

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

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

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

Example 1 - Loss Correction Report

Example 2 - Deductible; Rated Risk with Construction Credit

Example 3 - Short Rate Cancellation; Rated Risk

Example 4 - Ratable Class; Mandatory Non-Ratable Element

Example 5 - Ratable Class; Optional Non-Ratable Element

Example 6- First Report with Claim Requiring an Individual Case Report; Rated Risk

Example 6a - Permanent Total Disability Claim Requiring Pension Table Benefit Calculations

Example 7 - Individual Risk Experience with USL & HW Coverage

Example 7a - USL & HW Coverage; Permanent Total Disability Claim Requiring Pension Table Benefit Calculations

Example 7b - Death, Widow Only Claim Requiring Pension Table Benefit Calculations

Example 8 - Second Reporting of Losses for Unit for Example 7

Example 8a - Permanent Total Disability Claim Requiring Pension Table Benefit Calculations; 2nd Report Level

Example 8b - Death, Widow Only Claim Requiring Pension Table Benefit Calculations; 2nd Report Level

Example 9 - Individual Risk Experience Including Premiums for a "Non-F" Classification

Example 9a - Permanent Total Disability Claim Requiring Pension Table Benefit Calculations with Survivorship Benefits

Example 10 - Correction of Header Information Only

Example 11- Correction of Loss Totals Only

Example 12 - Second Reporting of Losses

Example 12a - Death, Widow Only Claim Requiring Pension Table Benefit Calculations; 2nd Report Level

Example 13 - First Report Requiring Pension Table Benefit Calculations Widow with 2 Children

Example 13a - Death Claim Requiring Pension Table Benefit Calculations , Widow with 2 Children

Example 14 - Merit Rating

Example 15 - Employer Assessment with Deductible Applicable After Experience Modification

Example 16 - Employer Assessment with Deductible Applicable Before Experience Modification

Example 1 - Loss Correction Report

The correction was necessary because of the revised jurisdiction state of a claim. 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 are 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	01/01/19	01/01/20	37																		
Insured's Name: PDQ REFINING CO											F.E.I.N. → 123456789		Pending File No.													
Insured's Address:											T.P.E / F.E.I.N. →															
Mod. Effective Date	Rate Effective Date	Policy Conditions							Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use								
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
		N	Y		N	N	N	N		01	01	01	03	01	1000											
EXPOSURE INFORMATION									LOSS INFORMATION																	
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type				
															Act	Type	Recv	Clim	Settl							
							P	15000	04/22/19	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					
								90	04	01		CHEMICAL PROCESSOR			N		00		31271		800					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred							
								15000						12500												
							R	15000	04/22/19	125083	900	0581	09	0	01	01	01	01	00	07	00	00				
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								90	04	01		CHEMICAL PROCESSOR			N		00		31271		800					
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid		ALAE Incurred							
								15000						12500												
								A. Total Subject Premium																		
								B. Experience Mod (XX.XXX)																		
								C. Total Modified Premium																		
								D.																		
								E.																		
								F.																		
								G.	Total Standard Exposure	Total Standard Premium																
								H.	006	Premium Discount Amount																
								I.	0900	Expense Constant Amount																
								J.																		
								K.																		
								L.																		
LOSS TOTALS																										
Reserved For Future Use									Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved For Future Use			Total Paid Indemnity			Total Paid Medical		
									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 2 - Deductible; Rated Risk with Construction Credit

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

Non-ratable and supplemental loading charges are not subject to the pre-modification deductible credit.

The Pennsylvania Construction Credit Adjustment Program (PCCPAP) 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	01/01/19	01/01/20																	
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	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					Jurisic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clim	Settl					
R		01	0609	742345	12.10	89824																		
R		01	0951	1169584	0.96	11228		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
R		01	0953	835267	0.49	4093		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
R		01	9807			1998	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type		
R		01	9664			4179		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	Clim	Settl	Jurisic State	Cat. No.	MCO Type		
								A. Total Subject Premium																
								B. Experience Mod (XX.XXX)																
								C. Total Modified Premium																
NOT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type		
R		D.	9046		0.23	23729		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
		E.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
		F.						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type		
								G.	Total Standard Exposure			Total Standard Premium												
									2747196	79441														
AFTER								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																				
STANDARD								LOSS TOTALS																
R		J.	9740		.02	549		Reserved For Future Use			Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical			
R		K.	9741		.01	275		Tot. Claimant's Attny. Fees			Tot. Employer's Attny. Fees			Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred				
R		L.	0938		.0226	1908																		

Example 3 - 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 Pennsylvania Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

The optional non-ratable element is not subject to the experience modification.

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

- b. Non-Rated

Class	Payroll	Rate	Premium
0176	364,111	1.04	\$3,787
Total Standard Premium			\$30,877 + \$3,787 = \$34,664

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

Example 4 - Ratable Class; Mandatory Non-Ratable Element

For class codes 615, 810, 4771, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the PCRB and shown on the PCRB Data Card. When reporting these classifications, the ratable element is subject to the experience modification.

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	01/01/19	01/01/20	37											
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					Jurisic State	Cat. No.	MCO Type					
															Act	Type	Recv	Clim	Settl								
R		01	0615	82351	55.37	45598																					
S U B J E C T	R		01	0953	1587	0.49	8																				
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical									
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred														
A								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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	Clim	Settl	Jurisic 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	Clim	Settl	Jurisic 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	Clim	Settl	Jurisic 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	Clim	Settl	Jurisic 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	Clim	Settl	Jurisic 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															

Example 5 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the PCRB and shown on the PCRB Data Card when the non-ratable element is authorized by the PCRB's Classification Department. This example reflects ratable class Code 0445 and the optional, non-ratable code 0067. Note that while this specific example uses these two classes only, it is also applicable to any other PCRB established, optional non-ratable codes such as those associated with classification Code 0447, Code 0513 and classifications with radiation or carcinogen exposure.

When reporting these classifications, the ratable element's premium is subject to the experience modification. The optional non-ratable element's premium is not subject to the experience modification.

Note: All non-ratable class exposures are excluded from the total standard exposure, however non-ratable class premiums are included when calculating the Pennsylvania Employers' Assessment, Code 0938.

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	01/01/19	01/01/20	37																	
Insured's Name: GEE 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	Y		N	N	N	N		01	01	01													
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					Jurisic State	Cat. No.	MCO Type			
															Act	Type	Recv	Clim	Settl						
R		01	0445	258870	55.37	143336																			
SUBJECT	R	01	0953	1328	0.49	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							
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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 SUBJECT	A. Total Subject Premium					143343		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type			
	R	B. Experience Mod (XX.XXX)					0.915		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical			
		C. Total Modified Premium					131159		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred						
NOT SUBJECT	R	D.	0067	258870	6.09	15765		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type			
		E.						Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
		F.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
AFTER SUBJECT	G.			Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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							
STANDARD	R	J.	9740	.02	52		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												
	R	K.	9741	.01	26																				
	R	L.	0938	.0226	3322		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred											

Example 6 - First Report with claim Requiring pension table benefit calculations; Rated Risk

Also note this risk has qualified for the Pennsylvania Certified Safety Committee Credit (Code 9890). The Pennsylvania Certified Safety Committee Credit is to be applied to the manual premium after the application of the experience modification. When applicable the employer's liability should be calculated, and the Increased Limits premium is subject to the Pennsylvania Certified Safety Committee 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	37											
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

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					Juris. State	Cat. No.	MCO Type
															Act	Type	Recv	Clm	Settl			
															01	01	01	01	00			
R		01	0101	1214435	6.91	83917	R	46096	11/26/13	181500	7027	0101	09	0	01	01	01	01	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
R		01	0951	675210	0.96	6482			31	02	86	MILLER			N		00		7025		3600	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
R		01	0953	20800	0.49	102			35000						20000							
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R	46114	12/05/13	1323	137	0101	05	1	01	01	01	01	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
									35	40	10				N		00		900		137	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R	46122	10/01/13	474373	13000	0101	02	0	01	01	01	01	00	00	00	
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
									30	13	10	MILLER			N		00		20871		6000	
								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	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.	MCO Type
							R															
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid		ALAE Incurred		
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Juris. State	Cat. No.</	

Example 6a - Permanent Total Disability claim requiring pension table benefit calculations

Use Table III-M-A

Type Claim - State Act Trauma
Average Weekly Wage - \$555
Effective Date - 07/01/13
Date of Valuation - 01/01/15
1st Level Report - Open

Date of Accident - 10/01/13
Date of Birth - 04/01/69
Claimant's age at Valuation-46 {sex- M}
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.286 wks

Present Value of Future Payments
Weekly Benefit = \$458.50 Per PA Benefit Schedule
Present Value of \$1 at Age 46 = 18.641 {Table III-M-A}
 $\$458.50 \times 52 \times 18.641 = \$444,439$

Indemnity Paid to Valuation
Date - $65.286 \times \underline{458.50} = 29,934$

Example 7 - Individual Risk Experience with USL&HW Coverage

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

Note: USL&HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741. However, pursuant to Act 57 of 1997, Federal Class premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

Refer to Example 7a and 7b for the claims requiring pension benefit calculations.

**Example 7a - USL&HW Coverage; Permanent Total Disability claim
requiring pension table benefit calculations**

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

Type - USL&HW-Trauma	Date of Accident - 10/01/13
Average Weekly Wage - \$555	Date of Birth - 03/15/63
Effective Date - 09/01/13	Employee's age at Valuation Date -52 (sex - M)
Date of Valuation - 03/01/15	Loss Conditions - 02/01/01/03/00
1st Level Report - Open	

Employer's Liability = \$3,000
Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$555) = \370.02
Present Value of \$1 = 29.521 {Table USL&HW-III-M-C}
 $\$370.02 \times 52 \times 29.521 = \$568,015$
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/13 to 03/01/15 [516 days / 7 = 73.714 (Wks)]
 $73.714 \times \$370.02 = \$27,276$

Total Indemnity Incurred = $\$3,000 + \$568,015 + \$27,276 = \$598,291$

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.

Example 7b - Death, Widow Only claim requiring pension table benefit calculations

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$575
Effective Date - 09/01/13
Date at Valuation - 03/01/15
Date of Accident - 08/01/14

Widow's Date of Birth - 02/01/64
Age at Widowhood - 51
Age at Valuation - 51
1st Level Report - Open
Date of Death - 08/01/14

Present Value of Future Payments

Weekly Benefit = $.51 \times (\$575) = \293.25

Present Value of \$1 = 17.633 - Widowhood at age 51, ^a[x] Value

$\$293.25 \times 52 \times 17.633 = \$268,886$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$293.25

Present Value of Remarriage Dowry = .0556

$\$293.25 \times 104 \times .0556 = \$1,696$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/14 to 03/01/15 - 212 days / 7 = 30.286 Wks

$30.286 \text{ Wks} \times \$293.25 = \$8,881$

Example 8 - Second Reporting of Losses for Unit for Illustration 7

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 3/1/16).

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.

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

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

Refer to Example 8a and 8b for claims requiring pension table benefit calculations.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No					
02				16928	99887	09/01/13	09/01/14	37											
Insured's Name: STEVE HO CORPORATION											F.E.I.N. → 123456789		Pending File No.						
Insured's Address:											T.P.E / F.E.I.N. →								
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std							
		N	N		N	N	N	N		01	01	01							

EXPOSURE INFORMATION

LOSS INFORMATION

C O D E S	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		
								789803	10/01/13	598291	25000	6843	02	0	Act	Type	Recv	Clim	Settl	02	01	01	03	00
S U B J E C T								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								42	49	56	IRON WORKER			N		00		8008			15000			
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred			
N O T S B J	Upd Type	D.	E.	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	Clim	Settl	Jurisd State	Cat. No.	MCO Type		
								789749	08/01/14	282463	1000	0718	01	0	01	01	01	01	00	00	00	00	00	00
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								90	13	75	SHIP BUILDER			N		00		13346			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	H.	I.	J.	K.	L.	Upd Type	LOSS TOTALS																
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use			Total Paid Indemnity	Total Paid Medical								
								2	892878	28500				41501	21000									
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred								

Example 8a - Permanent Total Disability Claim requiring pension table benefit calculations - 2nd Report Level

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

Type - USL&HW-Trauma
Average Weekly Wage - \$555
Effective Date - 09/01/13
Date of Valuation – 03/01/16
Employer's Liability = \$3,000

Date of Accident - 10/01/13
Date of Birth - 03/15/63
Employee's Age at Valuation Date - 53 (sex - M)
Maximum Weekly Benefit - \$1,346.68
USL &HW AWW Effective 10/01/13

Present Value of Future Payments
 $\$370.02 \times 52 \times 28.570 = \$549,717$

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/13 to 03/01/16 [882 days / 7 = 126.000 (Wks)]
 $126.000 \text{ Wks} \times \$370.02 = \$46,623$

Total Indemnity Incurred - $\$3,000 + \$549,717 + \$46,623 = \$599,340$

Example 8b: Death, Widow Only claim requiring pension table benefit calculations; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma	Widow's Date of Birth - 02/01/64
Average Weekly Wage - \$575	Age at Widowhood - 51
Effective Date - 09/01/13	Age at Valuation - 52
Date at Valuation -03/01/16	2nd Level Report - Open
Date of Accident -08/01/14	Date of Death - 08/01/14

Present Value of Future Payments
Weekly Benefit = $.51 \times (\$575) = \293.25
Present Value of \$1 = 17.356 - Widowhood at age 51, $a[x] + 1$ Value
 $\$293.25 \times 52 \times 17.356 = \$264,662$

Lump Sum Dowry Benefit
Duration - 2 years = 104 weeks
Weekly Benefit - \$293.25
Present Value of Remarriage Dowry = .0545
 $\$293.25 \times 104 \times .0545 = \$1,662$

Indemnity Paid to Valuation Date
Benefits Paid from 08/01/14 to 03/01/16 - 578 days / 7 = 82.571 Wks
 $82.571 \text{ Wks} \times \$293.25 = \$24,214$

Example 9 - 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. However, pursuant to Act 57 of 1997, Federal Class premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

Class 655's rating value as of 04/01/13 is 12.35; the rating value including coverage for the USL&HW Compensation Act is $12.35 \times 1.790 \times 1.7813 = 39.38$. Refer to Section I, Rule XII of the Pennsylvania 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 9a for claims requiring pension table benefit calculations.

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	10/01/13	10/01/14	37											
Insured's Name: IRON ERECTORS											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					Jurisid State	Cat. No.	MCO Type	
															Act	Type	Recv	Clim	Settl				
R	02	0655	108739	39.38	42821	R	845	08/01/14	971438	25000	0655	02	0	02	01	01	01	00	37	00	00		
R	01	0655	1000000	22.64	226400			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	0.96	912			Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000							25000								
R	01	0953	105000	0.49	515	R	896	09/01/14	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					
								48 65 01				N 00		600			350						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid State	Cat. No.	MCO Type	
							R	897	09/15/14	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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid State	Cat. No.	MCO Type	
							R	898	10/11/13		250	0953	06	1	01	01	01	00		00	00		
								Case Number	Part Nature Cause	Occupation Description			Voc. Lump Fraud	Deduct.	Paid Indemnity			Paid Medical					
								36 40 19				N 00		250			250						
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		
								50000															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisid 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		

**Example 9a - Permanent Total Disability claim requiring pension
table benefit calculations with Survivorship Benefits**

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

Type - USL&HW-Trauma	Claimant's Birth Date - 05/01/72
Average Weekly Wage - \$600	Spouse's Birth Date - 07/01/73
Date of Accident -08/01/14	Date of Valuation - 04/01/15
Effective Date -10/01/13	Claimants Age at Valuation -43(sex-M)
Maximum Benefit - 200% NAWW = \$1,346.68	Spouse's Age at Valuation - 42
USL & HW AWW Effective 10/01/13	

Present Value of Future Payments
Claimants - $.6667 \times (\$600) = \400.02 wk
Present Value of \$1 = 38.694
Future Payments - $\$400.02 \times 38.694 \times 52 = \$804,875$

Survivorship - $.5 \times (\$600) = \300.00
Benefits Present Value of Benefits = 9.787
Future Payout = $300.00 \times 9.787 \times 52 = \$152,677$

Indemnity to Valuation Date Benefits Paid from 08/01/14 to 04/01/15 - 243 days / 7 = 34.714 Wks
 $\$400.02 \times 34.714 = \$13,886$

Example 10 - 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 previously 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	01/01/19		37						
01	01	H		99998	WC54321	01/01/19	01/01/20	37						

Insured's Name: ABC 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									

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					Jurisic State	Cat. No.	MCO Type	
															Act	Type	Recv	Clim	Settl				
															Case Number	Part	Nature	Cause	Occupation Description				Voc.
S U B J E C T								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
A								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
B								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
C								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
D								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								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									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								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									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
G								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
H								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
I								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
J								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
K								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	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical					
L								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid		ALAE Incurred									
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type	
								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									
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use		Total ALAE Paid	Total ALAE Incurred										

Example 11 - 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: When correcting 1st level totals, exposure, premium and loss totals must all be reflected.

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	01/01/19	01/01/20	37											
Insured's Name: ABC 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							

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					Jurisic State	Cat. No.	MCO Type
															Act	Type	Recv	Clim	Settl			
S U B J E C T								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	Upd Type	A. Total Subject Premium						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
B	B. Experience Mod (XX.XXX)							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred									
	C. Total Modified Premium																					
N O T	Upd Type							Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type
		D.						Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
S B J	E.							Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred									
	F.																					
G.	Upd Type	Total Standard Exposure		Total Standard Premium				Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic State	Cat. No.	MCO Type
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical				
A F T E R	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																			
S T D	LOSS TOTALS																					
	J.							Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical								
	K.							14	136033	7000		35471	6775									
	L.							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred										
								15000			12500											

Example 12 - Second Reporting of Losses

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 6/1/16).

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.

Subsequent levels can be reported on a Unit Statistical Report (as shown).

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 13a for claim requiring pension table benefit calculations.

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	37																									
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			1000																		
		N	Y		N	N	N	N		01	01	01	03	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					Jurisd State	Cat. No.	MCO Type											
															Act	Type	Recv	Clim	Settl														
	P							1234	02/13/14	2000	1500	0609	05	0	01	01	01	01	00		00	00											
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
								40	28	25		N		00				1000	1000														
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	R							1234	02/13/14	1145	855	0609	05	1	01	01	03	01	04		00	00											
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
								40	28	25		N		00				1000	1000														
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	P							3214	04/20/14	293536		0615	01	0	01	01	01	00		00	00												
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
								44	03	99	LABORER	N		00				12035	12035														
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	R							3214	04/20/14	306021		0615	01	0	01	01	01	00		00	00												
								Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														
								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											
								44	03	99	LABORER	N		00				22087	22087														

Example 12a - Death, Widow Only claim requiring pension table benefit calculations; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma	Widow's Date of Birth - 05/09/65
Average Weekly Wage - \$578	Age at Widowhood - 49
Effective Date -12/01/13	Age at Valuation - 51
Date at Valuation -06/01/16	2nd Level Report - Open
Date of Accident -04/20/14	Date of Death - 04/20/14

Present Value of Future Payments

Weekly Benefit = $.51 \times (\$578) = \294.78

Present Value of \$1 = 17.522 - Widowhood at age 49, $^a[x] + 2$ Value

$\$294.78 \times 52 \times 17.522 = \$268,587$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$294.78

Present Value of Remarriage Dowry = .0614

$\$294.78 \times 104 \times .0614 = \$1,882$

Indemnity Paid to Valuation Date

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

$(110.429 \text{ Wks}) \times \$294.78 = \$32,552$

**Example 13 - First Report with claim requiring claim requiring pension table benefit calculations, Widow with
2 Children**

Claim 68235 is a death claim.

Refer to Example 14a for claim requiring pension table benefit calculations.

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	37															
Insured's Name: BOBS 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																							
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	
	R	01	0659	98076	41.13	40339	R	68235	11/01/13	382910	0	0659	01	0	Act	Type	Recv	Clim	Settl		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	Clim	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		
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								A. Total Subject Premium															
								B. Experience Mod (XX.XXX)															
								C. Total Modified Premium															
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								D.															
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								E.															
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								F.															
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								G.	Total Standard Exposure	Total Standard Premium													
									98076	40694													
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								H.	006_	Premium Discount Amount													
								I.	0900	Expense Constant Amount													
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								J.	9740	.04	39												
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								K.	0938	.0262	1067												
								Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisd State	Cat. No.	MCO Type
								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								
									1	382910	0		6799										
									Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred										

Example 13a - Death Claim requiring pension table benefit calculations, Widow with 2 Children

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$695
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

Weekly Benefit = $.51 \times (\$695) = \354.45

Present Value of \$1 = 18.220 - Widowhood at age 39, $a[x] + 1$ Value

$\$354.45 \times 52 \times 18.220 = \$335,820$

2) Child #1 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.09 \times (\$695) = \62.55

No. of Weeks Payable = 01/01/15 to 05/01/17 = 851 days / 7 = 121.571 Wks

$\$62.55 \times 121.571 = \$7,604$

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

Weekly Benefit = $.0667 \times (\$695) = \46.36

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

$\$46.36 \times 47.714 = \$2,212$

4) Remarriage Dowry

Weekly Benefit - \$354.35

Present Value of Remarriage Dowry = .1648

No. of Weeks Payable = 104 weeks

Value of Payments = $\$354.35 \times 104 \times .1648 = \$6,075$

5) Indemnity Paid to Valuation Date

Weekly Benefit = $.6667 \times \$695 = \463.36

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

$\$463.36 \times 60.857 = \underline{\$28,199}$

6) Funeral Allowance = \$3,000

Example 14 - Merit Rating

Merit rating adjustments are applicable after the experience modification 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	01/01/19	01/01/20	37											
Insured's Name: DEE'S FLOWERS											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	00	00					

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					Jurisic State	Cat. No.	MCO Type			
															Act	Type	Recv	Clim	Settl						
SUBJECT	R	01	0661	83641	7.91	6616																			
	R	01	9807			126		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												
SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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 SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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 SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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 SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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 SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisic 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														

Example 15 - Employer Assessment with Deductible Applicable After Experience Modification

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small Deductible Premium Credit or Large Deductible Premium Credit. Small or Large Deductible Premium Credits include either of the following statistical codes in Pennsylvania:

9663

The resulting assessment charge is reported after the standard premium under **Code 0938** and is not to be used in any premium calculations.

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	01/01/19	01/01/20	37						

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		Y	N	N	N		01	01	01	01	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	Clim	Settl					
SUBJECT	R	01	0665	255000	7.84	19992																		
	R	01	0953	48000	0.24	115		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											
SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	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 SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	D.	9663			5891		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 SUBJECT							Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clim	Settl	Jurisdic State	Cat. No.	MCO Type		
	G.			Total Standard Exposure		Total Standard Premium		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical						
				303000		12809		Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred											
AFTER SUBJECT		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	61		LOSS TOTALS																
	R	K.	9741		.01	30		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical										
R	L.	0938		.0226	425		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred													

Example 16 - Employer Assessment with Deductible Applicable Before Experience Modification

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small Deductible Premium Credit or Large Deductible Premium Credit. Small or Large Deductible Premium Credits include either of the following statistical codes in Pennsylvania:

9664

The resulting assessment charge is reported after the standard premium under Code 0938 and is not to be used in any premium calculations.

Note: Expense constant (Code 0900), minimum premium (Code 0990), premium discount (Code 0063/0064), and any premiums charged for Terrorism (Code 9740), and Catastrophe (other than Certified Acts of Terrorism) (Code 9741), etc., are all used in the calculation of the Employer Assessment (0938).

