WCIO Workers Compensation Data Specifications Manual

WORKERS COMPENSATION STATISTICAL REPORTING SPECIFICATIONS (WCSTAT)—SECTION 3

Effective 16 Sep 2007 12:00:01

WORKERS COMPENSATION DATA REPORTING SPECIFICATIONS FOR UNIT REPORTS AND ICRS

LINK DATA COMMON TO ALL RECORDS

Link data is critical when matching records for a given unit report and ICR. Complete link records are required for all WCSTAT records, excluding Record 9.

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Field Title/Description</th>
<th>Class</th>
<th>Position</th>
<th>Bytes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CARRIER CODE</td>
<td>(N)</td>
<td>1–5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electronic reporting—this field is the most current/correct value for this data element.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hard copy reporting—use this field to report the value that was originally reported for this data element.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>POLICY NUMBER IDENTIFIER</td>
<td>(AN)</td>
<td>6–23</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Report the number identifier that uniquely identifies the policy under which experience occurred. This number identifier must be identical to the number identifier set forth on the policy Information Page or as endorsed. The complete policy number identifier must remain the same throughout the life of the policy and for all experience reporting. Letters are permitted in this field, but not embedded blanks or marks of punctuation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electronic reporting—this field is the most current/correct value for this data element.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hard copy reporting—use this field to report the value that was originally reported for this data element.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>RESERVED FOR FUTURE USE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</td>
<td>(N)</td>
<td>25–30</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>For policies that use a unit or certificate number identifier as part of the policy number, report the numeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electronic reporting—this field is the most current/correct value for</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
this data element.

Hard copy reporting—use this field to report the value that was originally reported for this data element.

**EXPOSURE STATE CODE**

Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.

Electronic reporting—this field is the most current/correct value for this data element.

Hard copy reporting—use this field to report the value that was originally reported for this data element.

**POLICY EFFECTIVE DATE**

Report the month, day and year that the policy became effective. This date must be identical to the date set forth in Item 2 of the policy Information Page or as endorsed.

For interstate policies endorsed after the policy effective date to provide coverage for an additional state, report the effective date of the policy.

For the second and third periods of three-year variable rate policies, report the effective date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the first period, report the policy effective date as shown on the policy Information Page, or as endorsed. In the event that the policy contains a Policy Period Endorsement, then the effective date must coincide with the dates indicated on the schedule of that endorsement.

For the second period of extended-term policies, report the effective date as the date the second period began as shown in the Policy Period Endorsement.

Electronic reporting—this field is the most current/correct value for this data element. Format: YYMMDD.

Hard copy reporting—use this field to report the value that was originally reported for this data element. Format: MM/DD/YY.

**REPORT LEVEL CODE/REPORT NUMBER**

Report the code that corresponds to the report level based on the loss valuation date.

Electronic reporting: | Code | Report Level | Loss Valuation Schedule |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First Report</td>
<td>Valued 18 months from policy effective month</td>
</tr>
<tr>
<td>2</td>
<td>Second Report</td>
<td>Valued 30 months from policy effective month</td>
</tr>
<tr>
<td>3</td>
<td>Third Report</td>
<td>Valued 42 months from policy effective month</td>
</tr>
<tr>
<td>4</td>
<td>Fourth Report</td>
<td>Valued 54 months from policy effective month</td>
</tr>
</tbody>
</table>
effective month

Fifth Report: Valued 66 months from policy effective month
Sixth Report: Valued 78 months from policy effective month
Seventh Report: Valued 90 months from policy effective month
Eighth Report: Valued 102 months from policy effective month
Ninth Report: Valued 114 months from policy effective month
Tenth Report: Valued 126 months from policy effective month

[1] Refer to the Statistical Plan of each rating/statistical organization for the number of report levels to be submitted for each policy.

The above character array will accommodate up to 35 report levels when using “A” through “Z” in lieu of “10” through “35”. Report “1” through “9” and then “A” through “Z” as the report number in those jurisdictions requiring more than 9 report levels.

This field is the most current/correct value for this data element.

Hard copy reporting:

<table>
<thead>
<tr>
<th>Code</th>
<th>Report Level</th>
<th>Loss Valuation Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First Report</td>
<td>Valued 18 months from policy effective month</td>
</tr>
<tr>
<td>2</td>
<td>Second Report</td>
<td>Valued 30 months from policy effective month</td>
</tr>
<tr>
<td>3</td>
<td>Third Report</td>
<td>Valued 42 months from policy effective month</td>
</tr>
<tr>
<td>4</td>
<td>Fourth Report</td>
<td>Valued 54 months from policy effective month</td>
</tr>
<tr>
<td>5</td>
<td>Fifth Report</td>
<td>Valued 66 months from policy effective month</td>
</tr>
<tr>
<td>6[1]</td>
<td>Sixth Report</td>
<td>Valued 78 months from policy effective month</td>
</tr>
<tr>
<td>7[1]</td>
<td>Seventh Report</td>
<td>Valued 90 months from policy effective month</td>
</tr>
<tr>
<td>8[1]</td>
<td>Eighth Report</td>
<td>Valued 102 months from policy effective month</td>
</tr>
<tr>
<td>9[1]</td>
<td>Ninth Report</td>
<td>Valued 114 months from policy effective month</td>
</tr>
<tr>
<td>10[1]</td>
<td>Tenth Report</td>
<td>Valued 126 months from policy effective month</td>
</tr>
</tbody>
</table>

[1] Refer to the Statistical Plan of each rating/statistical organization for the number of report levels to be submitted for each policy.

Report in this field the 2-digit value that was originally reported for this data element.

For hard copy, it is acceptable to suppress leading zeros of the report number.

**CORRECTION SEQUENCE (NUMBER)**

Report the number that corresponds to the number of correction reports submitted within a particular report level.
Exposure and loss corrections on the same report level must be numbered consecutively.

**Note**: CA only—This field is used to determine if the report is sent as a correction. The sequence of the correction is not stored or used for processing.

Electronic reporting—Report "1" through "9" and then "A" through "Z" as a correction number within a particular report level. This number sequence will accommodate up to 35 corrections. Report "0" for noncorrections.

This field is the most current/correct value for this data element.

Electronic example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3. This is the revised correction sequence number on header corrections to change the correction sequence number.

Hard copy reporting—Report the sequential number that corresponds to the number of correction reports submitted within a particular report level. Report blanks for original report level submissions.

Use this field to report the value that was originally reported for this data element.

Hard copy example: Third correction to a first report = Report Number 01, Correction Sequence Number 03.

For hard copy it is acceptable to suppress leading zeros of the Correction Sequence Number.

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I. HEADER RECORD

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Field Title/Description</th>
<th>Class</th>
<th>Position</th>
<th>Bytes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-8</td>
<td>LINK DATA</td>
<td></td>
<td>1-40</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>RECORD TYPE CODE</td>
<td>(N)</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>POLICY CONDITIONS CODE</td>
<td>(N)</td>
<td>42-53</td>
<td>12</td>
</tr>
</tbody>
</table>

**ASWG NOTE:** This field is not applicable when reporting in an ASWG format.

Report the policy conditions described in the Statistical Plan by entering "1" in the position designated for the applicable conditions listed below:

<table>
<thead>
<tr>
<th>Type of Policy</th>
<th>Condition Code</th>
<th>Position</th>
<th>NOT APPLICABLE: CA, DE, MA, MI, NJ, NC, PA, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Coverage</td>
<td>90</td>
<td>42</td>
<td>NOT APPLICABLE: CA, DE, MA, MI, NJ, PA</td>
</tr>
<tr>
<td>Interstate Rated</td>
<td>91</td>
<td>43</td>
<td>NOT APPLICABLE: CA, NY</td>
</tr>
<tr>
<td>Assigned Risk</td>
<td>92</td>
<td>44</td>
<td>NOT APPLICABLE: CA</td>
</tr>
<tr>
<td>Canceled Policy</td>
<td>93</td>
<td>45</td>
<td>NOT APPLICABLE: CA</td>
</tr>
<tr>
<td>Estimated Audit</td>
<td>94</td>
<td>46</td>
<td>NOT APPLICABLE: CA</td>
</tr>
<tr>
<td>Disease B Only</td>
<td>95</td>
<td>47</td>
<td>NOT APPLICABLE: CA, DE, MA, NJ, NY, PA, WI</td>
</tr>
<tr>
<td>Excluding Disease</td>
<td>96</td>
<td>48</td>
<td>NOT APPLICABLE: CA, DE, MA, NJ, NY, PA, WI</td>
</tr>
<tr>
<td>Clerical Error</td>
<td>97</td>
<td>49</td>
<td>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, PA</td>
</tr>
<tr>
<td>Retrospective Rated</td>
<td>98</td>
<td>50</td>
<td>NOT APPLICABLE: NC, WI</td>
</tr>
<tr>
<td>No Excess Payroll</td>
<td>99</td>
<td>51</td>
<td>NJ Only; OPTIONAL: NCCI</td>
</tr>
<tr>
<td>Large Risk—Large</td>
<td>88</td>
<td>52</td>
<td>NJ Only; OPTIONAL: NCCI</td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved Managed Care</td>
<td>89</td>
<td>53</td>
<td>NJ Only; OPTIONAL: NCCI</td>
</tr>
</tbody>
</table>

11                   | RESERVED FOR FUTURE USE                       | 54     | 1     |

12                   | POLICY EXPIRATION OR CANCELLATION DATE        | (N)    | 55-60  | 6     |

Report the month, day and year upon which the policy expired.

For mid-term cancelled policies, report the cancellation date as the expiration date.
For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page.

For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. In the event the policy contains a Policy Period Endorsement, then the expiration date must coincide with the date indicated in the schedule of that endorsement.

For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement.

Electronic reporting—format: YYMMDD.

Hard copy reporting—format: MM/DD/YY.

RISK ID NUMBER

Report the Risk (Experience Rating) Identification Number assigned by NCCI or report the risk identification number given by the independent jurisdiction assigned to the state where applicable.

For interstate risks, report the NCCI assigned number.

For intrastate risks, report the jurisdiction assigned number.

For nonrated risks, this field is optional.

NOT APPLICABLE: DE, NJ, PA

OPTIONAL: CA, MN, NCCI, NC, WI

RESERVED FOR FUTURE USE

ORIGINAL ADMINISTRATION NUMBER IDENTIFIER (NCCI, WI ONLY)

Report the Original Administration Number Identifier assigned by NCCI when the Replacement Report Indicator Code (Position 105) is "R" and the intent of the insurer is to replace a previously reported unit report.

TERM CODE

ASWG NOTE: This field is not applicable when reporting in an ASWG format.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Non-three-year fixed rate</td>
</tr>
<tr>
<td>3</td>
<td>Three-year fixed rate</td>
</tr>
</tbody>
</table>

EMPLOYEE LEASING CODE (NCCI ONLY)

Report an "E" in this field for Employee Leasing policy; otherwise, leave this field blank.

Electronic field only.

(Previously known as Unit Report Resubmission Indicator.)

POLICY TYPE IDENTIFICATION CODE (NCCI ONLY)

ASWG NOTE: This field is not applicable when reporting in an ASWG format.
Report the code that corresponds to the type of policy being reported:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Standard Policy—Voluntary</td>
</tr>
<tr>
<td>02</td>
<td>Standard Policy—Small Premium Policy Plan</td>
</tr>
<tr>
<td>03</td>
<td>Standard Policy—Employers Rejected Risk Fund</td>
</tr>
<tr>
<td>04</td>
<td>Group Policy—Voluntary</td>
</tr>
<tr>
<td>05</td>
<td>Group Policy—Small Premium Policy Plan</td>
</tr>
<tr>
<td>06</td>
<td>Group Policy—Employers Rejected Policy Plan</td>
</tr>
<tr>
<td>07</td>
<td>Self-Insurance Policy Plan</td>
</tr>
<tr>
<td>08</td>
<td>State Fund Policy</td>
</tr>
</tbody>
</table>

RESERVED FOR FUTURE USE

REPLACEMENT REPORT CODE

MA: Field must be blank for all reports other than replacement reports. May be used for any report level. May be used to replace a unit report that has a status of accepted, rejected or failed. A replacement USR may be used instead of a correction report. Submission of a replacement will delete previously reported unit statistical reports from the Bureau's database.


MN: Report an “R” to identify a Replacement Report being submitted in response to a unit report that has been rejected.

NCCI: This data element is applicable to 1st Reports only, and indicates that a unit report should “replace” what the jurisdiction has in its records. Report an “R” to identify a Replacement Report being submitted to NCCI in response to an NCCI URQ Error List, and the Original Administration Number Identifier Position 71–80 must also be reported; otherwise leave this field blank.

WI: Report an “R” to identify a Replacement Report being submitted in response to a unit report that has been rejected by WCRB. The “R” is to be reported in the header record for any report that is being replaced. This filing instruction only applies to carrier approved to file directly with WCRB.

NOT APPLICABLE: CA, DE, NJ, NY, NC, PA

RESERVED FOR FUTURE USE

THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER

Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the insurance carrier).

NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, NC, PA, WI

CORRECTION TYPE CODE

Report the 1-letter code that indicates the type of correction report being submitted. Applicable only to correction reports.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Header Record Correction (Including Link Data)</td>
</tr>
<tr>
<td>E</td>
<td>Exposure Record Correction (First Reports Only)</td>
</tr>
<tr>
<td>L</td>
<td>Loss Record Correction[3]</td>
</tr>
<tr>
<td>T</td>
<td>Total Record Correction</td>
</tr>
</tbody>
</table>
M  Corrections to Multiple Record Types
A  Loss Record Corrections due to Aggravated Inequity* [N/A: CA, DE, NJ, NY, PA][1]
    NCCI: If correction is due to Aggravated Inequity, may use Code "L" or Code "A".
C  ICR Correction (MA only)

[1] MA, MI, MN, NC, WI: If correction is due to Aggravated Inequity, use Code "A".

23  STATE EFFECTIVE DATE
    Report the Endorsement Effective Date if the state coverage was endorsed mid-term. Otherwise, zero-fill.
    NOT APPLICABLE: CA, MI

Electronic reporting—format YYMMDD.

Hard copy reporting—format MM/DD/YY.

24  FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
    Report the Federal Employer Identification Number of the insured as shown on the policy Information Page. The primary FEIN is used when multiple FEIN numbers are on the policy.
    NOT APPLICABLE: MN, NJ

OPTIONAL: CA, MI, NCCI, NC, WI

25  RESERVED FOR FUTURE USE
    138–145  8

26  POLICY CONDITION INDICATORS
    Report "Y" (Yes) or "N" (No) for each policy condition: three year fixed rate indicator, multistate policy indicator, interstate rated indicator, estimated exposure indicator, retrospective rated indicator, cancelled mid-term indicator and managed care organization indicator as defined below.

*Three-Year Fixed Rate Policy  (Y/N) OPTIONAL: CA
*Multistate Policy  (Y/N) OPTIONAL: CA
*Interstate Rated Policy  (Y/N) OPTIONAL: CA
Estimated Exposure Indicator  (Y/N)
*Retrospective Rated Policy  (Y/N) OPTIONAL: CA
*Cancelled Mid-Term Policy  (Y/N) OPTIONAL: CA
Managed Care Organization (MCO) Policy  (Y/N) OPTIONAL: CA

NOT APPLICABLE: NJ

27  RESERVED FOR FUTURE USE
    153–156  4

28  POLICY TYPE ID CODES
    Report the three 2-digit codes that correspond to the type of coverage, plan indicator and nonstandard provisions of the policy.
    NOT APPLICABLE: NJ

<table>
<thead>
<tr>
<th>TYPE OF COVERAGE (157–158)</th>
<th>PLAN (159–160)</th>
<th>NON-STANDARD TYPE (161–162)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code  Description</td>
<td>Code  Description</td>
<td>Code  Description</td>
</tr>
</tbody>
</table>
01 Standard Workers Compensation Policy
02 Alternative Workers Compensation Coverage (NCCI only)
03 Group Policy (NCCI only)
04 Reserved for Future Use
05 Large Risk Rated Option (MA only)
06 Assigned Risk Policy written under MA Mandatory Direct Assigned Risk Program (MA only)
07 Reserved for Future Use
08 Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others
09 Nonstandard Workers Compensation Coverage (used only in conjunction with other than Code 01 in Positions 161–162 of this field)
01 Voluntary Policy
02 Normal Assigned Risk Policy—including Texas Employers Rejected Risk Fund—excluding MA Plan Type Codes 05 and 06
03 Reserved for Future Use
04 Reserved for Future Use
05 Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)
06 Excess Policy (CA, NCCI only)
07 Excess Medical (NY only)
08 Excluding Medical
09 Voluntary Coverage not mandatory by State Act NOT APPLICABLE: CA, MA, MI, MN, NJ, NY, WI
99 Self-Insured Groups
NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, PA, WI

For hard copy it is acceptable to suppress leading zeros of each portion of the Policy Type ID Code.

29 RESERVED FOR FUTURE USE
30 DEDUCTIBLE TYPE CODE

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

For example, Deductible Type Code 0103 indicates that the deductible amount applies to medical losses only on a per policy basis.

<table>
<thead>
<tr>
<th>First Two Positions (165–166)</th>
<th>Second Two Positions (167–168)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>00</td>
<td>No Deductible</td>
</tr>
<tr>
<td>01</td>
<td>Medical Losses Only</td>
</tr>
<tr>
<td>02</td>
<td>Indemnity Losses Only</td>
</tr>
</tbody>
</table>
03 Medical and Indemnity Losses
04 Per Policy Deductible Aggregate Limit
05 Percent of Claim Cost (N/A: NC)
06 Percent of Premium (N/A: NC)
07 Coinsurance Only Percent With Per Claim Amount Limit
08 Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit (N/A: NC)
09 Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit (N/A: NC)
10 Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit (N/A: MN)
11 Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit (N/A: MN, NC)
12 Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limits (N/A: MN, NC)
12 Variable—as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined. (N/A: MN, NCCI, NY, NC)

SEE APPENDIX FOR DEFINITIONS OF DEDUCTIBLE TYPE CODE VALUES.
NOT APPLICABLE: CA, MI, NJ, WI
For hard copy it is acceptable to suppress leading zeros of each portion of the Deductible Type Code.

31 DEDUCTIBLE PERCENT FACTOR

Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program.

Applicable only when the second position of Deductible Type Code is 04 through 08 or 11.

NOT APPLICABLE: CA, MI, NJ, NC, WI

32 DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT

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

NOT APPLICABLE: CA, MI, NJ, WI

33 DEDUCTIBLE AMOUNT—AGGREGATE

(N) 169–170 2

(N) 171–179 9

(N) 180–188
Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.

NOT APPLICABLE: CA, MI, NJ, WI
Note: Positions 189–230 are to be used only when correcting Link Record Data.
Note: Each field has been identified as being applicable to either electronic or hard copy reporting.

**34**

**PREVIOUS REPORT LEVEL CODE/REPORT NUMBER**

Report the report number code that was previously reported.

NOT APPLICABLE: MN

Electronic field only.
Note: This is a 2-digit field.

**REVISED REPORT LEVEL CODE/REPORT NUMBER**

Report the revised report number code immediately below the report number code field on the unit report.

NOT APPLICABLE: MN

Hard copy field only.
Note: This is a 2-digit field. For hard copy, it is acceptable to suppress leading zeros of the Revised Report Number.

**35**

**RESERVED FOR FUTURE USE**

**36**

**PREVIOUS CORRECTION SEQUENCE NUMBER**

Report the correction sequence number that was previously reported.

NOT APPLICABLE: MN, NCCI

Electronic field only.
Note: This is a 1-digit field.

**REVISED CORRECTION SEQUENCE NUMBER**

Report the revised correction sequence number immediately below the correction sequence number field on the unit report.

NOT APPLICABLE: MN, NCCI

Hard copy field only.
Note: This is a 2-digit field. For hard copy, it is acceptable to suppress leading zeros of the Revised Correction Sequence Number.

**37**

**PREVIOUS CARRIER CODE**

Report the carrier code that was previously reported.

NOT APPLICABLE: MN

Electronic field only.

**REVISED CARRIER CODE**
Report the revised carrier code immediately below the carrier code field on the unit report.

NOT APPLICABLE: MN

Hard copy field only.

PREVIOUS POLICY NUMBER IDENTIFIER

Report the policy number identifier that was previously reported.

NOT APPLICABLE: MN

Electronic field only.

REVISED POLICY NUMBER IDENTIFIER

Report the revised policy number identifier immediately below the policy number field on the unit report.

NOT APPLICABLE: MN

Hard copy field only.

PREVIOUS POLICY EFFECTIVE DATE

Report the policy effective date that was previously reported.

NOT APPLICABLE: MN

Electronic reporting—format: YYMMD.

Electronic field only.

REVISED POLICY EFFECTIVE DATE

Report the revised policy effective date immediately below the policy effective on the unit report.

NOT APPLICABLE: MN

Hard copy reporting—format: MM/DD/YY.

Hard copy field only.

PREVIOUS EXPOSURE STATE CODE

Report the exposure state code that was previously reported.

NOT APPLICABLE: MN

Electronic field only.

REVISED EXPOSURE STATE CODE

Report the revised exposure state code immediately below the exposure state code field on the unit report.

NOT APPLICABLE: MN

Hard copy field only.
PREVIOUS UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)

Report the unit/certificate number identifier that was previously reported.

Electronic field only.

REVISED UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)

Report the revised unit/certificate number identifier immediately below the unit/certificate number identifier field on the unit report.

Hard copy field only.

RESERVED FOR INSURER USE

RESERVED FOR JURISDICTION USE

RESERVED FOR BEEP USE EDIT BYPASS CODE

BEEP (Bureau Entry & Edit Package) uses this field to indicate when a unit statistical report has been forced onto the submission file without passing all of the validations.

**Code Description**

F Forc2ed Leave

Blank No edit bypass

Refer to the Statistical Plan of each rating/statistical organization for use of this code.

NOT APPLICABLE: MN, NCCI, NC, NJ, WI

ASWG UNIT SUBMISSION CODE

For electronic reporting this is the ASWG code. The following values apply:

**Code Description**

A ASWG Format

E Expanded ASWG report (CA only)

Blank Pre-ASWG

For hard copy units an “X” in the reserved field identifies a pre-ASWG unit statistical report. An “E” in the reserved field identifies an Expanded ASWG unit statistical report (CA only).

**Note:** CA—While all required fields for reporting unit statistical report data are identified on the unit statistical report record layout, the applicability will depend on the reporting option selected. Please review the California Workers Compensation Uniform Statistical Reporting Plan—1995 for specific reporting requirements.

CARD SERIAL NUMBER

Report the card serial number. Must be sequential with each transmittal submission. No gaps between numbers are allowed within any given submission. The numbering may, at the insurer’s option, be continual from submission to submission as long as the requirement of continuity within each submission is met.

This is a 7-digit field. Leading zeros may be suppressed.

Hard copy field only.

H—Refer to the hard copy example (Section 6) for placement of this data element.
NOT APPLICABLE: NC

H*   PAGE NUMBER

Report the page number of multiple page hard copy unit reports. It is not required on single page unit reports.

This is a 4-digit field. Leading zeros may be suppressed.

Example: page 1 of X.

Hard copy field only.

H*—Refer to the hard copy example (Section 6) for placement of this data element.

H** LAST PAGE NUMBER

Report the last page number of multiple page hard copy unit reports. Not required on single page unit reports.

This is a 4-digit field. Leading zeros may be suppressed.

Example: page X of 10.

Hard copy field only.

H*—Refer to the hard copy example (Section 6) for placement of this data element.

H*** PENDING FILE NUMBER

Report the Original Administration Number identifier assigned by NCCI in this field when the Replacement Report Code is "R" and the intent of the insurer is to replace a previously reported unit report.

*Refer to the hard copy example (Section 6) for placement of this data element.
WCIO Workers Compensation Data Specifications Manual

WORKERS COMPENSATION STATISTICAL REPORTING SPECIFICATIONS (WCSTAT)—SECTION 3

WORKERS COMPENSATION DATA REPORTING SPECIFICATIONS FOR UNIT REPORTS AND ICRS

Effective 01 Sep 2003 12:00:01

II. NAME RECORD

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Field Title/Description</th>
<th>Class</th>
<th>Position</th>
<th>Bytes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–8</td>
<td>LINK DATA</td>
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<td>1–40</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>RECORD TYPE CODE</td>
<td>(N)</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>INSURED NAME</td>
<td>(AN)</td>
<td>42–120</td>
<td>79</td>
</tr>
</tbody>
</table>

Report "2".

Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy Information Page or as endorsed.

Maximum size of risk name is 79 characters including spaces and punctuation marks.

Note: MA—Only Positions 42–86 of the first name record are entered into this jurisdiction's database and printed out on their unit cards.

Note: NCCI, NJ—Only Positions 42–91 of the first name record are printed on the units produced from these jurisdictions' systems.

11

RESERVED FOR FUTURE USE

THIS NAME RECORD IS REQUIRED FOR ALL JURISDICTIONS.

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### III. ADDRESS RECORD

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Field Title/Description</th>
<th>Class</th>
<th>Position</th>
<th>Bytes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–8</td>
<td>LINK DATA</td>
<td></td>
<td>1–40</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>RECORD TYPE CODE</td>
<td>(N)</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Report &quot;3&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>INSURED ADDRESS</td>
<td>(AN)</td>
<td>42–120</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Report the street address, city, state and zip code of the insured as</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>shown in item 1 of the policy information page or as endorsed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum size of this field is 79 characters including spaces and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>punctuation marks.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>NOTE:</strong> NCCI, NJ—Only Positions 42–91 are printed on the unit reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>produced from these jurisdictions' systems.</td>
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<td>RESERVED FOR FUTURE USE</td>
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<td>121–250</td>
<td>130</td>
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<tr>
<td></td>
<td>THIS ADDRESS RECORD IS OPTIONAL WITH ALL JURISDICTIONS.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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