



Pennsylvania Compensation Rating Bureau

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August 4, 2008

BUREAU CIRCULAR NO. 1552

To All Members of the Bureau:

Re: **MANUAL LANGUAGE, STATISTICAL PLAN AND ENDORSEMENT FORMS**

TERRORISM AND CATASTROPHES OTHER THAN CERTIFIED ACTS OF TERRORISM

EFFECTIVE SEPTEMBER 1, 2008

The Bureau has submitted and the Insurance Commissioner has approved a filing of revised Basic Manual and Statistical Plan language, endorsement forms and rating values **effective** for new and renewal policies with anniversary rating dates of **September 1, 2008** and later. That filing, Proposal C-354, responds to countrywide developments since the enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) and subsequent to the Bureau's earlier filing, No. 231, which adopted initial changes necessary to comply with provisions of that law. The September 1, 2008 effective date coordinates with the intended implementation of similar changes in other jurisdictions across the country.

The filing approval authorizes the use of two endorsements as prepared by the National Council on Compensation Insurance, Inc. (NCCI), along with pertinent Manual and Statistical Plan language changes and the deletion of two existing endorsements made obsolete by the enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) and/or the language contained in the proposed new endorsements.

Manual language has been revised consistent with new definitions of the scope of Statistical Codes 9740 and 9741, respectively, which are now defined as follows:

Code 9740 – Terrorism

Code 9741 – Catastrophe (Other Than Certified Acts of Terrorism)

The Manual language as it will now appear is attached to this circular as Exhibit 1.

Additionally, two existing endorsement forms are being eliminated, and two others are being amended.

The endorsement forms to be **eliminated** are as follows:

- WC 37 01 10 A** – Terrorism Risk Insurance Program Reauthorization Act Endorsement
- WC 37 04 07** – Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement

The endorsement forms to be **revised** are as follows:

- WC 00 04 21 B** – Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement

revised to

- WC 00 04 21 C** – Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

- WC 00 04 22** – Foreign Terrorism Endorsement

revised to

- WC 00 04 22 A** – Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Copies of the revised endorsements are attached as Exhibit 2.

The changes to the Statistical Plan are intended to conform that document with the most recent treatment of provisions of TRIPRA. These changes include revisions comparable to those of the Basic Manual and to various illustrative examples within the Statistical Plan, making those definitions and certain dates shown in the examples consistent with the effective date of TRIPRA. The new Statistical Plan language is attached as Exhibit 3.

Shown below is the section of our rating values table that will be affected by the revised values for Codes 9740 and 9741.

CODE	APPROVED	APPROVED EXPERIENCE RATING PLAN			HAZARD GROUP
	LOSS COST	Expected Loss Factors Table			
	EFF. 9/1/08	A-1	A-2	A-3	
9740	\$0.02				
9741	0.01				

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The Basic and Statistical Plan Manuals will be updated on our website (www.pcrb.com) at a later date.

Remember to visit our web site at www.pcrb.com for more information about this and other topics.

Pennsylvania Workers Compensation Manual
Effective September 1, 2008

SECTION 1 – UNDERWRITING RULES

RULE VI – RATING VALUES AND PREMIUM DETERMINATION

A. BUREAU RATING VALUES

- 4. Experience Rating Factor
- 5. Terrorism

Premium for Terrorism is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications, including, but not limited to, premium discount, experience rating, merit rating, schedule rating, or retrospective rating. Non-Payroll exposures are not subject to premium charges for Terrorism. Policies issued on an "If Any" basis will not be charged this premium, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium for Terrorism.

Terrorism shall be separately stated on the Standard Policy and shall be designated to Code 9740.

- 6. Catastrophe (other than Certified Acts of Terrorism)

Premium for Catastrophe (other than Certified Acts of Terrorism) is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications, including, but not limited to, premium discount, experience rating, merit rating, schedule rating, or retrospective rating. Non-payroll exposures are not subject to premium charges for Catastrophe (other than Certified Acts of Terrorism). Policies issued on an "If Any" basis will not be charged this premium, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium for Catastrophe (other than Certified Acts of Terrorism).

Catastrophe (other than Certified Acts of Terrorism) shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9741.

- 7. Employer Assessments Pursuant to Act 57 of 1997.

Act 57 of 1997 requiresAssessment Premium Base.

G. PREMIUM ALGORITHM

Pennsylvania and Delaware.....workers compensation industry.

Pennsylvania and Delaware Workers Compensation Premium Algorithm Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	xxxx	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(53)	Package Credit (DE)	9721	(53)	$[(39)+(41)+(45)+(47)+(49)+(51)] \times [(-52)$ expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	$[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]$
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	$(54) \times [(55)$ expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	$[(54)+(56)] \times [(-57)$ expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	$[(54)+(56)+(58)+(60)] \times [(61)-1.0000]$ if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)> $[(54)+(56)+(58)+(60)+(62)+(64)]$, (65)- $[(54)+(56)+(58)+(60)+(62)+(64)]$, otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	$[(54)+(56)+(58)+(60)+(62)+(66)]$
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on $[(54)+(56)+(58)+(60)+(62)+(66)]$
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Catastrophe (other than Certified Acts of Terrorism)	9741	(71)	(Total payroll/100) x carrier rating value
(72)	Total Policy Premium Subject to Employer Assessment		(72)	$(64)+(67)-(68)+(69)+(70)+(71)$
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computing employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	$[(72)-(11)-(58)] \times (73)$ NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

RULE XIV – DOMESTIC WORKERS – RESIDENCES

E. BUREAU RATING VALUES AND PREMIUM

1. Bureau Rating Values

The Bureau Values for Codes 0908, 0909, 0912 and 0913 are per capita premium charges. Terrorism (9740) and Catastrophe (other than Certified Acts of Terrorism) (9741) do not apply to per capita classification premium charges.

SECTION 2 – CLASSIFICATIONS AND BUREAU RATING VALUES

CLASSIFICATIONS

- 9740 Terrorism
Statistical Code 9740 relates to premium charged for losses covered under the Terrorism Risk Insurance Act of 2002 as amended, and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. Premium developed under Code 9740 is not subject to premium discount, experience rating, merit rating, schedule rating or retrospective rating.
- 9741 Catastrophe (other than Certified Acts of Terrorism)
Premium developed under Code 9741 is not subject to premium discount, experience rating, merit rating, schedule rating or retrospective rating.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 04 21 C

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below.

Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure:
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below:

Schedule

State	Rate	Premium
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 04 22 A

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act and that your insurance carrier is charging premium for losses that may occur in the event of an act of terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount-shown in Item 4 of the Information Page or in the Schedule below.

State	Schedule	Rate	Premium
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PENNSYLVANIA STATISTICAL PLAN MANUAL
Mandatory Effective September 1, 2008

SECTION II – Reporting Requirements

B. Exposure Information

Items Number **1 through 4**. remains unchanged.

5. Exposure-Other Than Payroll

Items a. through f. remain unchanged.

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

Items Number **6 through 8**. remain unchanged.

9. Miscellaneous Statistical Codes

Items a. and b. remain unchanged.

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

Items Number 1. through 3. remain unchanged.

- (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, but prior to employer assessment. 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, but prior to employer assessment. 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).

Item Number 10. remains unchanged.

SECTION IV - CODES

Item A. remains unchanged

B. Exposure Information Code

Number 1. and 2. remain unchanged.

3. Premium Codes

Items a. and b. remains 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
- (2) Expense Constant
- (3) Waiver of Subrogation – Flat Charge
- (4) Terrorism
- (5) Catastrophe (other than Certified Acts of Terrorism)

Code 0063
Code 0064
Code 0900
Code 9115
Code 9740
Code 9741

SECTION VI - EXAMPLES

Illustrations 1 – 9 remain unchanged.

Illustration 10 - Individual Risk Experience with USL & HW Coverage

See attached.

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

See attached.

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

See attached.

Illustrations 13 – 15 remain unchanged.

Illustration 16 - Combination Example

See attached.

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

See attached.

Illustrations 18 – 22 remain unchanged.

Illustration 23 – Anniversary Rated Policy with the Premium Charge Foreign Terrorism and the Employer Assessment

See attached.

Illustration 24 – Anniversary Rated Policy with the Premium Charge Foreign Terrorism and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents

See attached.

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]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	xxxx	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal]

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x[(-52) expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	(54)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	[(54)+(56)+(58)+(60)]x[(61)-1.0000] if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)>[(54)+(56)+(58)+(60)+(62)+(64)], (65)-[(54)+(56)+(58)+(60)+(62)+(64)], otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	[(54)+(56)+(58)+(60)+(62)+(66)]
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on [(54)+(56)+(58)+(60)+(62)+(66)]
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Catastrophe (other than Certified Acts of Terrorism)	9741	(71)	(Total payroll/100) x carrier rating value
(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70)+(71)
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computing employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)]x(73) NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

Illustration 10 - 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.

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,. However, pursuant to Act 57 of 1997, these exposures/premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.													
01				16928	99887	09/01/08	09/01/09	37																			
Insured's Name: Steve Ho Corporation											F.E.I.N.		Pending File No.														
Insured's Address:											123456789																
Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use										
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.																
		N	N		N	N	N	N	01	01	01																
EXPOSURE INFORMATION														LOSS INFORMATION													
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	02	6843	127896	25.05	32038		789803	10/01/08	569602	25000	6843	2	0	Act 02	Type 01	Recov 01	Cov 03	Settl 00		00	00						
	01	0718	279132	11.77	32854		Social Security Number		Part 42	Nature 49	Cause 56	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 8008	Paid Medical 15000								
							Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred							
	A.	Total Subject Premium		64892			Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	B.	Experience Mod (XX.XXX)		0.975			Social Security Number		Part	Nature	Cause	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical 1287								
	C.	Total Modified Premium		63270			Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred							
	D.						789749	08/01/09	274277	0	0718	1	0	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00						
	E.						Social Security Number		Part 90	Nature 13	Cause 75	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity 13346	Paid Medical 0								
	F.						Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred							
	G.	Total Standard Exposure		407028			Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical								
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred							
	J.	9740		02	81		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	K.	9741		01	41		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical								
	L.	0938		0226	727		Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred							
LOSS TOTALS																											
Reserved for Future Use							Total No. Claims			Total Incurred Indemnity			Total Incurred Medical			Reserved for Future Use			Total Paid Indemnity			Total Paid Medical					
							8			843879			26287						21354			16287					
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use										Total ALAE Paid			Total ALAE Incurred				

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

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

Type - USL & HW-Trauma
Average Weekly Wage - \$555
Effective Date -09/01/08
Date of Valuation -03/01/10
1st Level Report - Open

Date of Accident - 10/01/08
Date of Birth - 03/15/57
Employee's age at Valuation Date-52 (sex-M)
Loss Conditions - 02/01/01/03/00

Employer's Liability = \$3,000
Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$555) = \370.02
Present Value of \$1 = 28.030 {Table III-M-C}
 $\$370.02 \times 52 \times 28.030 = \$539,326$
(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/08 to 03/01/10 [516 days / 7 = 73.714 (Wks)]
 $73.714 \times \$370.02 = \$27,276$

Total Indemnity Incurred = $\$3,000 + \$539,326 + \$27,276 = \$569,602$

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 09 01 08		CLAIM NO. 789803	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR		LOSS CONDITIONS ACT TYPE RCOV COV SETTL 02 01 01 03 00				JURIS STATE 37	MCO TYPE 00	
INSURED NAME Steve Ho Corp.						ACC. DATE MO DAY YR 10 01 08		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 08		DATE OF BIRTH MO DAY YR 03 15 57		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 555	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker			DATE CLOSED MO YR	RESERVE CODE* →	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER 123-45-9876		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 1 03 15 57			Paid to Valuation Date				
2. SCHEDULED INDEMNITY											73.714 x 370.02 = 27276				
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future Payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY					3000						370.02 x 52 x 28.030 =				
5. VOCATIONAL REHABILITATION TOTAL INCURRED											539326				
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE			27276					
PHYSICIAN PAID			TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID								
HOSPITAL PAID			PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			539326					
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)			569602					
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

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

Use Table I-A & Table II-A

Type - State Act-Trauma	Widow's Date of Birth - 02/01/59
Average Weekly Wage - \$575	Age at Widowhood - 50
Effective Date -09/01/08	Age at Valuation - 51
Date at Valuation -03/01/10	1st Level Report - Open
Date of Accident -08/01/09	Date of Death - 08/01/09

Present Value of Future Payments

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

Present Value of \$1 = 17.067 - Widowhood at age50, $^a[x] + 1$ Value

$\$293.25 \times 52 \times 17.067 = \$260,255$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$293.25

Present Value of Remarriage Dowry = .0702

$\$293.25 \times 104 \times .0702 = \$2,141$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 03/01/10 -212 days / 7 = 30.286 Wks

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

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 09 01 08		CLAIM NO. 789749	STAT CODE* 0	DATE ATTNV DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETTL 01 01 01 01 00				JURIS STATE 37	MCO TYPE 00
INSURED NAME Steve Ho Corp.						ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09		DATE REPORTED MO DAY YR 08 01 09		DATE OF BIRTH MO DAY YR 07 25 58		SURG CODE	ATTNV CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 575	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 789-65-4321		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		XXX	XXX					CODE	DATE OF BIRTH MO DAY YR						
2. SCHEDULED INDEMNITY								2	02	01	59	Paid to Valuation Date 30.286. x 293.25 = 8881			
3. NON-SCHEDULED INDEMNITY			XXX	XXXX								Future Payments 293.25 x 52 x 17.067 =			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												260255			
5. VOCATIONAL REHABILITATION TOTAL INCURRED												8881			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE			8881				
PHYSICIAN PAID					TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID							
HOSPITAL PAID					PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			260255				
APP. MED. EVAL. PAID					PERM. TOTAL PAID			10. FUNERAL ALLOWANCE			3000				
DEFENSE MED. EVAL PAID					DEATH PAID			11. LUMP SUM REMARRIAGE			2141				
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			274277				
LEGAL EXP. - DEFENSE					V.R. PAID			13. TOTAL INCURRED MEDICAL							
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							
					V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.							

*SEE MANUAL FOR CODING

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

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 3/1/11).

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

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

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

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

SUPPLEMENTAL LOSS REPORT

Report No.		Corr. No.		Corr. Type		Replace Rpt. Ind.		Carrier Code		Policy Number			Policy Effective Date		Policy Expiration Date		Expos. State	
02								16928		99887			09/01/08		09/01/09		37	
Insured's Name: Steve Ho Corp.															F.E.I.N.		Card Serial No.	
Insured's Address:															123456789			
Upd Typ	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
		Act	Type	Recov	Cov	Settl												
P	789803	10/01/08			569602	25000	6843	2	0	02	01	01	03	00		00	00	
Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
		42	49	56					N				8008		15000			
Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use							ALAE Paid		ALAE Incurred				
R	789803	10/01/08			570470	27500	6843	2	0	02	01	01	03	00		00	00	
Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
		42	49	56					N				18715		20000			
Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use							ALAE Paid		ALAE Incurred				
P	789749	08/01/09			274277	0	0718	1	0	01	01	01	01	00		00	00	
Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
		90	13	75					N				13346		0			
Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use							ALAE Paid		ALAE Incurred				
R	789749	08/01/09			286509	0	0718	1	0	01	01	01	01	00		00	00	
Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
		90	13	75					N				22786		0			
Claimant's Attorney Fees		Employer's Attorney Fees			Reversed for Future Use							ALAE Paid		ALAE Incurred				
LOSS TOTALS																		
Reverse for Future Use		Total No. Claims			Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use			Total Paid Indemnity		Total Paid Medical				
		8			856979		28787					41501		21287				
Total Claimant's Attorney Fees		Total Employer's Attorney Fees			Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred				

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

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

Type - USL & HW-Trauma
Average Weekly Wage - \$555
Effective Date -09/01/08
Date of Valuation -03/01/11
Employer's Liability = \$3,000

Date of Accident - 10/01/08
Date of Birth - 03/15/57
Employee's Age at Valuation Date-53 (sex-M)
Maximum Weekly Benefit - \$1,160.36
USL & HW AWW Effective 10/01/07

Present Value of Future Payments
 $\$370.02 \times 52 \times 27.076 = \$520,970$

Indemnity Paid to Valuation Date
Benefits Paid from 10/01/08 to 03/01/11 [881 days / 7 = 125.857 (Wks)]
 $(125.857 \text{ Wks}) \times \$370.02 = \$46,570$

Total Indemnity Incurred - $\$3,000 + \$520,970 + \$46,570 = \$570,540$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 2	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 09 01 08		CLAIM NO. 789803	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR		LOSS CONDITIONS ACT TYPE RCOV COV SETTL 02 01 01 03 00				JURIS STATE 37	MCO TYPE 00	
INSURED NAME Steve Ho Corp.						ACC. DATE MO DAY YR 10 01 08		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 08		DATE OF BIRTH MO DAY YR 03 15 57		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 555	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker			DATE CLOSED MO YR	RESERVE CODE* →	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER 123-45-9876		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 1 03 15 57			Paid to Valuation Date			
2. SCHEDULED INDEMNITY												125.857 x 370.02 = 46570			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future Payments			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY					3000							370.02 x 52 x 27.076 =			
5. VOCATIONAL REHABILITATION TOTAL INCURRED												520970			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					46570		
PHYSICIAN PAID			TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID			PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.					520970				
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)					570540				
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

Illustration 11b - Individual Case Report; Death, Widow Only; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma	Widow's Date of Birth - 02/01/59
Average Weekly Wage - \$575	Age at Widowhood - 50
Effective Date - 09/01/08	Age at Valuation - 52
Date at Valuation - 03/01/11	2nd Level Report - Open
Date of Accident - 08/01/09	Date of Death - 08/01/09

Present Value of Future Payments

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

Present Value of \$1 = 16.880 - Widowhood at age 50, $a[x] + 2$ Value

$\$293.25 \times 52 \times 16.880 = \$257,403$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$293.25

Present Value of Remarriage Dowry = .0634

$\$293.25 \times 104 \times .0634 = \$1,934$

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 03/01/11 - 577 days / 7 = 82.429 Wks

$(82.429 \text{ Wks}) \times \$293.25 = \$24,172$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 2	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 09 01 08		CLAIM NO. 789749	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR		LOSS CONDITIONS ACT TYPE RCOV COV SETTL 01 01 01 01 00				JURIS STATE	MCO TYPE 00	
INSURED NAME Steve Ho Corp.						ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09		DATE REPORTED MO DAY YR 08 01 09		DATE OF BIRTH MO DAY YR 07 25 58		SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 575	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 789-65-4321		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	02	01	59	Paid to Valuation Date			
												82.429 x 293.25 = 24172			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future Payments			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												293.25 x 52 x 16.880 =			
5. VOCATIONAL REHABILITATION TOTAL INCURRED												257403			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE			24172				
PHYSICIAN PAID			TEMP. DISABILITY PAID					8. PENS. INDEM. PREV. RSVD., NOT PAID							
HOSPITAL PAID			PERM. PARTIAL PAID					9. PRES. VALUE FUTURE INDEM. PMNT.			257403				
APP. MED. EVAL. PAID			PERM. TOTAL PAID					10. FUNERAL ALLOWANCE			3000				
DEFENSE MED. EVAL PAID			DEATH PAID					11. LUMP SUM REMARRIAGE			1934				
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM					12. TOTAL INCURRED INDEM.,(SUM 1-11)			286509				
LEGAL EXP. - DEFENSE			V.R. PAID					13. TOTAL INCURRED MEDICAL							
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							
			V.R. EVAL. INCURRED					16. SOC. SEC. OR OTHER OFFSET AMT.							

*SEE MANUAL FOR CODING

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

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

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

Class 665's rating value as of 04/01/00 is 12.10, the rating value including coverage for the USL & HW Act is $\$9.86 \times 1.2270 \times 1.995 = \24.14 . 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 Act.

Refer to Illustration 12a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.													
01				99622	198265	10/01/08	10/01/09	37																			
Insured's Name: Iron Erectors, Inc.											F.E.I.N.		Pending File No.														
Insured's Address:											123456789																
Mod Effective Date	Rate Effective Date	Policy Conditions						Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use										
		3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.																
		N	Y		N	N	N	N	01	01	01																
EXPOSURE INFORMATION														LOSS INFORMATION													
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type						
	02	0665	108739	26.64	28968		845	08/01/09	946800	25000	0665	2	0	Act 02	Type 01	Recov 01	Cov 01	Settl 00	37	00	00						
	01	0665	1000000	20.94	209400		Social Security Number		Part 40	Nature 28	Cause 25	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	01	0951	95000	.96	912		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred				
	01	0953	105000	.49	515		Social Security Number		Part 48	Nature 65	Cause 01	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	A.	Total Subject Premium			239795		Social Security Number		Part 31	Nature 28	Cause 26	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	B.	Experience Mod (XX.XXX)			0.900		Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	C.	Total Modified Premium			215816		Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	D.						Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	E.						Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	F.						Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	G.	Total Standard Exposure			1308739		Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	H.	006_	Premium Discount Amt.				Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	I.	0900	Expense Constant Amt				Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	J.	9740		.02	262		Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	K.	9741		.01	131		Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical							
	L.	0938		.0226	4297		Social Security Number		Part 36	Nature 40	Cause 19	Occupation Description		Voc. N	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										
							10		949650		28410				20051		15410										
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred						
							50000												25000								

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

Use Tables USLH-III-M-C (USLH-III-MALE) and IV-B (USLH-IV-B)

Type - USL & HW-Trauma	Claimant's Birth Date - 05/01/67
Average Weekly Wage - \$600	Spouse's Birth Date - 07/01/69
Date of Accident -08/01/09	Date of Valuation - 04/01/10
Effective Date -10/01/08	Claimants Age at Valuation -43(sex-M)
Maximum Benefit - 200% NAWW = \$1,160.36	Spouse's Age at Valuation - 41
USL & HW AWW Effective 10/01/07	

Present Value of Future Payments
Claimants - $.6667 \times (\$600) = \400.02 wk
Present Value of \$1 = 37.115
Future Payments - $\$400.02 \times 37.115 \times 52 = \$772,031$

Survivorship - $.5 \times (\$600) = \300
Benefits Present Value of Benefits = 10.313
Future Payout = $300 \times 10.313 \times 52 = \$160,883$

Indemnity to Valuation Date Benefits Paid from 08/01/09 to 04/01/10 - 243 days / 7 = 34.714 Wks
 $\$400.02 \times 34.714 = \$13,886$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0665	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 99622	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 10 01 08		CLAIM NO. 845	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR		LOSS CONDITIONS ACT TYPE RCOV COV SETTL 02 01 01 01 00				JURIS STATE 37	MCO TYPE 00	
INSURED NAME Iron Erections Inc						ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 02 01 05		DATE OF BIRTH MO DAY YR 05 01 67		SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe	WORKERS SEX M	AVG. WEEKLY WAGE 600	INJURY DESC. CODE* →	PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker			DATE CLOSED MO YR	RESERVE CODE* SUM	LUMP CODE SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER 123-45-6789		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		XXX	XXX				CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY							1	05	01	67	Pd. to Date 34.714x 400.02 = 13886				
							2	07	01	69	Future Payments				
3. NON-SCHEDULED INDEMNITY			XXX	XXXX							(400.02 x 52 x 37.115) +				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											(300. x 52 x 10.313) =				
5. VOCATIONAL REHABILITATION TOTAL INCURRED											932914				
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE			13886					
PHYSICIAN PAID			TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID								
HOSPITAL PAID			PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			932914					
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)			946800					
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

Illustration 16 - Combination Example

This illustration shows a first reporting requiring two unit cards with a Deductible, Schedule Rating Credit, Pennsylvania Construction Credit, Pennsylvania Certified Safety Committee Credit, USL & H coverage, rateable class with a mandatory non-rateable element and requiring an Individual Case Report.

Note that the Pennsylvania Construction Credit and Pennsylvania Certified Safety Committee Credit are applied to the manual premium after the application of the experience modification and after the Schedule Rating Credit. Any non-rateable or occupational disease class premiums are included in the calculations of the Pennsylvania Construction Credit and Pennsylvania Certified Safety Committee Credit.

Also, note both the Pennsylvania Certified Safety Committee Credit and the Pennsylvania Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-rateable or occupational disease class premiums and the Schedule Rating Credit, this is to say that the Pennsylvania Certified Safety is not used to calculate the Construction Credit and the Construction Credit is not used to calculate the Pennsylvania Certified Safety.

Furthermore, 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, these exposures/premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

Refer to Illustration 16a for the Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/08	Policy Expiration Date 12/01/09	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Mod Effective Date 09/01/08	Rate Effective Date 09/01/08	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.									
N	Y		N	N	N	N	01	01	01									

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl			
	01	0609	20000	10.60	2120		1234	02/13/09	2000	1500	0609	5	0	01	01	01	01	00	00	00	
	01	0615	35000	51.29	17952		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	01	0951	5000	1.01	51		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
	01	0953	15000	.49	74		4321	01/23/09	500	500	0953	5	1	01	01	01	01	00	00	00	
	A.	Total Subject Premium					Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	B.	Experience Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
	C.	Total Modified Premium					3214	04/20/09	286997		0615	1	0	01	01	01	01	00	00	00	
	D.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	E.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
	F.						4123	06/01/09	1000	2000	0951	5	1	01	01	01	01	00	00	00	
	G.	Total Standard Exposure			Total Standard Premium		Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
	I.	0900	Expense Constant Amt				Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	J.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
	K.						Social Security Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
							LOSS TOTALS														
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical		
									4		290497		4000				14535		3500		
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred	

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/08	Policy Expiration Date 12/01/09	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.											F.E.I.N. 123456789		Pending File No.	
Insured's Address:														

Mod Effective Date 09/01/08	Rate Effective Date 09/01/08	Policy Conditions						Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.								
N	Y		N	N	N	N	01	01	01								

EXPOSURE INFORMATION						LOSS INFORMATION																
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
	02	6843	30000	15.98	4794									Act	Type	Recov	Cov	Settl				
	01	9664			850		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	A.	Total Subject Premium			24141									Act	Type	Recov	Cov	Settl				
	B.	Experience Mod (XX.XXX)			1.254		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	C.	Total Modified Premium			30273		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	D.	0152	35000	5.45	1908									Act	Type	Recov	Cov	Settl				
	E.	9887			8045		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	F.	9890		.05	1207		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	G.	Total Standard Exposure			Total Standard Premium									Act	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	J.													Act	Type	Recov	Cov	Settl				
	K.						Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							LOSS TOTALS															
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred		

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/08	Policy Expiration Date 12/01/09	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Mod Effective Date 09/01/08	Rate Effective Date 09/01/08	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.									
N	Y		N	N	N	N	01	01	01									

EXPOSURE INFORMATION

LOSS INFORMATION

*Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl			
							Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	A.	Total Subject Premium					Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
	B.	Experience Mod (XX.XXX)					Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	C.	Total Modified Premium					Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
	D.	9046		.20	4827		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	E.						Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	G.	Total Standard Exposure		Total Standard Premium			Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
	H.	0063	Premium Discount Amt.		873		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	I.	0900	Expense Constant Amt				Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
	J.	9740		.02	22		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
	K.	9741		.01	11		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical
	L.	0938		.0226	273		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred			
							LOSS TOTALS														
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical		
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred			

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/08	Policy Expiration Date 12/01/09	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Mod Effective Date 09/01/09	Rate Effective Date 09/01/09	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.									
N	Y		N	N	N	N	01	01	01									

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	01	0609	6600	7.33	484																			
	01	0615	11550	35.62	4114		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	01	0951	1650	.71	12		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	01	0953	4950	.36	18																			
	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 Amt.																					
	I.	0900	Expense Constant Amt																					
	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		0			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred	

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/08	Policy Expiration Date 12/01/09	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Mod Effective Date 09/01/09	Rate Effective Date 09/01/09	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.									
N	Y		N	N	N	N	01	01	01									

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdc State	Cat. No.	MCO Type					
														Act	Type	Recov	Cov	Settl								
	02	6843	9900	27.69	2741																					
	01	9664			405																					
	A.	Total Subject Premium			6964																					
	B.	Experience Mod (XX.XXX)			1.198																					
	C.	Total Modified Premium			8343																					
	D.	0152	11550	3.77	435																					
	E.	9887			2195																					
	F.	9046		.22	1448																					
	G.	Total Standard Exposure			139650	Total Standard Premium			23237																	
	H.	0063_	Premium Discount Amt.		289																					
	I.	0900	Expense Constant Amt																							
	J.	9740		.02	7																					
	K.	9741		.01	4																					
	L.	0938		.0226	45																					
							LOSS TOTALS																			
							Reserved for Future Use	Total No. Claims 4	Total Incurred Indemnity 290497	Total Incurred Medical 4000	Reserved for Future Use					Total Paid Indemnity 14535	Total Paid Medical 3500									
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved for Future Use					Total ALAE Paid	Total ALAE Incurred											

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

Type - State Act-Trauma
Average Weekly Wage - \$578
Effective Date -12/01/08
Date at Valuation -06/01/10
Date of Accident -04/20/09

Widow's Date of Birth - 05/09/60
Age at Widowhood - 49
Age at Valuation - 50
1st Level Report - Open
Date of Death - 04/20/09

Present Value of Future Payments

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

Present Value of \$1 = 17.257 - Widowhood at age49, $^a[x] + 1$ Value

$\$294.78 \times 52 \times 17.257 = \$264,525$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$294.78

Present Value of Remarriage Dowry = .0761

$\$294.78 \times 104 \times .0761 = \$2,333$

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/10- 407 days / 7 = 58.143 Wks

$(58.143 \text{ Wks}) \times \$294.78 = \$17,139$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0615	REPORT NO. CODE* 1	TRAN. TYPE CODE*	TYPE OF INJ. CODE* 1	CARRIER NUMBER 12345	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08		CLAIM NO. 3214	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV COV SETTL 01 01 01 01 00				JURIS STATE 37	MCO TYPE 00
INSURED NAME 123 Inc.						ACC. DATE MO DAY YR 04 20 09		DATE OF DEATH MO DAY YR 04 20 09		DATE REPORTED MO DAY YR 04 20 09		DATE OF BIRTH MO DAY YR 09 27 58		SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 578	INJURY DESC. CODE* →	PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer			DATE CLOSED MO YR	RESERVE CODE* →	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER 564-73-8291		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR				
BENEFITS OTHER THAN PENSION							PENSION BENEFITS								
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 2 05 09 60						
2. SCHEDULED INDEMNITY												Paid to Valuation Date 58.143 x 294.78 = 17139			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future Payments 294.78 x 52 x 17.257 = 264525			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY															
5. VOCATIONAL REHABILITATION TOTAL INCURRED															
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE			17139				
PHYSICIAN PAID					TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID							
HOSPITAL PAID					PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			264525				
APP. MED. EVAL. PAID					PERM. TOTAL PAID			10. FUNERAL ALLOWANCE			3000				
DEFENSE MED. EVAL PAID					DEATH PAID			11. LUMP SUM REMARRIAGE			2333				
INDEP. MED. EVAL. PAID					SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			286997				
LEGAL EXP. - DEFENSE					V.R. PAID			13. TOTAL INCURRED MEDICAL							
ANNUITY PURCHASE AMT.					V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			12035				
TOTAL GROSS INCURRED					V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE							
					V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.							

*SEE MANUAL FOR CODING

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

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 6/1/09).

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

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

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

Also note that claim 1234 is a subrogated claim.

Refer to Illustrations 17a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 02	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/08	Policy Expiration Date 12/01/09	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

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

EXPOSURE INFORMATION

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
														Act	Type	Recov	Cov	Settl				
						P	1234	02/13/09	2000	1500	0609	5	0	01	01	01	01	00	00	00	00	
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
									40	28	25	LABORER			N				1000		1000	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	A.	Total Subject Premium				R	1234	02/13/09	1145	855	0609	5	1	01	01	03	01	04	00	00	00	
	B.	Experience Mod (XX.XXX)					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	C.	Total Modified Premium							40	28	25	LABORER			N				1000		1000	
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	D.					P	3214	04/20/09	286997		0615	1	0	01	01	01	01	00	00	00	00	
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	F.								44	03	99	LABORER			N				12035			
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	G.	Total Standard Exposure		Total Standard Premium		R	3214	04/20/09	299707		0615	1	0	01	01	01	01	00	00	00	00	
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	I.	0900	Expense Constant Amt						44	03	99	LABORER			N				22087			
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
	J.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type	
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred		
							LOSS TOTALS															
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical			
									4		302352		3500				24587		3500			
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred		

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

Type - State Act-Trauma
Average Weekly Wage - \$578
Effective Date -12/01/08
Date at Valuation -06/01/11
Date of Accident -04/20/09

Widow's Date of Birth - 05/09/60
Age at Widowhood - 49
Age at Valuation - 51
2nd Level Report - Open
Date of Death - 04/20/09

Present Value of Future Payments

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

Present Value of \$1 = 17.099 - Widowhood at age 49, $a[x] + 2$ Value

$\$294.78 \times 52 \times 17.099 = \$262,103$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$294.78

Present Value of Remarriage Dowry = .0683

$\$294.78 \times 104 \times .0683 = \$2,094$

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/11 - 772 days / 7 = 110.286 Wks

$(110.286 \text{ Wks}) \times \$294.78 = \$32,510$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0615	REPORT NO. CODE* 2	TRAN. TYPE CODE*	TYPE OF INJ. CODE* 1	CARRIER NUMBER 12345	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08		CLAIM NO. 3214	STAT CODE* 0	DATE ATTNY DISC MO. DAY YR		LOSS CONDITIONS ACT TYPE RCOV COV SETTL 01 01 01 01 00				JURIS STATE 37	MCO TYPE 00	
INSURED NAME 123 Inc.						ACC. DATE MO DAY YR 04 20 09		DATE OF DEATH MO DAY YR 04 20 09		DATE REPORTED MO DAY YR 04 20 09		DATE OF BIRTH MO DAY YR 09 27 58		SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 578	INJURY DESC. CODE* →	PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer			DATE CLOSED MO YR	RESERVE CODE* →	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER 564-73-8291		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →	DATE OF HIRE →		MO DAY YR						

BENEFITS OTHER THAN PENSION

PENSION BENEFITS

KIND OF BENEFIT	% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED	BENEFICIARY DATA*			DATA PROVIDER COMMENTS	
1. TEMPORARY INDEMNITY	X X X	X X X			CODE	DATE OF BIRTH MO DAY YR			
2. SCHEDULED INDEMNITY					2	05	09	60	Paid to Valuation Date 110.286 x 294.78 = 32510
3. NON-SCHEDULED INDEMNITY		X X X	XXXX						Future Payments 294.78 x 52 x 17.099 = 262103
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY									
5. VOCATIONAL REHABILITATION TOTAL INCURRED									
6. CLAIMANT LEGAL EXPENSE									7. PENSION INDEM. PAID TO VAL. DATE 32510
PHYSICIAN PAID		TEMP. DISABILITY PAID							8. PENS. INDEM. PREV. RSVD., NOT PAID
HOSPITAL PAID		PERM. PARTIAL PAID							9. PRES. VALUE FUTURE INDEM. PMNT. 262103
APP. MED. EVAL. PAID		PERM. TOTAL PAID							10. FUNERAL ALLOWANCE 3000
DEFENSE MED. EVAL PAID		DEATH PAID							11. LUMP SUM REMARRIAGE 2094
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM							12. TOTAL INCURRED INDEM.,(SUM 1-11) 299707
LEGAL EXP. - DEFENSE		V.R. PAID							13. TOTAL INCURRED MEDICAL
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
		V.R. EVAL. INCURRED							16. SOC. SEC. OR OTHER OFFSET AMT.

*SEE MANUAL FOR CODING

Illustration 23 – Anniversary Rated Policy with the Premium Charge for Terrorism, Catastrophe (other than Certified Acts of Terrorism) and the Employer Assessment

In this illustration it is assumed that more than one experience modification applies during the policy period and that an Employer Assessment and premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) are 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 Code 9741 and are to be used in the calculation of the Employer Assessment Code 0938.

Calculation of the Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small or Large Deductible Premium Credit and includes premiums generated by the application of Code 9740 and Code 9741. Small or Large Deductible Premium Credits include either of the following Statistical codes in Pennsylvania: 9663 or 9664.

The Employer Assessment charge shall also be reported on lines "J" through "K" under Code 0938, but is not to be used in any premium calculations.

As with most pricing programs in the Commonwealth of Pennsylvania (i.e., Construction Credit – Code 9046, Merit Rating Credit – Code 9885, etc.), the Employer Assessment charge, Terrorism and Catastrophe (other than Certified Acts of Terrorism) charges are applicable as of each risk's Anniversary Rating Date.

Example: A policy with a 12/1/08 effective date and a 9/1/09 anniversary rating date should have the approved 9/1/08 and 9/1/09 assessment charges applied..

Note: Since the 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) it will be necessary to pro-rate these items and show each of the split portion premiums separately on anniversary rated risks. Failure to do so will result in the issuance of error criticisms.

The Unit Statistical Report used with Illustration 24 is published as a template and is not compatible with a strike-through format. That Unit Statistical Report will be deleted together with the above language upon approval of this filing.