Data Card when the non-ratable element is authorized by the DCRB's Classification Department. This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other DCRB established, optional non-ratable codes such as those associated with classification Code 0513 and classifications with radiation or carcinogen exposure.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				16928	97523A			01/01/09		01/01/10		07																
Insured's Name: GEE Corp															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
				N	Y		N	N	N	N		01	01	01														
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
		R	01	0512	258870	55.37		143336																				
		R	01	0953	1328	.49		7		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
										Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
S U B J E C T	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
N O T S B J	Upd Type	A. Total Subject Premium				143343	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		R B. Experience Mod (XX.XXX)				0.915																						
		C. Total Modified Premium				131159			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
A F T E R S T D	Upd Type	R	D.	0175	258870	.59	1527	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
			E.																									
			F.							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
G.		Total Standard Exposure			260198	Total Standard Premium		132686	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		H.	006_	Premium Discount Amount						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	J.	9740		.02	52	Upd Type	LOSS TOTALS																			
		R	K.	9741		.01	26		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
							Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid				Total ALAE Incurred									

**Example 9 - First Report Requiring an Individual Case Report; Rated Risk**

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit.

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



UNIT STATISTICAL REPORT

POLICY INFORMATION																																					
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No																	
01				94999	WC54321			07/01/13		07/01/14		07																									
Insured's Name: PAZ Industries Corporation															F.E.I.N. → 123456789					Pending File No.																	
Insured's Address:															T.P.E / F.E.I.N. →																						
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use												
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																							
				N	N		N	Y	N	N		01	01	01																							
EXPOSURE INFORMATION														LOSS INFORMATION																							
C O D E S  S U B J E C T	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type										
																				Act	Type	Recv	Clm	Settl													
	R	01	0101	1214435	6.91	83917	R	46096		07/28/13			181500		7027		0101	09	0	01	01	01	01	00	00	00											
	R	01	0951	675210	.96	6482		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical														
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred															
	R	01	0953	20800	.49	102		Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
								46114		08/05/13			1323		137					0101	05	1	01	01				01	00	00	00						
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical														
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred															
	N O T  S B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type									
																01	01				01	01	00														
R									D.	9880	.05	7331		Case Number		Part	Nature				Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
														Claimant's Attorney Fees		Employer's Attorney Fees					Deductible Reimbursement			Weekly Wage					ALAE Paid			ALAE Incurred					
A F T E R  S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
																				01	01	01	01	00													
								R	E.					Case Number		Part				Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
														Claimant's Attorney Fees		Employer's Attorney Fees				Deductible Reimbursement			Weekly Wage					ALAE Paid			ALAE Incurred						
G.	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
																				01	01	01	01	00													
								R	F.					Case Number		Part				Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
														Claimant's Attorney Fees		Employer's Attorney Fees				Deductible Reimbursement			Weekly Wage					ALAE Paid			ALAE Incurred						
				Total Standard Exposure		Total Standard Premium		Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type										
				1910445		139281									01	01				01	01	00															
R	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical														
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred															
								LOSS TOTALS																													
								Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical																	
3		460178		20164		28796		9737																													
Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred																													
35000						20000																															

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

**Use Table III-M-A**

Type Claim - State Act Trauma

Average Weekly Wage - \$459

Effective Date - 07/01/13

Date of Valuation - 01/01/15

1st Level Report - Open

Date of Accident - 10/01/13

Date of Birth - 04/01/61

Employee's age @ Valuation - 54 (sex - M)

No. Wks. Benefits Pd. to Valuation

Date - 457 days / 7 days = 65.286 wks

Present Value of Future Payments

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

Present Value of \$1 @ Age 54 = 16.175 {Table III-M-A}

$\$306 \times 52 \times 16.175 = \$257,377$

Indemnity Paid to Valuation

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

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 46122		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME PAZ Industries Corporation							ACC. DATE MO DAY YR 10 01 13		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 13		DATE OF BIRTH MO DAY YR 04 01 61		SURG CODE 1	ATTNY CODE* 3
WORKER LAST NAME Jones	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP 00	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR 09 01 80			
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							1	04	01	61	Paid to valuation date					
											65.286 x 306 = 19978					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future Payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 16.175 = 257377					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				19978					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				257377						
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)				277355						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				13000						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				20871						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				6000						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

\*SEE MANUAL FOR CODING

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

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

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

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																																
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No													
01				16928	99887		07/01/13		07/01/14		07																					
Insured's Name: Steve Ho Corp														F.E.I.N. → 123456789				Pending File No.														
Insured's Address:														T.P.E / F.E.I.N. →																		
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use							
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																		
				N	N		N	N	N	N		01	01	01																		
EXPOSURE INFORMATION														LOSS INFORMATION																		
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
																				Act	Type	Recv	Clm	Settl								
	R	02	6843	127896	23.90	30567	R	789803		10/01/13		295462		25000		6843	02	0	02	01	01	01	00	00	00							
	R	01	0718	279132	11.77	32854		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
	R						R	789749		08/01/13		238006		0		0718	01	0	01	01	01	01	00	00	00							
								Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
N O T S B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
		D.						Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical										
		E.						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
		F.						Total Standard Exposure		Total Standard Premium																						
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
	R	H.	0063	Premium Discount Amount	5627		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
	R	I.	0900	Expense Constant Amount	270		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
							LOSS TOTALS																									
	R	J.	9740		.01	41		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical												
	R	K.	9741		.01	41		2		533468		25000				21354		15000														
		L.					Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred														

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

Type - USL&HW-Trauma	Date of Accident - 10/01/13
Average Weekly Wage - \$459	Date of Birth - 03/15/49
Effective Date - 07/01/13	Employee's age @ Valuation Date -66 (sex - M)
Date of Valuation - 01/01/15	Loss Conditions - 02/01/01/01/00
1st Level Report - Open	

Present Value of Future Payments  
Weekly Benefit =  $.6667 \times (\$459) = \$306$   
Present Value of \$1 = 17.313 {Table USL&HW III-M-C}  
 $\$306 \times 52 \times 17.313 = \$275,484$   
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date  
Benefits Paid from 10/01/13 to 01/01/15 [457 days / 7 = 65.286 (Wks)]  
 $65.286 \times \$306 = \$19,978$

Total Indemnity Incurred =  $\$275,484 + \$19,978 = \$295,462$

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

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 789803	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corporation						ACC. DATE MO DAY YR 10 01 13		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 13		DATE OF BIRTH MO DAY YR 03 15 49		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →				DATE OF HIRE →	MO	DAY	YR	
BENEFITS OTHER THAN PENSION							PENSION BENEFITS								
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY							1	03	15	49	Paid to valuation date				
											65.286 x 306 = 19978				
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												306.00 x 52 x 17.313 = 275484			
5. VOCATIONAL REHABILITATION TOTAL INCURRED															
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				19978			
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.						275484			
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)						295462			
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL						25000			
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE						8008			
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE						15000			
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

\*SEE MANUAL FOR CODING

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

Type - State Act-Trauma  
Average Weekly Wage - \$475  
Effective Date - 07/01/13  
Date at Valuation - 01/01/15  
Date of Accident - 08/01/13

Widow's Date of Birth - 05/01/48  
Age at Widowhood - 65  
Age at Valuation - 67  
1st Level Report - Open  
Date of Death - 08/01/13

Present Value of Future Payments

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

Present Value of \$1 = 12.798 - Widowhood at age 65,  $^a[x] + 2$  Value

$\$316.68 \times 52 \times 12.798 = \$210,749$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0098

$\$316.68 \times 104 \times .0098 = \$323$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/13 to 01/01/15 - 518 days / 7 = 74 Wks

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



## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER								
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 13		CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00		
INSURED NAME Steve Ho Corporation							ACC. DATE MO DAY YR 08 01 13		DATE OF DEATH MO DAY YR 08 01 13			DATE REPORTED MO DAY YR 08 01 13			DATE OF BIRTH MO DAY YR 07 25 48		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET		
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR 01 01 80					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS										
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS						
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR									
2. SCHEDULED INDEMNITY								2	05	01	48	Paid to valuation date						
												74 x 316.68 = 23434						
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments						
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												316.68 x 52 x 12.798 = 210749						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																		
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				23434						
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.				210749						
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE				3500						
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE				323						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)				238006						
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL				0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE				13346						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE				0						
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.										

\*SEE MANUAL FOR CODING

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

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/16).

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

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

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

## POLICY INFORMATION

USR FORM - 01/01/17

**Example 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level**

**Use Table USL&HW III-M-C (Male)**

Type - USL&HW-Trauma

Average Weekly Wage - \$459

Effective Date - 07/01/13

Date of Valuation - 01/01/16

Date of Accident - 10/01/13

Date of Birth - 03/15/49

Employee's Age at Valuation Date - 67 (sex - M)

Maximum Weekly Benefit - \$1,325.18

Present Value of Future Payments

$\$306 \times 52 \times 16.542 = \$263,216$

Indemnity Paid to Valuation Date

Benefits Paid from 10/01/13 to 01/01/16 [822 days / 7 = 117.429 (Wks)]

$(117.429 \text{ Wks}) \times \$306 = \$35,933$

Total Indemnity Incurred -  $\$263,216 + \$35,933 = \$299,149$

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>6843</b>	REPORT NO. CODE* <b>02</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>02</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 13</b>		CLAIM NO. <b>789803</b>		STAT CODE* <b>0</b>	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL <b>02 01 01 01 00</b>				JURIS STATE <b>07</b>	MCO TYPE <b>00</b>			
INSURED NAME <b>Steve Ho Corp</b>							ACC. DATE MO DAY YR <b>10 01 13</b>			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR <b>10 01 13</b>			DATE OF BIRTH MO DAY YR <b>03 15 49</b>		SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Vee</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>459</b>	INJURY DESC. CODE* →	PART <b>42</b>	NATURE <b>49</b>	CAUSE <b>56</b>	OCCUPATION <b>Iron Worker</b>				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR <b>01 01 80</b>									
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							<b>1</b>	<b>03</b>	<b>15</b>	<b>49</b>	Paid to valuation date								
											117.429 x 306.00 = 35933								
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>							Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 16.542 = 263216								
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.				263216									
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)				299149									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				27500									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				18715									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				20000									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

\*SEE MANUAL FOR CODING

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

Type - State Act-Trauma  
Average Weekly Wage - \$475  
Effective Date - 07/01/13  
Date at Valuation - 01/01/16  
Date of Accident - 08/01/13

Widow's Date of Birth - 05/01/48  
Age at Widowhood - 65  
Age at Valuation - 68  
2nd Level Report - Open  
Date of Death - 08/01/13

Present Value of Future Payments

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

Present Value of \$1 = 12.419 - Widowhood at age 65,  $^a[x] + 3$  Value

$\$316.68 \times 52 \times 12.419 = \$204,508$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0082

$\$316.68 \times 104 \times .0082 = \$270$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/13 to 01/01/16 - 883 days / 7 = 126.143 Wks

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

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>0718</b>	REPORT NO. CODE* <b>02</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>01</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 13</b>		CLAIM NO. <b>789749</b>		STAT CODE* <b>0</b>	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE <b>01 01 01 01 00</b>				JURIS STATE <b>00</b>	MCO TYPE <b>00</b>				
INSURED NAME <b>Steve Ho Corp</b>							ACC. DATE MO DAY YR <b>08 01 13</b>			DATE OF DEATH MO DAY YR <b>08 01 13</b>			DATE REPORTED MO DAY YR <b>08 01 13</b>			DATE OF BIRTH MO DAY YR <b>07 25 48</b>			SURG CODE	ATTN CODE*
WORKER LAST NAME <b>Stevens</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>475</b>	INJURY DESC. CODE* →	PART <b>90</b>	NATURE <b>13</b>	CAUSE <b>75</b>	OCCUPATION <b>Shup Builder</b>				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET				
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR <b>01 01 80</b>										
BENEFITS OTHER THAN PENSION							PENSION BENEFITS													
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>				CODE	DATE OF BIRTH MO DAY YR												
2. SCHEDULED INDEMNITY							<b>2</b>	<b>05</b>	<b>01</b>	<b>48</b>	Paid to valuation date									
											126.143 x 316.68 = 39947									
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>							Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											316.68 x 52 x 12.419 = 204508									
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.				204508										
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500										
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				270										
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				248225										
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				0										
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				22786										
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0										
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.														

\*SEE MANUAL FOR CODING

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

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

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

Note: Class 665's rating value as of 7/1/13 is 9.38, the rating value including coverage for the USL&HW Compensation Act is  $\$9.38 \times 1.508 \times 1.580 = \$22.35$ . 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 Compensation Act.

Refer to Example 12a for Individual Case Report.



## UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No									
01				99622	198265	07/01/13	07/01/14	07															
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789			Pending File No.									
Insured's Address:											T.P.E / F.E.I.N. →												
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use				
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
N	Y		Y	N	N	N		01	01	01													
EXPOSURE INFORMATION										LOSS INFORMATION													
C O D E S	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
															Act	Type	Recv	Clm	Settl				
R		02	0655	120000	22.35	26820	R	845	02/01/14	707802	25000	0655	02	0		02	01	01	01	00	07	00	00
S U B J E C T	R	01	0655	1000000	12.61	126100		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								40	28	25	Iron Worker			N		00		17201			12000		
	R	01	0951	95000	.96	912		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000										25000					
S U B J E C T	R	01	0953	105000	.49	515	R	896	03/01/14	600	350	0655	05	1		01	01	01	01	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								38	37	59				N		00		600			350		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
A F T E R S T D							R	897	03/15/14	750	800	0655	05	1		01	01	01	01	00	00	00	
	R							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								31	28	26				N		00		750			800		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
A F T E R S T D							R	898	04/11/14		250	0953	06	1		01	01	01	01	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								36	40	19											250		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
	R	H.	0063	Premium Discount Amount		12065		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
	R	I.	0900	Expense Constant Amount		270																	
	R	J.	9740		.01	132																	
A F T E R S T D	R	K.	9741		.01	132																	
		L.																					
LOSS TOTALS																							
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical					
4								709152		26400				18551		13400							
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred									
50000												25000											

## DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: January 1, 2017

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Section VI

EXAMPLES

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

#### Use Tables USL&HW III-M-C (Male) and USL&HW IV-B

Type - USL&HW-Trauma	Claimant's Birth Date - 05/01/66
Average Weekly Wage - \$500	Spouse's Birth Date - 07/01/68
Date of Accident - 02/01/14	Date of Valuation - 01/01/15
Effective Date - 07/01/13	Claimants Age at Valuation - 49 (sex - M)
Maximum Benefit - 200% NAWW = \$1,325.18	Spouse's Age at Valuation - 47
-	

#### Present Value of Future Payments

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

Present Value of \$1 = 32.459

Future Payments -  $\$333.35 \times 32.459 \times 52 = \$562,651$

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

Benefits

Present Value of Benefits = 9.942

Future Payout =  $250 \times 9.942 \times 52 = \$129,246$

Indemnity to Valuation Date Benefits Paid from 02/01/14 to 01/01/15 - 334 days / 7 = 47.714 Wks

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

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>0655</b>	REPORT NO. CODE* <b>01</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>02</b>	CARRIER NUMBER <b>99622</b>	CARRIER NAME				PAYROLL STATE CODE* <b>07</b>	ADM. FILE NUMBER									
POLICY NUMBER <b>198265</b>		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR <b>07 01 13</b>		CLAIM NO. <b>845</b>		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE <b>02 01 01 01 00</b>				JURIS STATE <b>07</b>	MCO TYPE <b>00</b>			
INSURED NAME <b>Doelron Erections, Inc.</b>							ACC. DATE MO DAY YR <b>02 01 14</b>			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR <b>02 01 14</b>			DATE OF BIRTH MO DAY YR <b>05 01 66</b>		SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Doe</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>500</b>	INJURY DESC. CODE* →	PART <b>40</b>	NATURE <b>28</b>	CAUSE <b>25</b>	OCCUPATION <b>Iron Worker</b>				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR <b>01 01 80</b>						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							<b>1</b>	<b>05</b>	<b>01</b>	<b>66</b>	Paid to valuation date								
							<b>2</b>	<b>07</b>	<b>01</b>	<b>68</b>	47.714 x 333.35 = 15905								
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>							Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											(333.35 x 52 x 32.459) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED											(250.00 x 52 x 9.942) = 691897								
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				15905								
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				691897									
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)				707802									
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				25000									
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				17201									
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				12000									
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

\*SEE MANUAL FOR CODING

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

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

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

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

UNIT STATISTICAL REPORT

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

**Example 14 - Correction of Loss Totals Only**

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

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

## UNIT STATISTICAL REPORT

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

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

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

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



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

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

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

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01	01	M		99999	WC12345		12/20/95		12/20/96		07																	
Insured's Name: ABC Corp.														F.E.I.N. →				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S  S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recv	Clm	Settl						
	P	11	0953	175485	.49	860	P	23456		02/05/96					1000		0951	06	1	11								
	R	11	0953	233945	.49	1146		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
							R	23456		02/05/96					1565		0951	06	1	11								
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	A F T E R  S T D		H.	006_	Premium Discount Amount			Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
R					B. Experience Mod (XX.XXX)				0.850		Case 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			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
					Total Standard Exposure				317313	Total Standard Premium	1654		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical
	I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
		J.					Upd Type	LOSS TOTALS																				
								Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
								7		15635		8260																
								Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid				Total ALAE Incurred								
	L.																											

**Example 16 - Combination Example**

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

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

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

Refer to Example 16a for the Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				12345	1234567		12/01/13		12/01/14		07																	
Insured's Name: 123, Inc.														F.E.I.N. → 123456789				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
10/01/13		10/01/13		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03 01		1000											
EXPOSURE INFORMATION																												
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
	R	01	0609	20000	12.10	2420	R	1234		02/13/14		2000		1500		0609	05	0	01	01	01	01	00		00	00		
	R	01	4771	35000	5.37	1880		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
	R	01	0951	5000	.96	48		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
	S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
R		01	0953	15000	.49	74	R	4321		01/23/14		500		500		0953	05	1	01	01	01	01	00		00	00		
R		02	6843	30000	9.24	2772		Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred											
N O T S B J		Upd Type	A. Total Subject Premium				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
						R	3214		04/20/14		186122		5000		4771	01	0	01	01	01	01	00		00	00			
							Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical								
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred											
							B. Experience Mod (XX.XXX)																					

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				12345	1234567		12/01/13		12/01/14		07																	
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
10/01/13		10/01/13		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	S U B J E C T	Upd Typ						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
N O T S B J		Upd Typ						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	A F T E R S T D	Upd Typ						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
G.		Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
A F T E R S T D	Upd Typ						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								LOSS TOTALS																				
								Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use						Total ALAE Paid		Total ALAE Incurred									

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				12345	1234567		12/01/13		12/01/14		07																	
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
10/01/14		10/01/14		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
	R	01	0609	6600	10.04	663		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	4771	11550	4.15	479		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	01	0951	1650	.85	14		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	01	0953	1650	.43	21		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
S U B J E C T	Upd Typ						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	02	6843	9900	10.16	1006		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
N O T S B J	Upd Typ	A. Total Subject Premium				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		B. Experience Mod (XX.XXX)					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	C. Total Modified Premium				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	R	D.	0771	11550	1.03	119		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	E.	9887		.25	684		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	F.	9046		.22	451		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
A F T E R S T D	Upd Typ	G.				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		Total Standard Exposure					Total Standard Premium				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
	H. 006_ Premium Discount Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	I. 0900 Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	J.				LOSS TOTALS																							
	K.				Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical											
L.				Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred														

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
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01				12345	1234567		12/01/13		12/01/14		07																	
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.								
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Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
10/01/14		10/01/14		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
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C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	S U B J E C T	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
N O T S B J		Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	A F T E R S T D	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
G.		Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
R	Upd Type	H.	0063	Premium Discount Amount	80	Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
J	Upd Type	J.	9740	.01	3	Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
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								189622		9000				17153		5500												
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees		Reserved For Future Use								Total ALAE Paid		Total ALAE Incurred								



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

Use Table I-A & Table II-A

Type - State Act-Trauma  
Average Weekly Wage - \$378  
Effective Date - 12/01/13  
Date at Valuation - 06/01/15  
Date of Accident - 04/20/14

Widow's Date of Birth - 05/09/48  
Age at Widowhood - 66  
Age at Valuation - 67  
1st Level Report - Open  
Date of Death - 04/20/14

Present Value of Future Payments

Weekly Benefit =  $.6667 \times (\$378) = \$252.01$

Present Value of \$1 = 12.798 - Widowhood at age 66,  $^a[x] + 1$  Value

$\$252.01 \times 52 \times 12.798 = \$167,712$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0098

$\$252.01 \times 104 \times .0098 = \$257$

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/14 to 06/01/15- 407 days / 7 = 58.143 Wks

$(58.143 \text{ Wks}) \times \$252.01 = \$14,653$

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>4771</b>	REPORT NO. CODE* <b>01</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>01</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 13</b>			CLAIM NO. <b>3214</b>		STAT CODE* <b>0</b>	DATE ATTN DISC MO. DAY YR <b>01 01 01</b>			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE <b>01 01 01 01 00</b>			JURIS STATE <b>07</b>	MCO TYPE <b>00</b>					
INSURED NAME <b>123, Inc.</b>								ACC. DATE MO DAY YR <b>04 20 14</b>			DATE OF DEATH MO DAY YR <b>04 20 14</b>			DATE REPORTED MO DAY YR <b>04 20 14</b>			DATE OF BIRTH MO DAY YR <b>09 27 47</b>			SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Hilty</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>378</b>	INJURY DESC. CODE* →		PART <b>44</b>	NATURE <b>03</b>	CAUSE <b>99</b>	OCCUPATION <b>Laborer</b>					DATE CLOSED MO YR <b>01 01</b>		RESERVE CODE* <b>00</b>	LUMP SUM	FRAUD CODE <b>00</b>	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →			MO	DAY	YR						
BENEFITS OTHER THAN PENSION								PENSION BENEFITS													
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>					CODE	DATE OF BIRTH MO DAY YR <b>05 09 48</b>												
2. SCHEDULED INDEMNITY								<b>2</b>				Paid to valuation date									
												58.143 x 252.01 = 14653									
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>								Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												252.01 x 52 x 12.798 = 167712									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					14653								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					167712								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					257								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					186122								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					5000								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					14653								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					2000								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

\*SEE MANUAL FOR CODING

**Example 17 - Second Reporting of Losses for Unit for Example 16**

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 06/15).

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

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

Also note that claim 1234 is a subrogated claim.

Refer to Example 17a for Individual Case Report.

## UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
02				12345	1234567	12/01/13	12/01/14	07																		
Insured's Name: 123 Inc.											F.E.I.N. → 123456789			Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																
N	Y		Y	N	N	N		01	01	01	03	01			1000											
EXPOSURE INFORMATION												LOSS INFORMATION														
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
							P	1234	02/13/14		2000	1500	0609	05	0		01	01	01	01	00		00	00		
								Case Number	40	28	25			N		00		1000		1000						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
							R	1234	02/13/14		1000	1000	0609	05	1		01	01	01	01	00		00	00		
								Case Number	40	28	25			N		00		1000		1000						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
							P	3214	04/20/14		186122	5000	4771	01	0		01	01	01	01	00		00	00		
								Case Number	44	03	99			N		00		14653		2000						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
N O T S B J	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
							R	3214	04/20/14		194234	7500	4771	01	0		01	01	01	01	00		00	00		
								Case Number	44	03	99			N		00		22087		5500						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
G.	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
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A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
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								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
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								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
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								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
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								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number																		
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury											

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

Use Table I-A &amp; Table II-A

Type - State Act-Trauma

Average Weekly Wage - \$378

Effective Date - 12/01/13

Date at Valuation - 06/01/16

Date of Accident - 04/20/14

Widow's Date of Birth - 05/09/48

Age at Widowhood - 66

Age at Valuation - 68

2nd Level Report - Open

Date of Death - 04/20/13

Present Value of Future Payments

Weekly Benefit =  $.6667 \times (\$378) = \$252.01$ Present Value of \$1 = 12.414 - Widowhood at age 66,  $^a[x] + 2$  Value $\$252.01 \times 52 \times 12.414 = \$162,680$ 

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0086

 $\$252.01 \times 104 \times .0086 = \$225$ 

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/14 to 06/01/16 - 773 days / 7 = 110.429 Wks

 $(110.429 \text{ Wks}) \times \$252.01 = \$27,829$

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>4771</b>	REPORT NO. CODE* <b>02</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>01</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 13</b>			CLAIM NO. <b>3214</b>		STAT CODE* <b>0</b>	DATE ATTN DISC MO. DAY YR <b>01 01 01</b>			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE <b>01 01 01 01 00</b>			JURIS STATE <b>07</b>	MCO TYPE <b>00</b>					
INSURED NAME <b>123, Inc.</b>								ACC. DATE MO DAY YR <b>04 20 14</b>			DATE OF DEATH MO DAY YR <b>04 20 14</b>			DATE REPORTED MO DAY YR <b>04 20 14</b>			DATE OF BIRTH MO DAY YR <b>09 27 47</b>			SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Hilty</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>378</b>	INJURY DESC. CODE* → <b>44</b>		PART <b>03</b>	NATURE <b>99</b>	CAUSE	OCCUPATION <b>Laborer</b>					DATE CLOSED MO YR <b>00 00</b>		RESERVE CODE* <b>00</b>	LUMP SUM <b>00</b>	FRAUD CODE <b>00</b>	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →		MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO	DAY	YR						
BENEFITS OTHER THAN PENSION									PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>					CODE	DATE OF BIRTH MO DAY YR <b>05 09 48</b>												
2. SCHEDULED INDEMNITY								<b>2</b>				Paid to valuation date									
												110.429 x 252.01 = 27829									
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>								Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												252.01 x 52 x 12.414 = 162680									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					27829								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					162680								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					225								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					194234								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					7500								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					22087								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					5500								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

\*SEE MANUAL FOR CODING

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

Claim 68235 is a death claim.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
01				99998	111222	07/01/13	07/01/14	07																		
Insured's Name: Bob's Roofing											F.E.I.N. → 123456789			Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use						
	3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std															
	N	N		N	N	N	N		01	01	01															
EXPOSURE INFORMATION															LOSS INFORMATION											
C O D E S  S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
								Act	Type	Recv	Clm	Settl														
	R	01	0659	98076	41.13	40339	R	68235	11/01/13			275538		500		0659	01	0	01	01	01	01	00	00	00	
	R	01	9807			766		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity				
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
							Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description			Voc.				Lump	Fraud	Deduct.	Paid Indemnity				
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
A F T E R  S T D		H.	006_	Premium Discount Amount				Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
				Expense Constant Amount				Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
				LOSS TOTALS																						
				R	J.	9740			.01	10	Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
R	K.	9741		.01	10	Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred												
		L.																								



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

Use Table I-A &amp; Table II-A

Type - State Act-Trauma  
Average Weekly Wage - \$395  
Effective Date - 07/01/13  
Date at Valuation - 01/01/15  
Date of Accident - 11/01/13

Widow's Date of Birth - 09/01/74  
Age at Widowhood - 39  
Age at Valuation - 40  
1st Level Report - Open  
Date of Death - 11/01/13

Present Value of Future Payments

1) Widow's Benefit plus child #1 Benefits

Weekly Benefit =  $.6667 \times (\$395) = \$263.35$ Present Value of \$1 = 18.261 - Widowhood at age 39,  $^a[x] + 1$  Value $\$263.35 \times 52 \times 18.261 = \$250,070$ 

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

Weekly Benefit =  $.0333 \times (\$395) = \$13.15$ 

No. of Weeks Payable = 01/01/15 to 12/01/15 + 334 days / 7 = 47.714 wks.

 $\$13.15 \times 47.714 = \$627$ 

3) Remarriage Dowry

Weekly Benefit - \$263.35

Present Value of Remarriage Dowry = .1648

No. of Weeks Payable = 104 weeks

Value of Payments =  $\$263.35 \times 104 \times .1648 = \$4,514$ 

4) Indemnity Paid to Valuation Date

Weekly Benefit =  $.70 \times (\$395) = \$276.50$ 

No. of Weeks Payable = 11/01/13 to 01/01/15 - 426 days / 7 = 60.857 Wks

 $\$276.50 \times 60.857 = \$16,827$ 

5) Funeral Allowance = \$3,500

## UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE <b>0659</b>	REPORT NO. CODE* <b>01</b>	TRAN. TYPE CODE* <b>1</b>	TYPE OF INJ. CODE* <b>01</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 13</b>		CLAIM NO. <b>68235</b>		STAT CODE* <b>0</b>	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE <b>01 01 01 01 00</b>				JURIS STATE <b>07</b>	MCO TYPE <b>00</b>			
INSURED NAME <b>Bob's Roofing</b>							ACC. DATE MO DAY YR <b>11 01 13</b>			DATE OF DEATH MO DAY YR <b>11 01 13</b>			DATE REPORTED MO DAY YR <b>11 01 13</b>			DATE OF BIRTH MO DAY YR <b>12 01 63</b>		SURG CODE	ATTNY CODE*
WORKER LAST NAME <b>Harris</b>	WORKERS SEX <b>M</b>	AVG. WEEKLY WAGE <b>395</b>	INJURY DESC. CODE* →	PART <b>90</b>	NATURE <b>13</b>	CAUSE <b>25</b>	OCCUPATION <b>Roofer</b>				DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE <b>00</b>	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		<b>X X X</b>	<b>X X X</b>				CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY							<b>2</b>	<b>09</b>	<b>01</b>	<b>74</b>	Paid to valuation date								
							<b>4</b>	<b>12</b>	<b>01</b>	<b>97</b>	60.857 x 276.50 = 16827								
3. NON-SCHEDULED INDEMNITY			<b>X X X</b>	<b>XXXX</b>			<b>4</b>	<b>05</b>	<b>01</b>	<b>99</b>	Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											(263.35 x 52 x 18.261= 250070) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED											(13.15 x 47.714) = 250697								
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE					16827							
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.					250697								
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE					4514								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)					275538								
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL					500								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE					6799								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE					500								
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

\*SEE MANUAL FOR CODING

**Example 19 - Merit Rating**

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

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

UNIT STATISTICAL REPORT

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

**Example 20 – Assigned Risk Surcharge**

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No														
01				00200	WC123456789	10/01/09	10/01/10	07																				
Insured's Name: A. B. C. Inc.										F.E.I.N. → 123456789				Pending File No.														
Insured's Address:										T.P.E / F.E.I.N. →																		
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use								
10/01/09	10/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00													
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
																		Act	Type	Recv	Clm	Settl						
		R	01	0951	35000	.72		252																				
		R	01	0953	17950	.49		88		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
										Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
S U B J E C T	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
									Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	Upd Type	A. Total Subject Premium				340	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	B. Experience Mod (XX.XXX)					1.431																				
		C. Total Modified Premium				487			Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
N O T S B J	Upd Type						Upd Type	Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
		R	D.	0277		.39		190																				
			E.							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
G.	Upd Type						Upd Type	Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
			F.																									
										Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
A F T E R S T D	Upd Type	Total Standard Exposure				Total Standard Premium	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status		Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		52950				677																						
			H.	006_	Premium Discount Amount					Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
			I.	0900	Expense Constant Amount					Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
		R	J.	9740		.02		11		LOSS TOTALS																		
	Upd Type	R	K.	9741		.01	5																					
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical												
			L.					Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred										

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

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

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

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

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

UNIT STATISTICAL REPORT

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



## UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No									
01				00200	WC123456789	12/01/08	12/01/09	07															
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789			Pending File No.									
Insured's Address:											T.P.E / F.E.I.N. →												
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use				
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
11/01/09	11/01/09	N	Y		Y	N	N	N		01	01	01	03	01		100000							
EXPOSURE INFORMATION										LOSS INFORMATION													
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
															Act	Type	Recv	Clm	Settl				
	R	01	0665	255000	7.54	19227																	
	R	01	0953	48000	.20	96		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	R	01	9664			2126		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
NOT SUBJ	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
AFTER STD	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
G.				Total Standard Exposure		Total Standard Premium	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
				606000		16234																	
AFTER STD	Upd Type	Exp. Cov.	Class Code	Premium Discount Amount			Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisd State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
LOSS TOTALS																							
Reserved For Future Use								Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical					
Tot. Claimant's 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**

**SECTION VII -- GLOSSARY****DCRB Data Card**

DCRB Data Cards provide the risk name, location, DCRB 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.

**DCRB 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 DCRB based on the aggregate experience of all DCRB members and approved by the Delaware Insurance Commissioner.

**DCRB Rating Values**

All parameters filed by the DCRB 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 coverages. Such DCRB rating values include DCRB 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 coverages 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 coverages. Such parameters may be either DCRB 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 coverages. Loss costs may be developed either by the DCRB based on the aggregate experience of all DCRB 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-Ratable Element**

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

**Occupational Disease**

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

**Per Capita Classification**

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

**Premium Discount**

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

**Provision for Claim Payment**

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

**Rating Value**

A parameter or number used in pricing workers compensation or employers liability insurance coverage's. Rating values may be established by the DCRB or by individual carriers. Where individual carriers have established rating values different from those of the DCRB, the carrier's values supercede those of the DCRB 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-Ratable 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 1 2	Percent	Claim/Accident	Aggregate			

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recov	Cov	Settl				
							Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement			Reversed for Future Use					ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recov	Cov	Settl				
							Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement			Reversed for Future Use					ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recov	Cov	Settl				
							Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement			Reversed for Future Use					ALAE Paid		ALAE Incurred		
						*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recov	Cov	Settl				
							Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement			Reversed for Future Use					ALAE Paid		ALAE Incurred		
						*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
															<div>Act</div> <div>Type</div> <div>Recov</div> <div>Cov</div> <div>Settl</div>							
	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
															<div>Act</div> <div>Type</div> <div>Recov</div> <div>Cov</div> <div>Settl</div>							
	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
															<div>Act</div> <div>Type</div> <div>Recov</div> <div>Cov</div> <div>Settl</div>							
	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
															<div>Act</div> <div>Type</div> <div>Recov</div> <div>Cov</div> <div>Settl</div>							
	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
															<div>Act</div> <div>Type</div> <div>Recov</div> <div>Cov</div> <div>Settl</div>							
	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
															<div>Act</div> <div>Type</div> <div>Recov</div> <div>Cov</div> <div>Settl</div>							
	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					
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 ATTN DISC			LOSS CONDITIONS					JURIS STATE	MCO TYPE			
				MO.	DAY	YR				MO.	DAY	YR	ACT	TYPE	RCOV	CLM	SETTL					
INSURED NAME									ACC. DATE			DATE OF DEATH			DATE REPORTED			DATE OF BIRTH			SURG CODE	ATTNY CODE*
									MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR		
WORKER LAST NAME		WORKERS SEX	AVG. WEEKLY WAGE	INJURY DESC. CODE* →	PART	NATURE	CAUSE	OCCUPATION				DATE CLOSED		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET					
												MO	YR									
SOCIAL SECURITY NUMBER			DATE SINGLE SUM PAID →		MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →				DATE OF HIRE →		MO	DAY	YR				
<b>BENEFITS OTHER THAN PENSION</b>										<b>PENSION BENEFITS</b>												
KIND OF BENEFIT				% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY				<b>X X X</b>	<b>X X X</b>					CODE	DATE OF BIRTH MO DAY YR											
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												
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 MANUAL FOR CODING

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

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

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

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

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

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

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

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

Check One Submission and Complete the Following:

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

☐ 2. Effective Month: \_\_\_\_\_

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

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

-----  
**NCCI--RECEIPT OF UNIT REPORTS**

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

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

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



# **SECTION X**

## ***PREMIUM ALGORITHM***

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



**SECTION X – PREMIUM ALGORITHM**

**Delaware Premium Algorithm Preface:**

***Mandatory use for policies effective on or after January 1, 2015.***

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: January 1, 2017

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Section X

PREMIUM ALGORITHM

**Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Workfare Program Employees Exposure (PA)	0982	(28)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: January 1, 2017

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Section X

PREMIUM ALGORITHM

**Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(29)	Workfare Program Employees Rating Value (PA)	0982	(29)	Carrier Value
(30)	Workfare Program Employees Premium (PA)	0982	(30)	(28) x (29)
(31)	Non-Ratable Classification Premium Total		(31)	Sum of all (27)+(30) premiums
(32)	Non-Ratable Classification Increased Limits Factor	xxxx	(32)	Carrier value
(33)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(33)	(31)x [ (32) expressed as a decimal]
(34)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(34)	Carrier value
(35)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(35)	[(34)-(33)] if (33) < (34) and (32) > 0, otherwise zero
(36)	Premium Before Schedule Rating		(36)	(23)+(31)+(33)+(35)
(37)	Schedule Rating Plan Adjustment Factor	9887/9889	(37)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(38)	Schedule Rating Plan Premium Adjustment	9887/9889	(38)	(36)x[(37) expressed as a decimal]. For schedule credits Line (38) will be negative
(39)	Certified Safety Committee Credit Factor (PA)	9890	(39)	Credit applies if insured is certified.
(40)	Certified Safety Committee Premium Credit (PA)	9890	(40)	[(36)+(38)]x[(-39) expressed as a decimal]
(41)	Workplace Safety Program Credit Factor (DE)	9880	(41)	Credit applies if insured qualifies
(42)	Workplace Safety Program Premium Credit (DE)	9880	(42)	[(36)+(38)]x[(-41) expressed as a decimal]
(43)	Construction Classification Premium Adjustment Program Credit Factor	9046	(43)	Based on wage level(s), application to rating organization
(44)	Construction Classification Premium Adjustment Program Premium Credit	9046	(44)	[(36)+(38)]x[(-43) expressed as a decimal]
(45)	Drug-Free Workplace Factor	9846	(45)	Carrier value
(46)	Drug-Free Workplace Credit	9846	(46)	[(36)+(38)+(42)+(44)]x[(-45) expressed as a decimal]
(47)	Managed Care Factor	9874	(47)	Carrier value
(48)	Managed Care Credit	9874	(48)	[(36)+(38)+(42)+(44)+(46)]x[(-47) expressed as a decimal]
(49)	Package Credit Factor	9721	(49)	Carrier value
(50)	Package Credit	9721	(50)	[(36)+(38)+(42)+(44)+(46)+(48)]x[(-49) expressed as a decimal]
(51)	Premium After Managed Care and Package Credit If Applicable		(51)	[(36)+(38)+(40)+(42)+(44)+(46)+(48)+(50)]

**DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL**

Effective Date: January 1, 2017

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Section X

PREMIUM ALGORITHM

**Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(52)	Assigned Risk Surcharge Factor (DE)	0277	(52)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(53)	Assigned Risk Premium Surcharge (DE)	0277	(53)	(51)x[(52) expressed as a decimal]
(54)	Deductible Credit Factor	9663	(54)	Carrier value
(55)	Deductible Premium Credit	9663	(55)	[(51)+(53)]x[(-54) expressed as a decimal]
(56)	Loss Constant	0032	(56)	Carrier value - may vary based on risk premium size
(57)	Loss Constant Charge	0032	(57)	Line (56) if applicable
(58)	Short Rate Cancellation Factor	0931	(58)	Carrier value - zero if short rate cancellation does not apply
(59)	Short Rate Premium	0931	(59)	[(51)+(53)+(55)+(57)]x[(58)-1.0000] if (58)>0, otherwise zero
(60)	Expense Constant	0900	(60)	Carrier value if applicable
(61)	Expense Constant Charge	0900	(61)	Line (60)
(62)	Minimum Premium	0990	(62)	Carrier value
(63)	Minimum Premium Charge	0990	(63)	If (62)>[(51)+(53)+(55)+(57)+(59)+(61)], (62)-[(51)+(53)+(55)+(57)+(59)+(61)], otherwise zero
(64)	Unit Statistical Report Total Standard Premium		(64)	[(51)+(53)+(55)+(57)+(59)+(63)]
(65)	Premium Discount Amount	0063/0064	(65)	Carrier value based on [(51)+(53)+(55)+(57)+(59)+(63)]
(66)	Additional premium Waiver of Subrogation (flat charge)	9115	(66)	Carrier value(s)
(67)	Terrorism	9740	(67)	(Total payroll/100) x carrier rating value
(68)	Catastrophe (other than Certified Acts of Terrorism)	9741	(68)	(Total payroll/100) x carrier rating value
(69)	Total Policy Premium Subject to Employer Assessment		(69)	(61)+(64)-(65)+(66)+(67)+(68)
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	PCRB value for the specific purpose of computer employer assessments
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	[(69)-(11)-(55)]x(70) NOTE: Cells (11) and (55) 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
(72)	Audit Noncompliance Charge	9757	(72)	Carrier Value x (69)



March 09, 2016

**DCRB CIRCULAR NO. 915**

To All Members of the DCRB:

Re: **APPROVAL OF DCRB FILING NO. 1601**  
**EFFECTIVE JANUARY 1, 2017**

**Establishment of an Audit Noncompliance Charge**  
**Introduction of the Audit Noncompliance Charge Endorsement**  
**Revisions to the Delaware Basic Manual**  
**Revisions to the Delaware Statistical Plan Manual**  
**Revisions to Delaware Workers Compensation Insurance Plan Handbook**  
**Revision to the Assigned Carrier Performance Standards (ACPS)**

The Insurance Commissioner has approved revisions to the Delaware Basic Manual, Delaware Statistical Plan Manual, Delaware Workers Compensation Insurance Plan Handbook and Assigned Carrier Performance Standards (ACPS) to reflect countrywide changes in line with the National Council on Compensation Insurance, Inc. (NCCI) Item B-1429, which proposed an Audit Noncompliance Charge (ANC). The ANC rule, endorsement and statistical code will enable a carrier to apply an ANC to the policy of an employer that does not permit the carrier to examine and audit the employer's records. The revisions outlined below have been approved. All changes apply to new and renewal policies effective January 1, 2017.

**Delaware Basic Manual**

- 1) Section 1 – Premium Algorithm (Reflecting addition of Code 9757, Audit Noncompliance Charge)
- 2) Section 1 – Rule XV – Final Earned Premium – E. (Reflecting addition of Audit Noncompliance Charge rule)
- 3) Section 3 – Endorsements (Reflecting the addition of WC 00 04 24, Audit Noncompliance Charge Endorsement)

**Delaware Statistical Plan Manual**

- 1) Section II – Reporting Requirements (Outlines procedure and method of reporting an ANC)
- 2) Section X – Premium Algorithm (Reflecting addition of Code 9757, Audit Noncompliance Charge)

## **Delaware Workers Compensation Insurance Plan Handbook**

The DCRB has also revised the Delaware Workers Compensation Insurance Plan Handbook to incorporate the procedural and language changes made necessary by the addition of the Audit Noncompliance Charge. Housekeeping changes were also made to bring the Handbook up-to-date.

## **Assigned Carrier Performance Standards (ACPS)**

The DCRB is part of the National Workers Compensation Reinsurance Pool. Revisions to the ACPS will bring Delaware into compliance with other residual markets throughout the country, as contained in NCCI Item B-1429 for implementation of an Audit Noncompliance Charge for policies issued through the Delaware Insurance Plan.

Approved revisions to the Delaware Manual and Handbook language are attached.

The revised Delaware Basic Manual, Delaware Statistical Plan Manual and Delaware Insurance Plan Handbook will be updated on our website ([www.dcrb.com](http://www.dcrb.com)) at a later date.

Questions regarding Basic Manual changes and the Delaware Insurance Plan Handbook should be directed to Betty Ann Campbell, Director, Rating Rules and Policy Reporting, at Extension 4425 or [bcampbell@dcrb.com](mailto:bcampbell@dcrb.com).

Questions on Statistical Plan revisions should be directed to Bonnie Piacentino, Vice President, Data Management, at Extension 4456 or [bpiacentino@dcrb.com](mailto:bpiacentino@dcrb.com).

William V. Taylor  
President

jf  
Attachment

***Remember to visit our web site at [www.dcrb.com](http://www.dcrb.com) for more information about this and other topics.***

**RULE XV – FINAL EARNED PREMIUM DETERMINATION****A. ACTUAL PAYROLL**

Final earned premium for the policy shall be determined on actual, instead of estimated, payroll or other premium basis.

**B. PREMIUM DETERMINATION**

The determination of final earned premium is governed by the rules, classifications and DCRB rating values and carrier rating values, subject to modification by applicable rating plans.

**C. AUDIT RIGHTS OF CARRIER**

The insurance carrier has the right to compute earned premium based on an examination of original payroll records and books of account of the insured, in accordance with Part Five – Premium, Section G. ( Audit) of the Standard Policy.

**D. AUTHORIZED CLASSIFICATIONS**

Only the classifications shown on a Data Card issued by the DCRB shall be used in auditing the payroll of that employer. The insuring carrier shall contact the DCRB in writing in any instance where the authorized classifications do not describe the employer's operations as delineated in Section 1, Rule IV, Paragraph C., 2., c. of this Manual.

**E. AUDIT NONCOMPLIANCE CHARGE**

- (1) If the employer does not comply with Part Five—Premium, Section G. (Audit) of the policy, the employer will be considered noncompliant with the policy terms and conditions. When this occurs, the carrier may apply an Audit Noncompliance Charge (ANC) subject to the conditions in this rule. The charge is determined by applying the ANC multiplier to the ANC basis shown in the table below:

<b>ANC Basic</b>	<b>ANC Multiplier</b>	<b>Endorsement</b>
Estimated Annual Premium	Up to two times	Audit Noncompliance Charge Endorsement

- (2) On a multistate policy, the ANC applies only to the exposure in the states where an employer is noncompliant with an audit and where this ANC rule is approved for use.
- (3) The ANC is a premium charge and is applied in accordance with the applicable state premium algorithm. The ANC is not part of standard premium.
- (4) The application of the ANC is subject to the following conditions:

- a) Carriers must comply with all applicable state laws and/or regulations related to audits of workers compensation insurance policies.
  - b) The Audit Noncompliance Charge Endorsement and/or applicable state-specific endorsement must be attached to the policy at inception of the policy term being audited.
  - c) The carrier must make two attempts to obtain the audit information and/or complete the audit. At each attempt, the carrier must notify the employer regarding the specific required records and the amount of the ANC to be applied if the employer continues to refuse to comply with the audit.
  - d) The carrier must adequately document the audit file regarding the above attempts to obtain the required audit information.
  - e) When a carrier applies an ANC to the policy, and cancellation for audit noncompliance is permissible under state law, the carrier may cancel the policy and must issue a cancellation notice in accordance with applicable state laws and/or regulations.
- (5) This ANC rule applies to mail/email, telephone, computer (remote access), and physical audits, unless otherwise provided by state law.
- (6) The ANC may be applied to guaranteed cost policies as well as retrospectively rated policies.
- (7) The scenarios listed below may occur and are treated as follows:

If an ANC is applied and the employer...	Then the carrier...
Pays the ANC and later allows the audit	<ul style="list-style-type: none"> <li>• Performs the final audit and determines the final policy premium based on the results of the audit; and</li> <li>• Refunds the ANC to the employer, or applies the ANC amount to any outstanding balance on the policy</li> </ul> <p>Submits a unit statistical correction report to remove the ANC charge from the previously reported Unit Statistical data.</p>
Does <b>not</b> pay the ANC but later allows the audit	Performs the final audit and determines the final policy premium based on the results of the audit
<p>Pays the ANC but does <b>not</b> later allow the audit</p> <p>Does not pay the ANC and does <b>not</b> later allow the audit.</p>	<p>Does not change the previously reported:</p> <ul style="list-style-type: none"> <li>• Unit Statistical data</li> <li>• Noncompliance transactions</li> </ul>



- (8) Reinstatements of cancelled policies must be in accordance with all applicable state laws and/or regulations.
- (9) The ANC must be reported, including applicable corrections, in accordance with DCRB's Statistical Plan.
- (10) For assigned risk policies, if an assigned carrier has applied an ANC, the employer will be considered noncompliant with the audit and will remain ineligible for assigned risk coverage until the employer allows the audit to be performed and/or provides the required records. This applies even if the employer has paid the ANC.

### Premium Calculation Algorithm

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

### Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Workfare Program Employees Exposure (PA)	0982	(28)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(29)	Workfare Program Employees Rating Value (PA)	0982	(29)	Carrier Value
(30)	Workfare Program Employees Premium (PA)	0982	(30)	(28) x (29)
(31)	Non-Ratable Classification Premium Total		(31)	Sum of all (27)+(30) premiums
(32)	Non-Ratable Classification Increased Limits Factor	xxxx	(32)	Carrier value
(33)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(33)	(31) x [ (32) expressed as a decimal]
(34)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(34)	Carrier value
(35)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(35)	[(34)-(33)] if (33) < (34) and (32) > 0, otherwise zero
(36)	Premium Before Schedule Rating		(36)	(23)+(31)+(33)+(35)
(37)	Schedule Rating Plan Adjustment Factor	9887/9889	(37)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(38)	Schedule Rating Plan Premium Adjustment	9887/9889	(38)	(36)x[(37) expressed as a decimal]. For schedule credits Line (38) will be negative
(39)	Certified Safety Committee Credit Factor (PA)	9890	(39)	Credit applies if insured is certified.
(40)	Certified Safety Committee Premium Credit (PA)	9890	(40)	[(36)+(38)]x[(-39) expressed as a decimal]
(41)	Workplace Safety Program Credit Factor (DE)	9880	(41)	Credit applies if insured qualifies
(42)	Workplace Safety Program Premium Credit (DE)	9880	(42)	[(36)+(38)]x[(-41) expressed as a decimal]
(43)	Construction Classification Premium Adjustment Program Credit Factor	9046	(43)	Based on wage level(s), application to rating organization
(44)	Construction Classification Premium Adjustment Program Premium Credit	9046	(44)	[(36)+(38)]x[(-43) expressed as a decimal]
(45)	Drug-Free Workplace Factor	9846	(45)	Carrier value
(46)	Drug-Free Workplace Credit	9846	(46)	[(36)+(38)+(42)+(44)]x[(-45) expressed as a decimal]
(47)	Managed Care Factor	9874	(47)	Carrier value
(48)	Managed Care Credit	9874	(48)	[(36)+(38)+(42)+(44)+(46)]x[(-47) expressed as a decimal]

### Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(49)	Package Credit Factor	9721	(49)	Carrier value
(50)	Package Credit	9721	(50)	$[(36)+(38)+(42)+(44)+(46)+(48)] \times [(-49) \text{ expressed as a decimal}]$
(51)	Premium After Managed Care and Package Credit If Applicable		(51)	$[(36)+(38)+(40)+(42)+(44)+(46)+(48)+(50)]$
(52)	Assigned Risk Surcharge Factor (DE)	0277	(52)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(53)	Assigned Risk Premium Surcharge (DE)	0277	(53)	$(51) \times [(52) \text{ expressed as a decimal}]$
(54)	Deductible Credit Factor	9663	(54)	Carrier value
(55)	Deductible Premium Credit	9663	(55)	$[(51)+(53)] \times [(-54) \text{ expressed as a decimal}]$
(56)	Loss Constant	0032	(56)	Carrier value - may vary based on risk premium size
(57)	Loss Constant Charge	0032	(57)	Line (56) if applicable
(58)	Short Rate Cancellation Factor	0931	(58)	Carrier value - zero if short rate cancellation does not apply
(59)	Short Rate Premium	0931	(59)	$[(51)+(53)+(55)+(57)] \times [(58)-1.0000]$ if (58)>0, otherwise zero
(60)	Expense Constant	0900	(60)	Carrier value if applicable
(61)	Expense Constant Charge	0900	(61)	Line (60)
(62)	Minimum Premium	0990	(62)	Carrier value
(63)	Minimum Premium Charge	0990	(63)	If (62)> $[(51)+(53)+(55)+(57)+(59)+(61)]$ , (62)- $[(51)+(53)+(55)+(57)+(59)+(61)]$ , otherwise zero
(64)	Unit Statistical Report Total Standard Premium		(64)	$[(51)+(53)+(55)+(57)+(59)+(63)]$
(65)	Premium Discount Amount	0063/0064	(65)	Carrier value based on $[(51)+(53)+(55)+(57)+(59)+(63)]$
(66)	Additional premium Waiver of Subrogation (flat charge)	9115	(66)	Carrier value(s)
(67)	Terrorism	9740	(67)	$(\text{Total payroll}/100) \times \text{carrier rating value}$
(68)	Catastrophe (other than Certified Acts of Terrorism)	9741	(68)	$(\text{Total payroll}/100) \times \text{carrier rating value}$
(69)	Total Policy Premium Subject to Employer Assessment		(69)	$(61)+(64)-(65)+(66)+(67)+(68)$
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	PCRB value for the specific purpose of computing employer assessments
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	$[(69)-(11)-(55)] \times (70)$ NOTE: Cells (11) and (55) 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
(72)	Audit Noncompliance Charge	9757	(72)	Carrier Value x (69)

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**Workers Compensation and Employers Liability Insurance Policy****WC 00 04 24****AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT**

Part Five – Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 – Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage as specified under the policy.

**Schedule**

<b>State(s)</b>	<b>Basis of Audit Noncompliance Charge</b>	<b>Maximum Audit Noncompliance Charge Multiplier</b>
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**Note 1:** For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

**Note 2:** The Audit Noncompliance Charge Endorsement must be attached to the policy at inception of the policy term being audited.

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*Proposed Effective January 1, 2017*

**SECTION II - REPORTING REQUIREMENTS**

Item **A.** remains unchanged.

**B. Exposure Information**

Item Numbers **1 through 8** remain unchanged.

**9. Miscellaneous Statistical Codes**

Items **a. through d.** remain unchanged.

**e. Audit Noncompliance Charge (ANC) – Code 9757**

For policies where the carrier has chosen to apply an audit noncompliance charge because the employer would not allow the carrier to examine and audit its records.

The premium for Code 9757 is a flat charge applied after the Employer Assessment (Code 0938).

Note: When the Exposure on the 1<sup>st</sup> report includes Code 9757, report the Estimated Audit Code as “U” in the applicable Policy Conditions, Estimated Audit Code field.

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with the Basic Manual rules, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Audit Code must be changed to “N” and the exposure and premium must reflect the final audit.

Item Number **10** remains unchanged.

Items **C. through D.** remain unchanged.

**SECTION IV - CODES**

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

Item Numbers **1 through 5** remain unchanged.

**6. Policy Conditions**

Items **a. through c.** remain unchanged.

**d. Estimated Audit Code**

“Y”= Exposures expressed on the unit report are estimated.

“N”= Exposures expressed on the unit report are the result of an audit.

“U”= Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.

Note: When the Exposure on the 1st report includes Code 9757, report the Estimated Audit Code as “U” in the applicable Policy Conditions, Estimated Audit Code field.

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with the Basic Manual rules, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Audit Code must be changed to “N” and the exposure and premium must reflect the final audit.

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Items **e. through g.** remain unchanged.

**B. Exposure Information Codes**

Item Numbers **1 through 2** remain unchanged.

**3. Premium Codes**

Items **a. through b.** remain unchanged.

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

(1) Premium Discount	<b>Code 0063</b>
(2) Expense Constant	<b>Code 0064</b>
(3) Waiver of Subrogation – Flat Charge	<b>Code 0900</b>
(4) Terrorism	<b>Code 9115</b>
(5) Catastrophe (other than Certified Acts of Terrorism)	<b>Code 9740</b>
(6) Audit Noncompliance Charge	<b>Code 9741</b>
	<b>Code 9757</b>

Items **C. through D.** remain unchanged.

**SECTION X – PREMIUM ALGORITHM**

Updated Premium Algorithm attached.

Line item **(72)** is added for Audit Noncompliance Charge.

# DELAWARE

## WORKERS COMPENSATION INSURANCE PLAN

# HANDBOOK

EFFECTIVE  
January 1, 2017



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**30 South 17th Street**

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## **PURPOSE OF HANDBOOK**

This handbook will assist you in understanding the Delaware Insurance Plan (DIP) or “Plan.” It explains what the Plan is and how it works. The Plan has been filed with the Delaware Insurance Department as the method of providing Workers’ Compensation Insurance to an employer who is unable to obtain such coverage in the voluntary market. The Department of Insurance exercises general regulatory authority over the Plan but has designated the Delaware Compensation Rating Bureau, Inc. (DCRB) to administer the actual operation of the Plan under the jurisdiction of the President of the Delaware Compensation Rating Bureau, Inc.

## **HOW TO USE THIS HANDBOOK**

This handbook has six sections:

Section I: Plan Purpose and Overview of Rules and Procedures

Section II: Eligibility Requirements

- Completing the Application

Section III: Renewal, Cancellation and Reinstatement Procedures

Section IV: General Information

Section V: Duties and Responsibilities

## **SECTION 1 – PLAN PURPOSE AND OVERVIEW OF RULES AND PROCEDURES**

### **Purpose of Plan**

All insurers licensed to write workers' compensation insurance in Delaware must participate in the Pool. The Delaware Insurance Plan allows participation by choosing one of two options. The options are direct assignments or subscriptions to the Articles of Agreement of the National Workers Compensation Reinsurance Pool. There is often confusion between the terms "Pool" and "Plan," and the two terms are often used as though they were of one organization. All servicing carriers in Delaware are members of the National Pool. The National Pool is a voluntary association of insurance companies. These companies "pool" or "lump together" the premiums and losses of all employers who are assigned to these members companies. These premium and loss results are then allocated to all members of the National Pool by state, in amounts proportional to their total workers' compensation premiums in each state.

The National Pool operates in over 30 states in much the same way it operates in Delaware. The National Pool is recognized by the Assigned Risk Plans of various states. The National Council on Compensation Insurance, located in Boca Raton, Florida, administers the National Pool.

### **Operation of the Plan**

The Plan operates in this way. The Delaware Compensation Rating Bureau, Inc. (DCRB) has been delegated by the Delaware Insurance Commissioner to serve as the administrator of the Delaware Insurance Plan (DIP). DIP provides the means for an employer to satisfy the requirements of Delaware Workers' Compensation Law when the employer is unable to purchase such insurance through the voluntary market.

An employer requiring workers' compensation coverage, with or without the help of an agent, must complete an application and submit along with the appropriate deposit premium to the DCRB. The application and other forms are available on the DCRB website, [www.dcrb.com](http://www.dcrb.com), under the Delaware Insurance Plan. Only Delaware Insurance Plan applications will be accepted.

Coverage may be bound under the Delaware Workers' Compensation Insurance Plan consistent with Plan rules, 12:01 A.M. on the first day following postmark or hand delivered receipt of the completed application, or on such later date as may be requested including applications hand delivered to the DCRB office. Backdating of coverage is not permitted in the Plan. Only the Plan can bind coverage. No producer or agent has binding authority.

All risks to which this Plan applies shall be written utilizing the classifications, forms, rates, and rating plans established by the DCRB; provided, however, as to any risk with annual estimated standard premium of at least \$100,000, the DCRB may require the utilization of a retrospective rating plan. Unless the applicant, its servicing carrier, and the DCRB agree to the utilization of another retrospective rating option on file with the appropriate regulatory authority, Retrospective Rating Option V, as filed with the appropriate regulatory authority, subject to a maximum retrospective premium not greater than 150 percent of the audited annual standard premium, shall be required. If required by the DCRB, Retrospective Rating Option V shall be mandatory, notwithstanding any rule or endorsement indicating that Retrospective Rating Option V is an optional rating plan.

### **Delaware Insurance Plan (DIP) Surcharge**

A premium surcharge will apply to all risks insured under the Plan which qualify for experience rating and produce experience modifications in excess of 1.000. The DIP surcharge factor is shown on the experience rating worksheet of the employer under Statistical Code 0277, DIP Surcharge. Producer fees and servicing carrier allowance is paid on DIP premium.

## **SECTION II – ELIGIBILITY REQUIREMENTS**

An employer is eligible for coverage in the Plan if the employer is not indebted to the Pool or any other insurance carrier, has no current voluntary coverage in force, and has been declined by two licensed Delaware insurance companies.

Good faith will be presumed in the absence of compelling evidence to the contrary. The employer must be unable to secure any reasonable offer of insurance on a voluntary basis from an insurance company. (Note: If the employer received and rejected an offer of voluntary coverage, the DCRB will consider all information, including the terms of the voluntary offer, when determining an employer's eligibility.) An employer is not in good faith entitled to insurance if any of the following circumstances exist at the time of application or thereafter:

- If at the time of application, a self-insured employer is aware of pending bankruptcy proceedings, insolvency, cessation of operations, or conditions that would likely result in occupational disease or cumulative injury claims from exposures incurred while the employer was self-insured.
- The employer or an entity with a common management interest has an outstanding obligation for workers compensation premium to a previous insurance carrier.
- The employer, while insurance is in force, knowingly refuses to meet or comply with reasonable health and safety requirements.
- Coverage may be refused or cancelled if the employer or representative of the employer knowingly makes a material misrepresentation on the application by omission, or otherwise, including any of the following: misrepresenting estimated payrolls, nature of business, name or ownership of business, including related entities, previous insurance history or outstanding premium obligation.
- The employer has an incomplete audit or inspection on a prior workers' compensation policy due to the employer's failure to cooperate with the insurer.
- If a previously assigned carrier has applied an Audit Noncompliance Charge (ANC), the employer is considered non-compliant with the audit and will remain ineligible for assigned risk coverage until the employer allows the audit to be performed and/or provides the required records. This applies even if the employer has paid the ANC.

### **Binding of Coverage**

In all instances, the DCRB is limited in its binding authority as follows:

The DCRB can only bind coverage if an agency check or an Automated Clearing House (ACH) deposit for the correct deposit premium is received with the application. Only certified checks of the employer or an agency check are accepted for deposit.

The DCRB cannot bind coverage if the declination requirements are not met or if the employer has received an offer of voluntary coverage.

The DCRB cannot bind coverage for an employer who is in default of premium or who has an outstanding audit due on a prior Delaware workers' compensation policy. If, subsequent to policy issuance, the insured does not meet all workers compensation insurance premium obligations under a previous policy or under a present policy, the insured's present carrier retains the right to cancel a policy currently in force under this Plan.

The DCRB cannot bind coverage if the employer already has a Delaware workers' compensation policy in effect.

In no event shall coverage be bound earlier than 12:01 A.M. on the first day following the postmark time and date on the envelope in which the application is mailed (including the estimated annual or deposit premium) or the expiration of existing coverage, whichever is later. If there is no postmark, coverage will be effective 12:01 A.M. on the first day following receipt by the DCRB, unless a later date is requested. Those applications hand delivered to the DCRB will be effective as of 12:01 A.M. on the first day following receipt by the DCRB, provided all necessary information required to complete the application is included.

Applications submitted through the Delaware Insurance Plan Web Application will be bound twenty-four hours (24) following receipt of the application and the deposit premium. If the deposit premium is not through an ACH, coverage will be bound twenty-four hours after receipt of the deposit premium check.

### **Delayed Processing and Rejection of Application**

To avoid a lapse in coverage, it is very important to fill in the application completely and accurately. Whether the employer or agent has completed the application, if the application has not been properly completed or there are omissions of necessary information, the assignment of coverage may be delayed. Listed below are some of the common reasons for delay in processing an application.

- Insufficient deposit premium
- Personal check of applicant
- Omission of carrier declinations
- No description of operations/business
- Coverage already in force
- [Executive Officer\(s\) exclusion](#) not included
- Plan application not signed \*
- Deposit premium not remitted with application \*
- FEIN or Social Security Number omitted
- Delaware location omitted
- Outstanding premium owed\*
- Failure to comply with audit on prior policy

\* Application will be returned

If the application is incomplete, the agent will be notified; if no agent, the employer. Requested information to complete the application process must be provided within ten calendar days to retain the original receipt date. If information is not received within ten calendar days, coverage will be bound as of 12:01 a.m. on the first day following receipt of the required information.

If an application is returned due to insufficient information or deposit premium, the application and deposit premium will be returned to the applicant (or agent if applicable).

If an application does not meet the eligibility requirements, the application will be rejected and returned to the agent (to the employer if there is no agent) with no coverage provided.

If coverage is bound pursuant to the above, the DCRB shall issue a 30-day binder with copies provided to the agent, employer, and the servicing or direct carrier to which the DCRB assigned coverage for the employer.

The policy shall be issued for a term of at least one year, unless a shorter policy term has been requested.

### **Completing the Application**

The employer is not required to complete an application each year. However, if a change in carrier is requested, the employer must request a change in servicing or direct carrier in accordance with plan rules by submitting a new application to the plan administrator at least 60 days in advance of the policy expiration, accompanied by acceptable reasons for the request.

An employer found to have previously been assigned through the Plan, in the absence of a valid reassignment request, will be assigned to the servicing or direct carrier that most recently insured the risk in the DIP.

### **Supplemental Application – Trucking**

To obtain a Delaware Insurance Plan policy for a new business employer whose operations fall within the scope of trucking, in addition to the Plan application a completed [Supplemental Application](#) must be completed to provide information about the employer's eligibility for assignment in the DIP. Failure to complete the supplemental application may result in processing delays of the DIP application.

### **Item 1 – General Information**

1. Enter the **Effective Date** coverage is requested. The date entered is not a guarantee of coverage. If the employer has insurance in effect, the effective date should be the expiration date of the expiring policy. In no event will coverage be made earlier than 12:01 A.M. on the first day following receipt of the application and required deposit premium. .
2. Enter the complete legal **Name of Employer**. Show names of all partners if business status is a partnership.
3. Enter the **Federal Employers Identification Number** of the employer. Applicants that do not have a FEIN must submit their social security numbers.
4. Enter the complete **Mailing Address**, include post office box, if any. All correspondence will be sent to the mailing address. Telephone number of employer is required.
5. Enter **Principal** location of employer for the State of Delaware. A physical street address is required.

6. Enter **Other Delaware Locations** where the employer operates in the state. A physical street address is required.
7. Enter the **Payroll Office Address** where the employer's payroll records are kept.
8. Enter the appropriate **Legal Status** of risk, i.e., individual, corporation, partnership, limited liability company (LLC) or joint venture. The legal status of a husband and wife will be treated as a partnership when both names are shown on the application.
9. Has there been a **Name Change** during the past three years?
10. List whether there are operations in **Other States** besides Delaware. If coverage in a state(s) other than Delaware is needed, contact the DCRB.

#### **Item II – Insurance Record**

1. Provide the names of insurance company(s) that provided coverage for the past three years. If a new business, indicate "NEW BUSINESS."
2. Enter the appropriate answers to the several questions as they pertain.
3. The employer must answer Question 3. If an employer is in default of premium at the time of application, the employer is not eligible for coverage in the DIP. If the outstanding premium is in dispute, the employer must present documentation with the application to substantiate the dispute. All information submitted will be considered in determining if the employer is eligible for DIP coverage.

#### **Item III – Insurance Companies Who Have Refused Coverage**

Provide the name of two licensed insurance companies who have refused coverage. List the full time salaried employees with whom you have talked, along with their telephone numbers. The current voluntary insurance carrier must be one of the carriers refusing to offer coverage. An employer may not refuse a reasonable offer of voluntary coverage. If the employer has received and rejected an offer of voluntary coverage, the DCRB will consider all available information submitted to determine whether the employer is eligible for Pool coverage. DCRB staff at its discretion may verify the declination of coverage with the insurance carriers listed in Item III.

#### **Item IV – Corporate Officers and Limited Liability Members (LLC)**

List the name, title, duties and approximate annual salary of all executive officers or LLC members. The payroll of all corporate officers or members covered by the policy shall be included for premium calculation, subject to the minimum and maximum individual weekly payroll limitations approved in Delaware. To non-elect coverage under a DIP policy, the corporate officer(s) or members must complete, sign and attach [Agreement by Executive Officer\(s\)/LLC Members Not to be subject to the Delaware Workers Compensation Law](#) form with application. Failure to include Agreement with the DIP application could result in premium being charged for executive officer(s) or LLC members.

#### **Item V – Sole Proprietors and Partners**

Sole proprietors and partners may elect coverage under the Delaware Worker's Compensation Law by completing, signing and submitting with the Plan application, [WC 00 03 10](#), Sole Proprietors, Partners and Others Inclusion, for each individual electing coverage.

**Item VI – Nature of Business, Location, Classification and Payroll in Delaware**

## Description of Operations

Explain the nature of business and completely describe the operations for all locations. The DCRB reserves the right to question the classification on any submitted application and make changes to the classification and premium if necessary. If the employer already has an established approved classification(s), the application must use the authorized classification(s). Authorized classes may be verified for an existing employer through the Application Login on the DCRB website at [www.dcrb.com](http://www.dcrb.com).

## Classification, Payroll and Premium Calculation

Classification codes and wording may be taken from an existing policy of insurance. Refer to the [Delaware Basic Manual](#), Section 2, for classification description or contact the DCRB Classification Department for assistance. Classifications are subject to review by DCRB staff. The number of employees by location and classification must be shown.

Realistic estimates of expected payrolls are required. If the payrolls shown on the application are lower than those reflected in the most recent audit, an explanation from the employer to justify the lower payroll amounts may be required.

Note: DCRB staff may require verification of payroll information. When required, Form 941 (Employer's Quarterly Federal Tax Return) must be submitted to the designated carrier to determine whether a preliminary audit is appropriate.

The Assigned Risk Rate for each classification can be obtained from the DCRB website, [www.dcrb.com](http://www.dcrb.com), under [Rating Values](#) or from DCRB staff.

The standard limits for Part Two - Employers Liability which are provided at no additional costs are:

\$100,000 per Accident - each Accident  
\$100,000 per Disease - each Employee  
\$500,000 per Disease - each Policy

Increased Limits are available in the Pool. To obtain the Increased Limits Factor, refer to the [Delaware Basic Manual](#), Section 1.

Additional factors affecting premium are:

- Experience Modification \*
- Merit Rating Adjustment \*
- Workplace Safety Credit \*
- Construction Classification Premium Adjustment Program \*
- Expense Constant
- Delaware Insurance Plan Surcharge \*
- Premium Discount
- Terrorism
- Catastrophe (other than Certified Acts of Terrorism)
- Deductible Credit

\*Employer information (i.e., authorized classification(s), experience modification, merit rating, DIP surcharge) may be obtained for the individual employer from the DCRB website through the Application Login under [Rating and Underwriting Reference](#). (User name and password are needed to log into this area.)



To calculate the Terrorism premium, divide the total amount of payroll (applicable to all classifications, except per capita classes) by 100 and multiply the result by the Terrorism residual rate.

To calculate the Catastrophe (other than Certified Acts of Terrorism) premium, divide the total amount of payroll (applicable to all classifications, except per capita classes) by 100 and multiply the result by the Catastrophe residual rate.

Using the appropriate Delaware residual rate by classification, calculate the estimated annual premium, applying if applicable the aforementioned factors. Estimated premium can be calculated by using the approved [Algorithm](#). Using the approved Algorithm does not limit DCRB staff from adjusting the premium upon examination.

## **Item VII – Deposit Premium**

The deposit premium must be for the correct amount and submitted at the time of application. The applicant may select during the application process, depending on premium size, to have either one annual payment or an installment plan. Failure to submit the correct premium will delay or even void the application process. The DCRB cannot ensure the effective date of coverage when the correct deposit premium is not remitted at the time of application.

The designated carrier has the right to make changes in the deposit premium or to conduct interim audits to ensure the adequacy of the estimated annual premium.

Acceptable forms of payment are:

- Employers Certified check
- Producer/Agency check
- Money order
- Premium Finance check
- Automated Clearing House
- Wire Transfer
- Direct bank teller deposit to DCRB account\*

Bank checks must be made payable to the **Delaware Compensation Rating Bureau, Inc.** DCRB staff will endorse the check to the designated servicing/direct carrier receiving the assignment. The employer will make subsequent payments directly to the assigned carrier. There will be no coverage in place if there are not sufficient funds to cover the deposit premium check when it is deposited by the designated carrier.

\*Direct bank teller deposit requires that a copy of the deposit slip with the applicants name be faxed or emailed to the DCRB for verification of deposit.

## **Premium Payment**

### **1. Annual Premium Adjustment**

Policies having an estimated annual premium of less than \$1,000 are not eligible for interim adjustments.

## **2. Interim Premium Adjustment**

Policies that provide for adjustment of premium on an interim basis are subject to the following deposit premium requirements:

\$1,001 - \$4,999	at least 75% of the Estimated Annual Premium
\$5,000 - \$24,999	at least 50% of the Estimated Annual Premium
\$25,000 or more	at least 25% of the Estimated Annual Premium

## **3. Minimum Deposit Premium**

The deposit premium cannot be less than the applicable minimum premium, if the minimum premium is \$1,000 or less.

## **Financed Premiums – Explanation**

The employer may elect to finance the deposit or estimated annual premium. When this is done, there are several concerns for the agent. First, the finance company will require the employer to sign a finance agreement. This agreement will often require the employer to sign over to the finance company two important rights.

1. The right to cancel the policy should the employer fail to meet a payment as required in the agreement.
2. The right of the finance company to receive returned premiums whether the policy is cancelled or not.

If the premium is being financed, a copy of the legal finance agreement, signed by the employer, must be forwarded to the plan administrator with the application to be submitted to the servicing carrier. If it is not available at the time of application, then the employer or agent must forward the agreement to the plan administrator as soon as it is available. This should be the “official” legal agreement signed by the employer and containing the full terms of the agreement. Without having such an agreement the servicing carrier cannot acknowledge the finance companies rights.

A finance company may request that a cancellation take effect on a certain date. The servicing carrier, because of legal cancellation notice requirements of the DCRB, must make this cancellation effective on a later date.

In other instances, the finance company may request cancellation and shortly thereafter, upon receiving the employer’s payment, request reinstatement of the policy. There is no obligation on the part of the servicing carrier to reinstate the policy, and it may elect not to do so, particularly if a legal cancellation filing has been made with the DCRB.

The agent may advance premium payments on behalf of the employer. In these cases, without a valid finance agreement, the servicing carrier must consider the policy to be a contract between itself and the employer. Premiums received from the employer or from the agent on behalf of the employer are all considered as payments made directly by the employer and posted to the employer’s account. Return premiums are made payable to the employer, not the agent. This can be a problem for the agent, particularly where the agent has advanced all or a portion of the premium and later the policy is cancelled for non-payment of premium or the deposit premium given to the agent by the employer defaults for insufficient funds.

Agents should be alert to these potential problems when premiums are financed or where premiums are advanced by the agent.

### **Item VIII – Applicants Statement**

After reading the statement, the application must be signed with the employer's name, title and signature of the individual certifying and acknowledging the application. The application must be signed by the owner, officer or LLC member of the company. By signing this application, the employer certifies that all information in the application is true.

### **Item IX – Agent or Producer**

If an agency's services are used, the agent or producer must complete the application by entering their name, address and telephone number and Federal Employers Identification and Delaware Agent's License Number. The agent or producer must also date the application at signing.

The agent or producer is not a contract agent or agency of the designated carrier and has no authority to bind or cancel Pool coverage or to issue Certificates of insurance. All premium transactions are strictly between the designated carrier and the employer. The agent or producer is not a third party to the policy contract. If you have any questions about your authority, contact the DCRB or servicing carrier.

By signing the application, the agent or producer is certifying that all information provided is true to the best of his/her knowledge and belief and that he/she has made a good faith effort to place the coverage in the voluntary market.

Commission fees are payable to the designated agent or producer upon payment of all premium due

under the policy. The fee shall be based on the state standard premium and paid at the rate on file with the Delaware Department of Insurance.

### **PRODUCER FEE SCHEDULE** (Commission Schedule) **Graduated A Scale**

First	\$ 1,000	8%
Next	\$ 4,000	5%
Next	\$ 95,000	3%
Over	\$100,000	2%

## **SECTION III – RENEWAL, CANCELLATION AND REINSTATEMENT PROCEDURES**

### **Renewal Procedure**

An employer remains assigned to a servicing carrier until a policy is cancelled or non-renewed. At least 60 days prior to the expiration date of the policy, the servicing carrier sends a renewal proposal

or notice to the employer and agent. This proposal includes a request for a new deposit premium which has been calculated by the servicing carrier. This deposit must be received by the servicing carrier before the policy expires to avoid a lapse in or cancellation of coverage.

If renewal premium is received or U.S.-postmarked within 60 days following the expiration of the prior policy, the renewal policy will be issued with a lapse.

If the premium has not been received or U.S.-postmarked within the above 60-day period, the employer will be informed that a new application is required.

If a servicing carrier is unwilling to renew the employer's policy, it must notify the employer, agent and DCRB at least 60 days before the policy expires, giving the reasons for the non-renewal.

If a risk is dissatisfied with its Plan carrier, an employer may request reassignment to a different servicing carrier by notifying the servicing carrier and DCRB at least 60 days prior to the policy expiration. The DCRB requires the reason for reassignment request.

There is no choice of a new servicing carrier by the agent or the employer. Carrier selection is made in an equitable manner based on employer's needs and available quota capacity.

## **Cancellation Procedure**

### **Cancellation by Insured**

The employer may request cancellation at any time once coverage is no longer needed. The servicing carrier must obtain advance written notice from the insured stating when the cancellation is to take effect. Normal reasons for requesting a cancellation are a) out of business; b) no longer has employees requiring coverage; 3) coverage placed on voluntary market; 4) business sold.

### **Cancellation by Producer of Record**

The producer of record may request cancellation for failure of the Insured to pay money due the producer only if permitted by a legal finance agreement in which the employer gives the producer of record power of attorney.

### **Cancellation by Finance Company**

A finance company may request cancellation for failure of the insured to pay installments only after the employer has executed a legal finance agreement giving two rights to the finance company:

1. The right to cancel the policy should the employer fail to meet a payment as required in the agreement.
2. The right of the finance company to receive returns premiums whether the policy is canceled or not.

The servicing carrier must receive a valid copy of the actual finance agreement signed by the insured. Without a valid copy in their records, the servicing carrier cannot comply with the finance company's request. Cancellation of the policy may be effective on a date later than is requested by the finance company in order to comply with legal cancellation notice requirements.

### **Cancellation by Servicing Carrier**

Cancellation Requiring Approval - The servicing carrier may request permission from the plan administrator to cancel the policy for any of the following reasons:

- The employer is not in Good Faith entitled to insurance.
- The employer has failed to comply with reasonable safety requirements.

- The employer has violated any policy term or condition.
- Any other good and substantial documented reasons subject to review and discretion of the plan administrator.

The servicing carrier shall provide the reasons for the cancellation request. Appropriate advance notification must be sent to the DCRB in the state where cancellation is to be effected.

**Cancellation Not Requiring Approval** - Prior approval is not needed to cancel the policy for non-payment of premium under the current or any previous WC policy.

### **Cancellation Notice**

In all cases of cancellation by the servicing carrier, the cancellation notice must be sent to and received by the employer in accordance with Delaware's advance notification requirements. Notification of cancellation must be sent to the plan administrator and the producer-of-record.

### **Late Installment/Interim Audit Payment**

The servicing carrier will accept an insured's bank check for an interim audit or installment payment which is U.S.-postmarked prior to the date of cancellation for non-payment of the premium and will continue coverage.

If a bank check is received for a late interim audit or installment payment which is postmarked after the date of cancellation, refer to the following for appropriate reinstatement procedures.

### **Reinstatement of the Policy Cancellation**

The servicing carrier shall reinstate insurance without a lapse in coverage if the item correcting the default is received prior to the effective date of policy cancellation or the envelope containing the item correcting the default is U.S.-postmarked prior to the effective date of policy cancellation.

The servicing carrier shall reinstate insurance with a lapse in coverage one time only during the original policy period, if an item correcting a default which resulted in cancellation is received on or within 60 days after the effective date of policy cancellation and is not U.S.-postmarked prior to the effective date of policy cancellation.

The servicing carrier shall not reinstate coverage if an item correcting a default is received after 60 days from the effective date of policy cancellation and is not U.S.-postmarked prior to the effective date of policy cancellation or if the risk has already been permitted its one reinstatement. The servicing carrier shall inform the risk that, if it continues to require insurance under the plan, it will need to reapply to the Delaware Insurance Plan.

If a reinstatement notice is issued, any lapse of coverage must be clearly stated on the notice. The lapse shall be for the time period from and inclusive of the date of cancellation through the date of the U.S. postmark appearing on the envelope containing the item correcting the default or, if received by other means, consistent with the postmark binding rule.

## **SECTION IV – GENERAL INFORMATION**

### **Voluntary Assumption of Coverage**

Any licensed Delaware insurance carrier may assume coverage on a risk voluntarily at any time during the policy period or at the expiration of the policy. Approval from the plan administrator is not

required. Cancellation of the current policy is made on a pro-rata basis when coverage is placed on the voluntary market.

## **Coverages in States Other Than Delaware**

If coverage is needed in states other than Delaware, you must follow the procedure outlined below:

A servicing carrier who is a member of the National Pool may extend coverage in any other state serviced by the National Pool, provided the servicing carrier is also a servicing carrier for that state.

If it appears that the employer has need of coverage beyond Delaware, the DCRB will inform the servicing carrier, and it will be the employer's responsibility to secure coverage in those states. The carrier at its option may or may not furnish such insurance. The DCRB can only assign Delaware coverage.

## **SECTION V – DUTIES AND RESPONSIBILITIES UNDER THE PLAN**

### **The Agent and Agency's Duties and Responsibilities**

1. Assist the employer in meeting his obligation under the Delaware Workers' Compensation Law, preferably by securing coverage in the voluntary market. Failing to obtain such coverage, the agent should assist the employer in obtaining coverage under the Plan in a prompt and efficient manner. Even if coverage must be placed in the Plan, the agent has the continuing responsibility to try to place coverage in the voluntary market. The agent must explain to the employer the necessity for securing coverage under the Plan.
2. Assist the employer in thoroughly and accurately completing the application and any other documents that may be required.
3. Promptly report all changes in the employer's name, operations, exposures, locations, financial condition or other changes which may affect the policy or the services being provided.
4. See that adequate deposit and premiums are maintained and encourage the employer to realistically estimate payrolls.
5. Determine what coverage's the employer needs for both Delaware and out-of-state operations. Secure such coverages, as needed, from the servicing carrier or other pools or funds, if necessary.
6. Promptly forward all premium payments received from the employer to the servicing carrier to avoid cancellations and lapses in coverage. Encourage the employer to meet all premium payments and, if any, finance obligations in a timely manner.
7. Promptly refund any excess producer fees paid you by the servicing carrier when requested to do so.
8. Advise the employer in all matters relating to his/her workers' compensation insurance.

### **The Servicing Carrier's Duties and Responsibilities**

1. Provide coverage to all employers who are assigned to the company and who, upon investigation, are entitled to coverage under the Plan.
2. Issue the necessary policy and provide underwriting, claims, loss control, auditing and other services in a prompt and efficient manner.
3. Work with and assist the agent, employer and DCRB on problems relating to coverage and service under the Plan.

4. Maintain adequate deposits and advance premium.
5. Refund promptly any excess premium determined by final audit.
6. Pay agent producer fees promptly when due.
7. Strictly comply with all terms and conditions of the policy contract.
8. Provide Certificates of Insurance to the employer upon request.

### **The Employer's Duties and Responsibilities**

1. Before applying for coverage under the Plan, the employer must in good faith be entitled to workers' compensation insurance. An employer is not entitled to coverage if indebted to the Pool or has outstanding audit obligations to a prior insurer.
2. Comply with all provisions of the Plan, including accurately and fully completing the required application form and any supporting documents that may be required.
3. Keep the agent fully advised of changes in name or ownership, operations locations or exposures which may affect coverage, classifications, rates, premium estimates or other aspects of the coverage being provided by under the Plan.
4. Cooperate fully with the servicing carrier in implementing all reasonable safety recommendations. (Failure to do so may be valid reasons for cancellation under the Plan.)
5. Report all claims promptly and cooperate with the servicing carrier in the investigation and settlement of claims.
6. Strictly comply with all terms and conditions of the policy.

### **The DCRB's Duties and Responsibilities**

1. Review all applications as received.
2. Make assignments promptly to servicing carriers on an equitable basis, keeping in mind the employers' coverage and servicing carrier's requirements determining which servicing carrier can best meet these requirements.
3. Maintain the necessary files and records on each employer so that proper experience modifications and rates are used. Review policy contracts to determine adherence to rules, rates and modifications by the servicing carriers.
4. Respond promptly to complaints, questions and problems from agents, servicing carriers and employers.