### 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 Aug 2006 12:00:01*

## IV. EXPOSURE 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>(N)</td>
<td>1-40</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>RECORD TYPE CODE</td>
<td></td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>RESERVED FOR FUTURE USE</td>
<td>(N)</td>
<td>42</td>
<td>1.</td>
</tr>
<tr>
<td>11</td>
<td>CLASSIFICATION CODE</td>
<td></td>
<td>43-46</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>(N)</td>
<td>47</td>
<td>1</td>
</tr>
</tbody>
</table>

**NOTE:**
- DE, MN, NJ, PA, WI—There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, experience modification, rate effective date, exposure coverage code, and experience modification effective date.
- NCCI—There cannot be more than one exposure record per unit for any classification code with the same rate effective date, exposure act/exposure coverage code, and experience modification effective date.
- Texas—There cannot be more than one exposure record per unit for any classification code with the same manual/charged rate, rate effective date, exposure act/exposure coverage code and experience modification effective date.

**RESERVED FOR FUTURE USE**

**PREVIOUSLY REPORTED CODE**

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

The codes in this position are to indicate the "Previous" or "Revised" side of any correction report.

**Code Description**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data as previously reported</td>
</tr>
<tr>
<td>0</td>
<td>Revised data</td>
</tr>
</tbody>
</table>

Electronic field only.
NOTE: On original first reports, this field is always entered as zero.

EXPOSURE ACT/EXPOSURE COVERAGE CODE

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

Report the 2-digit exposure coverage code for each classification as per the Statistical Plan.

EXPERIENCE MODIFICATION FACTOR

Report the factor based on the past experience of the insured that is used to modify an insured's premium. Multiple experience modification factors may apply.

Electronic reporting—Report the experience modification factor that applies to the exposure reported in this detail record. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. Use "0000" for nonrated exposures.

Example:

Modification 1.280 would be reported in this field as 1260.

Electronic reporting format—XXXX.

Hard copy reporting—This is a 5-digit field.

Hard copy reporting format—XX.XXX.

For hard copy, it is acceptable to suppress leading zeros of the Experience Modification Factor.

If a change in experience modification factor occurs subsequent to the policy effective date due to an Anniversary Rating Date change, the payrolls, authorized rates, and corresponding premiums must be split and reported on separate pages of the hard copy unit report.

EXPERIENCE MODIFICATION EFFECTIVE DATE

Refer to specific jurisdictions for requirements.

Normally, this is the effective date of the policy. However, if the experience modification changes in accordance with Experience Rating Manual rules, this is the effective date of the experience modification that applies to the exposure reported in this detail record. Report this date in YYMMD format.

For electronic reporting, this is required on all exposure records.
Format: YYMMD.

For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.

RATE EFFECTIVE DATE

Refer to specific jurisdictions for requirements.

Normally, this is the effective date of the policy. However, if the rate changes in accordance with Ratemaking Manual rules, this is the rate effective date that applies to the classification code and exposure reported in this detail record.
NOTE: MN only—The date reported must be prior or on the effective date of the policy. No midterm rate adjustments are allowed in Minnesota.

For electronic reporting, this is required on all exposure records. Format: YYMMDD.

For hard copy reporting, this is only required when different from the policy effective date. Format: MM/DD/YY.

**EXPOSURE AMOUNT**
The basis for determining premium on a per classification level. Exposure amount is normally on a payroll basis.

Exceptions include per capita, seat surcharge, etc.

Refer to Statistical Plans for classification code exceptions.

**Payroll Exposure Amount:**

Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.

**Non-Payroll Exposure:**

Report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point. For non-payroll exposure amounts, there is an assumed decimal point between Positions 75 and 76.

Electronic example: The decimal point is assumed between positions 75 and 76. To report one and one-half per capita exposure, enter a "15" in the exposure amount field.

Hard copy example: To report one and one-half per capita exposure use "1.5" in the exposure amount field.

**PREMIUM AMOUNT**
Report the premium amount corresponding to each classification.

The premium amount for payroll classifications is the result of multiplying the exposure by the manual/charged rate divided by 100. Enter the premium amount developed by extension of payroll or other exposure amount at the authorized rate to the nearest whole dollar.

For non-exposure classifications the premium is defined by the classification/statistical code. For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate.

**NOTE:** This field is not applicable for CA as of the first 1995 Normal Anniversary Date.

**MANUAL/CHARGED RATE**
Report the charge per unit of exposure for each classification.

Please contact the DCO for instructions for this field.

Assumed decimal point between Positions 89 and 90 for electronic reporting only.
Electronic reporting example: A rate of 1.24 would be reported in this field as 0001.240.

Hard copy reporting example: A rate of 1.24 would be reported in this field as 0001.240.

For hard copy, it is acceptable to suppress the leading zeros of the Manual/Charged Rate.

**SPLIT PERIOD CODE**

Use to indicate change in manual/charged rates or modification factors during life of policy. For policies with no change in manual/charged rates or modification factors, zero-fill. For policies with changes in manual/charged rates or modification factors, report "0" for the first period, "1" for the second period, "2" for the third period, etc., through "9".

Electronic field only.

**NOT APPLICABLE: CA, NJ (Split period codes 2-9)**

**RESERVED FOR FUTURE USE**

**RATING TIER ID CODE (NCCI ONLY)**

Report the appropriate rating tier ID code (RTI) on all classification codes for policies with an effective date of 09/01/92 and after.

**RESERVED FOR FUTURE USE**

**ASWG NOTE:** The remainder of this record contains fields applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.

**UPDATE TYPE CODE**

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

<table>
<thead>
<tr>
<th>Method 1—Common to all Jurisdictions and Insurers</th>
<th>Method 2—Jurisdictions may offer as optional reporting to insurers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>P</td>
<td>Previously Reported</td>
</tr>
<tr>
<td>R</td>
<td>Revised</td>
</tr>
<tr>
<td>D</td>
<td>Delete Record</td>
</tr>
</tbody>
</table>

Note: On Original First Reports, this field is always R or A.

**RESERVED FOR FUTURE USE**

**EXPOSURE ACT/EXPOSURE COVERAGE CODE**

Report the 2-digit code indicating the Act (Law) or coverage under which the exposure for this record's classification code is associated.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>For Use With Statistical Codes††</td>
</tr>
<tr>
<td>01</td>
<td>State Act or Federal Act Excluding USL&amp;HW and Federal Coal Mine Health and Safety Act</td>
</tr>
<tr>
<td>02</td>
<td>USL&amp;HW &quot;F&quot; or USL&amp;HW Coverage on Non-F-Classes</td>
</tr>
<tr>
<td>03</td>
<td>Federal Coal Mine Health and Safety Act Only (NCCI, WI only)</td>
</tr>
<tr>
<td>04</td>
<td>Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only)</td>
</tr>
<tr>
<td>05</td>
<td>Oil and Other Minerals Over Water (NCCI only)</td>
</tr>
</tbody>
</table>
06 Excluding Medical (NC, NCCI only)
07 Excess Benefits Coverage (NCCI only)
08 Reserved For Future Use
09 Endorsed Maritime Coverage (NCCI only)
10 Voluntary Compensation Coverage (DE, PA only)

**NOTE**: An exposure act/exposure coverage code is required for all exposure records. Statistical codes can be coded to 00, or the Type of Act (law) governing the policy.

Hard copy format: Leading zero may be suppressed.

28 RESERVED FOR FUTURE USE

E* PREMIUM DISCOUNT AMOUNT
The premium adjustment amount resulting from the application of the premium discount plan reported under Statistical Code 0063 (stock company) or Statistical Code 0064 (non-stock company).

This is a 9-digit field. Leading zeros may be suppressed.

Hard copy field only.

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

E** EXPENSE CONSTANT AMOUNT
The premium adjustment amount resulting from the application of the expense constant amount.

This is a 9-digit field. Leading zeros may be suppressed.

Hard copy field only.

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

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V. LOSS 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>RESERVED FOR FUTURE USE</td>
<td></td>
<td>42</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>CLASSIFICATION CODE</td>
<td>(N)</td>
<td>43-46</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>RESERVED FOR FUTURE USE</td>
<td></td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>PREVIOUSLY REPORTED CODE</td>
<td>(N)</td>
<td>48</td>
<td>1</td>
</tr>
</tbody>
</table>

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

The codes in this position are used to indicate the "Previous" or "Revised" side of any subsequent or loss correction report.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data as previously reported</td>
</tr>
<tr>
<td>0</td>
<td>Revised data</td>
</tr>
</tbody>
</table>

Electronic field only.

Note: On original first reports, this field is always entered as zero.

<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>14</td>
<td>LOSS COVERAGE CODE</td>
<td>(N)</td>
<td>49-50</td>
<td>2</td>
</tr>
</tbody>
</table>

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

Report the 2-digit code that identifies whether the loss is covered under the State Act, USL&HW Act, Employers Liability, Radiation (CA only), Other State Benefits, or Admiralty or FELA Benefits (NOT APPLICABLE: CA) and that further identifies the basis of liability as either trauma, disease, cumulative injury, liability-over, or subrogation. Refer to the appropriate Statistical Plan for applicable codes.

<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>15</td>
<td>CLAIM COUNT</td>
<td>(N)</td>
<td>51-54</td>
<td>4</td>
</tr>
</tbody>
</table>
Report the claim count as defined by the respective statistical plan.

This field is never left blank or zero-filled for grouped claims. Report the number of claims in the grouping.

**Note:** CA—Zeros are accepted for claims with claim numbers.

For electronic reporting, individually listed claims are reported as either "0001" or "0000."

**Note:** NCCI, NJ, WI—Must be "0001" for individually listed claims (claim number and accident date reported).

For hard copy reporting, the grouped claim count is reported in the Accident Date/Number of Claims field. Report the number of claims in the grouping. Claim Count is not reported for individually listed claims on hard copy.

**ACCIDENT DATE**

Report the month, day and year on which the injury occurred.

For electronic reporting, this field applies only to individually listed losses. Leave blank when reporting grouped losses. Format: YY/MM/DD.

For hard copy reporting, accident date is not reported in the Accident Date/Number of Claims field if the insurer elects the claim grouping option. Applies only to individually listed losses. Format: MM/DD/YY.

**CLAIM NUMBER**

Report the alphanumeric number code that uniquely identifies the claim (excluding blanks). The complete claim number must remain the same throughout the life of the claim. Claim number is not reported if the insurer elects the claim grouping option.

Claim number of every individually listed loss must be reported as right-justified and with leading blanks if claim number is less than 12 positions. Letters are permitted, but not embedded blanks or marks of punctuation. Leave blank when reporting grouped losses. Refer to the Statistical Plan for reporting requirements.

**Note:** CA has historically stored only 11 positions of the claim number due to storage capacity. The first position of this field is truncated during processing.

**CLAIM STATUS CODE**

Report the 1-digit code that indicates the status of the claim:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Open Claim</td>
</tr>
<tr>
<td>1</td>
<td>Closed Claim</td>
</tr>
<tr>
<td>2</td>
<td>Reopened Claim (N/A: DE, MA, MI, NJ, PA, WI)</td>
</tr>
<tr>
<td>3</td>
<td>Resolved Claim (CA only)</td>
</tr>
<tr>
<td>4</td>
<td>Open Claim—Payment not made or initiated (MI only)</td>
</tr>
</tbody>
</table>

**WEEKLY WAGE AMOUNT (CA ONLY)**

Report the actual weekly wage amount at the date of injury upon which
the indemnity benefits are based. (Not the maximum or minimum weekly earnings specified in the Labor Code.) Report whole dollars only.

**INJURY CODE (INJURY TYPE)**

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

Refer to the appropriate jurisdiction’s **Statistical Plan** for proper use of this code.

Hard copy reporting—Leading zero may be suppressed.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Death</td>
</tr>
<tr>
<td>02</td>
<td>Permanent Total Disability</td>
</tr>
<tr>
<td>03</td>
<td>Major Permanent Partial Disability—N/A: DE, MA, MN, NCCI, NY, NC, PA, WI</td>
</tr>
<tr>
<td>04</td>
<td>Minor Permanent Partial Disability—N/A: DE, MA, MN, NCCI, NY, NC, PA, WI</td>
</tr>
<tr>
<td>05</td>
<td>Temporary Total or Temporary Partial Disability</td>
</tr>
<tr>
<td>06</td>
<td>Medical Claims Only</td>
</tr>
<tr>
<td>07</td>
<td>Contract Medical or Hospital Allowance—N/A: WI</td>
</tr>
<tr>
<td>08</td>
<td>Compromise Death (CA only)</td>
</tr>
<tr>
<td>09</td>
<td>Permanent Partial Disability—N/A: CA, MI, NJ</td>
</tr>
</tbody>
</table>

**CATASTROPHE NUMBER**

Report all claims (two or more) resulting from one accident through the catastrophe number. If there is more than one catastrophe under the policy, each succeeding catastrophe number should be designated by means of separate sequential number. "2", "3", etc., up to and including "10". After number "10" is assigned, the next number in the sequence will reprocess to number "1". Numbers "11" through "99" are reserved for ISO-assigned catastrophe codes. A separate series of catastrophe numbers, beginning with "1", shall be used for each policy. Each succeeding catastrophe number shall be increased by 1.

Refer to the **Statistical Plan** for exact criteria used in the reporting of catastrophe losses.

Hard copy reporting—Leading zero may be suppressed.

**INCURRED INDEMNITY AMOUNT**

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

**Note:** Allocated Loss Adjustment Expenses for other than employer's liability coverage must be excluded from indemnity loss amounts.

**INCURRED MEDICAL AMOUNT**

Report the whole dollar amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.
SOCIAL SECURITY NUMBER

Report the injured worker’s Social Security Number assigned by the Social Security Administration.

CA: Enter “000000000” if not available.

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

OPTIONAL: NC

RESERVED FOR FUTURE USE

ASWG NOTE: The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.

UPDATE TYPE CODE

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

**Method 1—Common to all Jurisdictions and Insurers**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Previously Reported</td>
</tr>
<tr>
<td>R</td>
<td>Revised</td>
</tr>
</tbody>
</table>

**Method 2—Jurisdictions may offer as optional reporting to Insurers.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Add Record</td>
</tr>
<tr>
<td>C</td>
<td>Change Record</td>
</tr>
<tr>
<td>D</td>
<td>Delete Record</td>
</tr>
</tbody>
</table>

**Notes:**
- On original First Reports, this field is always R or A.
- CA: For grouped claims, when no Claim Number (Positions 55–60) is supplied other than blanks or zeros, but a count value other than blanks or zeros is supplied in the Claim Count (Positions 49–50), Update Type Code C may not be used for loss corrections. Either a P and R or an A and D pair of loss records must be submitted for grouped claim loss corrections.

RESERVED FOR FUTURE USE

LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM, AND TYPES OF SETTLEMENT)

Report the five 2-digit codes that correspond to the act, type of loss, type of recovery, type of claim, and type of settlement.

Hard copy reporting—Leading zero may be suppressed. This field should contain the loss coverage codes for non-ASWG units.

**ACT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Reserved for Future Use</td>
</tr>
<tr>
<td>01</td>
<td>State Act or Federal Act Excluding USL&amp;HW and Federal Coal Mine Health and Safety Act</td>
</tr>
<tr>
<td>02</td>
<td>USL&amp;HW &quot;F&quot; Coverage or USL&amp;HW Coverage on Non-F-Classess</td>
</tr>
<tr>
<td>03</td>
<td>Federal Coal Mine Health and Safety Act Only (NCCI, WI only)</td>
</tr>
<tr>
<td>04</td>
<td>Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only)</td>
</tr>
<tr>
<td>05</td>
<td>Oil and Other Minerals Over Water (NCCI only)</td>
</tr>
</tbody>
</table>

**TYPE OF LOSS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N)</td>
<td>(123–124)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N)</td>
<td>(125–126)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>01</td>
<td>Trauma</td>
</tr>
<tr>
<td>02</td>
<td>Occupational Disease</td>
</tr>
<tr>
<td>03</td>
<td>Cumulative Injury Other Than Disease</td>
</tr>
</tbody>
</table>

**TYPE OF RECOVERY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No Recovery</td>
</tr>
<tr>
<td>02</td>
<td>Second Injury Fund Only—N/A: CA</td>
</tr>
<tr>
<td>03</td>
<td>Subrogation Only (Third Party)</td>
</tr>
<tr>
<td>04</td>
<td>Subrogation with Second Injury Fund (Third Party)—N/A: CA</td>
</tr>
<tr>
<td>05</td>
<td>Joint Coverage—Without Subrogation (CA, MA, NC only)</td>
</tr>
<tr>
<td>06</td>
<td>Joint Coverage—With Subrogation (CA, NC only)</td>
</tr>
</tbody>
</table>

**TYPE OF CLAIM**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Workers Compensation Only</td>
</tr>
<tr>
<td>02</td>
<td>Employers Liability Only N/A: WI</td>
</tr>
<tr>
<td>03</td>
<td>Workers Compensation including Employers Liability</td>
</tr>
<tr>
<td>04</td>
<td>Liability Over—N/A: CA, DE, PA, WI</td>
</tr>
<tr>
<td>05</td>
<td>Excess Benefits (NCCI only)</td>
</tr>
<tr>
<td>06</td>
<td>Excess Special Compensation (NCCI only)</td>
</tr>
</tbody>
</table>

**TYPE OF SETTLEMENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Claim Not Subject to Settlement</td>
</tr>
<tr>
<td>01</td>
<td>Noncompensable, Previously Alleged (CA only)</td>
</tr>
<tr>
<td>03</td>
<td>Stipulated Award (Insurer/Claimant Settlement)—N/A: MA</td>
</tr>
<tr>
<td>04</td>
<td>Findings and Award (Judicial Award)—N/A: MA, NY</td>
</tr>
<tr>
<td>05</td>
<td>Dismissal or Take Nothing (Noncompensable)</td>
</tr>
<tr>
<td>06</td>
<td>Compromise Settlement—N/A: MA, NY</td>
</tr>
<tr>
<td>07</td>
<td>No Safety Devices (NCCI only)</td>
</tr>
<tr>
<td>08</td>
<td>Exemplary Damages (NCCI only)</td>
</tr>
<tr>
<td>09</td>
<td>All Other Settlements—N/A: NJ</td>
</tr>
</tbody>
</table>

**TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT (CA ONLY)**

Report the whole dollar amount for the incurred amount of vocational rehabilitation benefits including vocational rehabilitation indemnity, evaluation and training.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

**JURISDICTION STATE CODE**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

**MANAGED CARE ORGANIZATION TYPE CODE**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>
For hard copy it is acceptable to suppress leading zeros of the Managed Care Organization Type Code.

**INJURY DESCRIPTION CODE (PART, NATURE, CAUSE)**

Report the three 2-digit codes that represent the part of body, nature of injury, and cause of injury for a given claim.

**PART**

Report the 2-digit code that represents the part of body for a given claim.

**NATURE**

Report the 2-digit code that represents the nature of injury for a given claim.

**CAUSE**

Report the 2-digit code that represents the cause of injury for a given claim.

Refer to Statistical Plan for applicable codes.

NOT APPLICABLE: MI
Note: The expanded Part of Body codes provide additional codes, as requested by IAIABC, for exclusive use in reporting SROI only. The expanded Part of Body codes are to be reported in the SROI Permanent Impairment Body Part Code data element.

33

**OCCUPATION DESCRIPTION**

Report a narrative description of the regular occupation of the injured worker.

NOT APPLICABLE: MI, MN, NJ, NY, WI

OPTIONAL: CA, MA, NCCI

34

**VOCATIONAL REHABILITATION INDICATOR**

Report the value that indicates the inclusion of vocational rehabilitation costs in the losses.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Claim includes Vocational Rehabilitation costs</td>
</tr>
<tr>
<td>N</td>
<td>Claim does not include Vocational Rehabilitation costs</td>
</tr>
</tbody>
</table>

NOT APPLICABLE: NJ, NY

35

**LUMP SUM INDICATOR**

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Claim has been settled by an agreement to a lump sum amount</td>
</tr>
<tr>
<td>N</td>
<td>Claim has not been settled with a lump sum agreement</td>
</tr>
</tbody>
</table>

NOT APPLICABLE: CA, DE, MN, NJ, PA

OPTIONAL: NC

36

**FRAUDULENT CLAIM CODE**

Report the 2-digit code that identifies the involvement of fraud in the claim.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Not fraudulent</td>
</tr>
<tr>
<td>01</td>
<td>Partially fraudulent</td>
</tr>
<tr>
<td>02</td>
<td>Fully fraudulent—N/A: CA</td>
</tr>
</tbody>
</table>

NOT APPLICABLE: MA, MI, MN, NC, NJ, WI

Hard copy reporting—Leading zero may be suppressed.

37

**RESERVED FOR FUTURE USE**

38

**PAID INDEMNITY AMOUNT**

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

NOT APPLICABLE: MI, NJ

OPTIONAL: NC
PAID MEDICAL AMOUNT

(N) 183–191 9

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

NOT APPLICABLE: MI, NJ

OPTIONAL: NC
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT (MA ONLY)

(N) 192–200 9

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

OPTIONAL: DE, NCCI, NC, PA
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT

(N) 201–209 9

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

NOT APPLICABLE: CA, MI, MN, NJ, NY, WI

OPTIONAL: NCCI, NC
DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY)

(N) 210–218 9

Report the whole dollar amount of reimbursement received by the insurer by which the reported gross loss is to be reduced in order to conform to state requirements for net experience rating.

Electronic reporting—Report zeros if experience rating is to be calculated on gross losses.

Hard copy reporting—Report blank if experience rating is to be calculated on gross losses.

TOTAL GROSS INCURRED AMOUNT (CA ONLY)

(N) 219–227 9

Report the gross incurred only for subrogation, partially fraudulent, joint coverage, and compromised death claims. Report the amount in whole dollars. (Refer to the California Statistical Plan for gross amounts to be reported on each of these types of claims.)

RESERVED FOR FUTURE USE

PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT

(N) 230–238 9

Report the whole dollar amount of loss adjustment expense allocated and paid by an insurance company when handling a claim as of the loss valuation date.

NOT APPLICABLE: MI, MN, NJ
INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT

Report the whole dollar amount of loss adjustment expense allocated and paid or reserved by an insurance company for this field when handling a claim as of the loss valuation date.

NOT APPLICABLE: CA, MA, MI, MN, NJ

OPTIONAL: DE, NCCI, NY, NC, PA, WI

APPLICABLE: NONE

SCHEDULED INDEMNITY—PERCENTAGE OF DISABILITY (CA ONLY)

Report the permanent disability rating upon which the claim has been adjudicated, expressed as a percentage to the nearest whole percent. If the claim has not been adjudicated, the insurer’s best estimate of the permanent disability rating shall be reported.

No implied decimal, whole percentage only.

RESERVED FOR FUTURE USE AREA OF HARD COPY REPORT (LOSS DETAIL)

Hard copy reporting only.

Note: The hard copy form is not being revised at this time to accommodate the newest data elements. The data required by California for filing in the expanded unit report option is to be placed in the “Reserved for Future Use” field on the third line of the loss record. The data elements lacking specific fields on the hard copy form are Average Weekly Wage, Scheduled Indemnity—Percent of Disability, Total Incurred Vocational Rehabilitation Costs and Total Gross Incurred amounts. These fields must be reported in the order described with a vertical line drawn between each field.

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VI. UNIT TOTAL 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>(N)</td>
<td>1-40</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>RECORD TYPE CODE</td>
<td></td>
<td>41</td>
<td>1</td>
</tr>
</tbody>
</table>

Report "6".

OPTIONAL: NCCI

10 EXPOSURE—PAYROLL TOTAL

A. 1st Report

Report the sum of all payroll exposure amounts to be included in standard exposure, with the exception of dollars attributed to non-ratable, occupational disease and catastrophe reserve classes where applicable and non-payroll amounts.

B. Exposure Correction Report

Report the revised exposure payroll total as defined above.

C. Subsequent Report or Loss Correction Report

This field will always contain zeros.

11 EXPOSURE—OTHER THAN PAYROLL TOTAL

For electronic reporting, there is an assumed decimal point between Positions 51 and 62.

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

A. 1st Report

Report the total of non-payroll exposure amounts regardless of base.

B. Exposure Correction Report

Report the revised exposure other than payroll total.

C. Subsequent Report or Loss Correction Report
SUBJECT PREMIUM TOTAL

A. 1st Report

Report the sum of premium amounts subject to experience modification prior to the application of the modification factor.

Electronic reporting—This field is required.

Hard copy reporting—For risks not subject to experience modification, this field may be blank.

B. Exposure Correction Report

Report the revised subject premium total.

Electronic reporting—This field is required.

Hard copy reporting—For risks not subject to experience modification, this field may be blank.

C. Subsequent Report or Loss Correction Report

This field will always contain zeros.

Note: This field is not applicable for CA as of the first 1995 Normal Anniversary Date.

TOTAL MODIFIED PREMIUM

Report the sum of the total subject premium multiplied by the experience modification factor.

Hard copy field only.

Note: This is a 10-digit field.

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

STANDARD PREMIUM TOTAL

A. 1st Report

Report the sum of all premium dollars, both subject to modification and not subject to modification, which are to be included in standard premium.

NOTE 1: With the exception of CA, premium discount (0063/0064) and the expense constant (0900), if applicable, will not be reflected in any premium totals, but will be reported as a detail item as per the Statistical Plan.

CA—(1) on policies with Normal Anniversary Dates prior to 1/1/95, premium discount and expense constant are not permitted; (2) for policies with Normal Anniversary Dates on or after 1/1/95, premium discount and expense constant should be reflected in Final Premium (see NOTE 2).

NOTE 2: CA—This field shall be used to report final premium for...
policies with a Normal Anniversary Date of 1/1/95 and later. Final
premium is to be reported as defined in the 1995 Uniform
Statistical Reporting Plan.

B. Exposure Correction Report

Report the revised standard premium total.

C. Subsequent Report or Loss Correction Report

This field will always contain zeros.

**CLAIM COUNT TOTAL**

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

A. 1st Report

Individually listed claims will be counted as one claim. Claims
reported using the grouping option will include the number of
claims grouped.

B. Exposure Correction Report

This field will always contain zeros.

C. Subsequent Report or Loss Correction Report

This field will contain the revised number of claims.

**NOT APPLICABLE: CA**

**INCURRED INDEMNITY AMOUNT TOTAL**

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

A. 1st Report

Report the total of the incurred indemnity amounts on this
report.

B. Exposure Correction Report

This field will always contain zeros.

C. Subsequent Report or Loss Correction Report

This will be the revised incurred indemnity total.

**INCURRED MEDICAL AMOUNT TOTAL**

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

A. 1st Report

Report the total of the incurred medical amounts on this
report.

B. Exposure Correction Report

This field will always contain zeros.
### C. Subsequent Report or Loss Correction Report

Report the revised incurred medical total.

#### RECORDS IN UNIT REPORT TOTAL

Report the total number of records including the unit total record reported for this unit report, excluding any ICR records (type 7).

Electronic field only.

Example: 1 header, 1 name, 1 address, 1 exposure, 10 losses and 1 unit total = 15 records.

**Note:** NCCI—For Exposure Correction Reports, this field must be zero-filled when Position 114 is “4” (Totals as previously reported). This field must contain the actual number of records which comprise the Exposure Correction Report when Position 114 is “0” (Revised Totals).

#### PREVIOUSLY REPORTED CODE (NCCI ONLY)

**ASWG NOTE:** Under ASWG format, report this field as zero for all correction reports, including Exposure Correction. A previously reported total record for exposure corrections is not required for an ASWG format.

The code in this position is used to indicate the "Previous" or "Revised" totals on Exposure Correction Reports.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Totals as previously reported</td>
</tr>
<tr>
<td>0</td>
<td>Revised totals</td>
</tr>
</tbody>
</table>

Electronic field only.

**Note:** Do not submit a previously reported total record for original first, subsequent and Loss Correction reports (i.e., for anything but an Exposure Correction, report this field as zero).

#### RESERVED FOR FUTURE USE

**ASWG NOTE:** The remainder of this record contains fields that are only applicable when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.

#### TOTAL PAID INDEMNITY AMOUNT TOTAL

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

NOT APPLICABLE: CA, MI, NJ

#### OPTIONAL: NC

#### PAID MEDICAL AMOUNT TOTAL

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

NOT APPLICABLE: CA, MI, NJ
OPTIONAL: NC
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL (MA ONLY) (N) 143–152 10

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

OPTIONAL: DE, NCCI, NC, PA
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL (N) 153–162 10

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

NOT APPLICABLE: CA, MI, MN, NJ, NY, WI

OPTIONAL: NC, NCCI
PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL (N) 163–172 10

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

NOT APPLICABLE: CA, MI, MN, NJ

INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT TOTAL (N) 173–182 10

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

NOT APPLICABLE: CA, MA, MI, MN, NJ

OPTIONAL: DE, NC, NCCI, NY, PA, WI
RESERVED FOR FUTURE USE 183–250 68