



Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor
One South Penn Square • Philadelphia, PA 19107-3577
(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

January 9, 2007

The Honorable M. Diane Koken
Insurance Commissioner
Commonwealth of Pennsylvania
Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Attention: Charles Romberger

RE: Bureau Filing No. 226
Revisions to Pennsylvania Basic and Statistical Plan Manuals

Dear Commissioner Koken:

On behalf of the members of the Pennsylvania Compensation Rating Bureau (PCRB), I am filing herewith proposed revisions to the Pennsylvania Basic Manual and Statistical Plan Manual. The Basic Manual revisions are changes regarding the exclusion of Catastrophe Code Number 87 from experience and merit rating. The Statistical Plan Manual revisions change the type of coverage to type of claim, revise Catastrophe Code Number 87 language, eliminate Social Security numbers on unit statistical reports and individual case reports, update the Injury Description Table and Schedule Indemnity Table Body Part Code, and correct a calculation on the unit statistical report example. These revisions are proposed to be **effective as of 12:01 a.m., April 1, 2007.**

Attached to this filing are proposed revisions to the Statistical Plan labeled Exhibit 1 and proposed revisions to the Basic Manual labeled Exhibit 2.

The PCRB stands ready to respond to any questions which the Insurance Department staff or the Commissioner may have concerning any of these proposed Manual revisions.

Sincerely,

Timothy L. Wisecarver
President

TLW/kg
Enclosures

PENNSYLVANIA STATISTICAL PLAN MANUAL
Mandatory Effective April 1, 2007

SECTION I – GENERAL RULES/DEFINITIONS

Items **A.** through **M.** remain unchanged.

N. General Rules and Definitions

Numbers 1. through 9. remain unchanged.

10. Type of [Coverage] Claim

Numbers 11. through 14. remain unchanged.

SECTION II – REPORTING REQUIREMENTS

Items **A.** and **B.** remain unchanged.

C. Loss Information

Number 1. remains unchanged.

2. Claim Number

Items a. through c. remain unchanged.

NOTE: If claims otherwise eligible for the claim grouping option contain[ed] Catastrophe Code [No.] Number 48 or 87, these claims must be grouped separately with “48” or “87” reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code [No.] Number 48 and 87.

Numbers 3. through 8. remain unchanged.

9. Loss Conditions

Type of [Coverage] Claim

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

Number 10. remains unchanged.

11. Catastrophe Number (Cat. No.)

Any accident resulting.....shall be used for each policy.

EXCEPTIONS:

- a. Report Catastrophe Code [No.] Number 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.

b. Report Catastrophe Number 87 for all occupational diseases claims emanating from the rescue, recovery and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined in Article 8-A of the New York Workers' Compensation Law (Chapter 446 of the Laws of 2006).

Note: Catastrophe Code [No.] Number 48 and 87 will apply to both single and multiple claims.

Number 12. remains unchanged.

13. **[Social Security Number (Optional)]**

Numbers 14. through 23. will be re-numbered Numbers 13. through 22.

Item **D.** remains unchanged.

SECTION III – INDIVIDUAL CASE REPORTS

A. Individual Case Reports

Number 1. remains unchanged.

2. **General Instructions**.....ON THE UNIT REPORT.

Items a. through gg. remain unchanged.

hh. *Social Security Number.* This field is not required by Pennsylvania. [However, if reported, enter the claimants 9 digit number assigned by the Social Security Administration.]

Items ii. through ll. remain unchanged.

Numbers 3. through 5. remain unchanged.

SECTION IV - CODES

Items **A.** and **B.** remain unchanged.

C. Loss Information Codes

Numbers 1. and 2. remain unchanged.

3. Loss Conditions

Type of [Coverage] Claim	
Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Numbers 4. through 7. remain unchanged.

Item **D.** remains unchanged.

Injury Description Coding
Part of Body

Code	Narrative Description
I. Head	* _
10. Multiple Head Injury	Any combination of below parts
11. Skull	* _
12. Brain	* _
13. Ear(s)	Includes: hearing, inside eardrum
14. Eye(s)	Includes: optic nerves, vision, eye lids
15. Nose	Includes: nasal passage, sinus, sense of smell
16. Teeth	* _
17. Mouth	Includes: lips, tongue, throat, taste
18. Soft Tissue	* _
19. Facial Bones	Includes: jaw
II. Neck	* _
20. Multiple Neck Injury	Any combination of below parts
21. Vertebrae	Includes: spinal column bone, "cervical segment"
22. Disc	Includes: spinal column cartilage, "cervical segment"
23. Spinal Cord	Includes: nerve tissue, "cervical segment"
24. Larynx	Includes: cartilage and vocal cords
25. Soft Tissue	Other than larynx or trachea
26. Trachea	* _
III. Upper Extremities	* _
30. Multiple Upper Extremities	Any combination of below parts, excluding hands and wrists combined
31. Upper Arm	Humerus and corresponding muscles, excluding clavicle and scapula
32. Elbow	Radial head
33. Lower Arm	Forearm – radius, ulna and corresponding muscles
34. Wrist	Carpals and corresponding muscles

Injury Description Coding
Part of Body

Code	Narrative Description
35. Hand	Metacarpals and corresponding muscles – excluding wrist or fingers
36. Finger(s)	Other than thumb and corresponding muscles
37. Thumb	* -
38. Shoulder(s)	Armpit, rotator cuff, trapezius, clavicle, scapula
39. Wrist (s) & Hand(s)	* -
IV. Trunk	* -
40. Multiple Trunk	Any combination of below parts
41. Upper Back Area	(Thoracic Area) Upper back muscles, excluding, vertebrae, disc, spinal cord
42. Lower Back Area	(Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord
43. Disc	Spinal column cartilage other than cervical segment
44. Chest	Including ribs, sternum, soft tissue
45. Sacrum and Coccyx	Final nine vertebrae-fused
46. Pelvis	* -
47. Spinal Cord	Nerve tissue other than cervical segment
48. Internal Organs	Other than heart and lungs
49. Heart	* -
60. Lungs	* -
61. Abdomen Including Groin	Excluding injury to internal organs
62. Buttocks	Soft tissue
63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)	Bone portion of the spinal column

Injury Description Coding
Part of Body

Code	Narrative Description
V. Lower Extremities	* -
50. Multiple Lower Extremities	Any combination of below parts
51. Hip	* -
52. Upper Leg	Femur and corresponding muscles
53. Knee	Patella
54. Lower Leg	Tibia, fibula and corresponding muscles
55. Ankle	Tarsals
56. Foot	Metatarsals, heel, Achilles tendon and corresponding muscles – excluding ankle or toes
57. Toes	* -
58. Great Toe	* -
VI. Multiple Body Parts	* -
64. Artificial Appliance	Braces, etc.
65. Insufficient Info to Properly Identify – Unclassified	Insufficient information to identify part affected
66. No Physical Injury	Mental disorder
90. Multiple Body Parts (Including Body Systems & Body Parts)	Applies when more than one major body part has been affected, such as an arm and a leg and multiple internal organs.
91. Body Systems and Multiple Body Systems	Applies to the functioning of an entire body system has been affected without specific injury to any other part, as in the case of poisoning, corrosive action, inflammation, affecting internal organs, damage to nerve centers, etc., does not apply when the systemic damage results from an external injury affecting an external part such as a back injury which includes damage to the nerves of the spinal cord.
99. Whole Body	A code referencing the anatomic classification of the injury.

Injury Description Coding
Nature of Injury

Code	Narrative Description
I. Specific Injury	* _
01. No Physical Injury	i.e., Glasses, contact lenses, artificial appliance, replacement of artificial appliance
02. Amputation	Cut off extremity, digit, protruding part of body, usually by surgery, i.e. leg, arm
03. Angina Pectoris	Chest pain
04. Burn	(Heat) Burns or scald. The effect of contact with hot substances. (Chemical) burns. tissue damage resulting from the corrosive action chemicals, fume, etc., (acids, alkalies)
07. Concussion	Brain, cerebral
10. Contusion	Bruise - intact skin surface hematoma
13. Crushing	To grind, pound or break into small bits
16. Dislocation	Pinched nerve, slipped/ruptured disc, herniated disc, sciatica, complete tear, HNP subluxation, MD dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of organ or tumor
25. Foreign Body	* _
28. Fracture	Breaking of a bone or cartilage
30. Freezing	Frostbite and other effects of exposure to low temperature
31. Hearing Loss or Impairment	Traumatic only. A separate injury, not the sequelae of another injury
32. Heat Prostration	Heat stroke, sun stroke, heat exhaustion, heat cramps and other effects of environmental heat. Does not include sunburn
34. Hernia	The abnormal protrusion of an organ or part through the containing wall of its cavity
36. Infection	The invasion of a host by organisms such as bacteria, fungi, viruses, mold, protozoa or insects, with or without manifest disease.
37. Inflammation	The reaction of tissue to injury characterized clinically by heat, swelling, redness and pain

Injury Description Coding
Nature of Injury

Code	Narrative Description
40. Laceration	Cut, scratches, abrasions, superficial wounds, calluses. wound by tearing
41. Myocardial Infarction	Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.
42. Poisoning - General (Not OD or Cumulative Injury)	A systemic morbid condition resulting from the inhalation, ingestion, or skin absorption of a toxic substance affecting the metabolic system, the nervous system, the circulatory system, the digestive system, the respiratory system, the excretory system, the musculoskeletal system, etc. includes chemical or drug poisoning, metal poisoning, organic diseases, and venomous reptile and insect bites. Does not include effects of radiation, pneumoconiosis, corrosive effects of chemicals; skin surface irritations, septicemia or infected wounds.
43. Puncture	A hole made by the piercing of a pointed instrument
46. Rupture	*
47. Severance	To separate, divide or take off
49. Sprain or Tear	Internal derangement, a trauma or wrenching of a joint, producing pain and disability depending upon degree of injury to ligaments.
52. Strain or Tear	Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.
53. Syncope	Swooning, fainting, passing out, no other injury
54. Asphyxiation	Strangulation, drowning
55. Vascular	Cerebrovascular and other conditions of circulatory systems, NOC, exclude heart and hemorrhoids. Includes: strokes, varicose veins - non toxic
58. Vision Loss	*
59. All Other Specific Injuries, NOC	*

Injury Description Coding
Nature of Injury

Code	Narrative Description
II. Occupational Disease or Cumulative Injury	* -
60. Dust Disease, NOC	All other pneumoconiosis
61. Asbestosis	Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.
62. Black Lung	The chronic lung disease or pneumoconiosis found in coal miners
63. Byssinosis	Pneumoconiosis of cotton, flax and hemp workers
64. Silicosis	Pneumoconiosis resulting from inhalation of silica (quartz) dust.
65. Respiratory Disorders	Gases, fumes, chemicals, etc.
66. Poisoning - Chemical, (Other Than Metals)	Man made or organic
67. Poisoning - Metal	Man made
68. Dermatitis	Rash, skin or tissue inflammation including boils, etc., generally resulting from direct contact with irritants or sensitizing chemicals such as drugs, oils, biologic agents, plants, woods or metals which may be in the form of solids, pastes, liquids or vapors and which may be contacted in the pure state or in compounds or in combination with other materials. do not include skin tissue damage resulting from corrosive action of chemicals, burns from contact with hot substances, effects of exposure to radiation, effects of exposure to low temperatures or inflammation or irritation resulting from friction or impact
69. Mental Disorder	A clinically significant behavioral or psychological syndrome or pattern typically associated with either a distressing symptom or impairment of function. i.e., acute anxiety, neurosis, stress, non-toxic depression
70. Radiation	All forms of damage to tissue, bones or body fluids produced by exposure to radiation
71. All Other Occupational Disease Injury, NOC	* -

Injury Description Coding
Nature of Injury

Code	Narrative Description
72. Loss of Hearing	* -
73. Contagious Disease	* -
74. Cancer	* -
75. AIDS	* -
76. VDT - Related Diseases	Video display terminal diseases other than carpal tunnel syndrome
77. Mental Stress	* -
78. Carpal Tunnel Syndrome	Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist
79. Hepatitis C	* -
80. All Other Cumulative Injury, NOC	* -
III. Multiple Injuries	* -
90. Multiple Physical Injuries Only	* -
91. Multiple Injuries Including Both Physical and Psychological	* -

Injury Description Coding
Cause of Injury

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

Injury Description Coding
Cause of Injury

Code	Narrative Description
III. Cut, Puncture, Scrape Injured By	* -
15. Broken Glass	* -
16. Hand Tool, Utensil; Not Powered	<u>Includes needle, pencil, knife, hammer, saw, axe, screwdriver.</u>
17. Object Being Lifted or Handled	<u>Includes being cut, punctured or scraped by a person or object being lifted or handled.</u>
18. Powered Hand Tool, Appliance	<u>Includes drill, grinder, sander, iron, blender, welding tools, nail gun.</u>
19. Cut, Puncture, Scrape, NOC	<u>Not otherwise classified in any other code. Includes power actuated tools.</u>
IV. Fall, Slip or Trip Injury	* -
25. From Different Level (Elevation)	<u>[Off wall, catwalk, bridge, etc.]Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.</u>
26. From Ladder or Scaffolding	* -
27. From Liquid or Grease Spills	* -
28. Into Openings	<u>[Shafts, excavations, floor openings, etc.]Includes mining shafts, excavations, floor openings, elevator shafts.</u>
29. On Same Level	* -
30. Slip, or Trip, [Do]Did Not Fall	<u>Slip or trip and did not come in contact with the floor or ground.</u>
31. Fall, Slip or Trip, NOC	<u>Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.</u>
32. On Ice or Snow	* -
33. On Stairs	* -
V. Motor Vehicle	* -
40. Crash of Water Vehicle	* -
41. Crash of Rail Vehicle	* -

Injury Description Coding
Cause of Injury

Code	Narrative Description
45. Collision or Sideswipe With Another Vehicle	<u>Vehicle collision</u> , both vehicles in motion.
46. Collision with a Fixed Object	<u>Collision occurring with</u> standing vehicle or stationary object.
47. Crash of Airplane	* -
48. Vehicle Upset	Includes <u>overturned</u> or <u>jackknifed</u> .
50. Motor Vehicle, NOC	<u>Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.</u>
VI. Strain or Injury By	* -
52. Continual Noise	<u>Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.</u>
53. Twisting	<u>Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.</u>
54. <u>Jumping or Leaping</u>	* -
55. Holding or Carrying	<u>Applies to objects or people. Includes restraining a person.</u>
56. Lifting	<u>Includes objects or people.</u>
57. Pushing or Pulling	<u>Includes objects or people.</u>
58. Reaching	* -
59. Using Tool or Machinery	* -
60. Strain or Injury By, NOC	<u>Not otherwise classified in any other code.</u>
61. Welding or Throwing	<u>Physical effort or overexertion from attempts to resist a force applied by an object being handled.</u>
97. Repetitive Motion	<u>Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.</u>

Injury Description Coding
Cause of Injury

Code	Narrative Description
VII. Striking Against or Stepping On	<u>NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.</u>
65. Moving Part of Machine	* —
66. Object Being Lifted or Handled	* —
67. Sanding, Scraping, Cleaning Operation	<u>Include scratches or abrasions caused by sanding, scraping, cleaning operations.</u>
68. Stationary Object	* —
69. Stepping on Sharp Object	* —
70. Striking Against or Stepping On, NOC	<u>Not otherwise classified in any other code.</u>
VIII. Struck or Injured By	<u>[Includes kicked, stabbed, bit etc.]NOTE: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person.</u>
74. Fellow Worker, Patient or Other Person	<u>Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime.</u>
75. Falling or Flying Object	* —
76. Hand Tool or Machine in Use	* —
77. Motor Vehicle	<u>Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.</u>
78. Moving Parts of Machine	* —
79. Object Being Lifted or Handled	<u>Includes dropping object on body part.</u>
80. Object Handled By Others	<u>Includes another person dropping object on injured person's body part.</u>
81. Struck or Injured, NOC	<u>Not otherwise classified in any other code. Includes kicked, stabbed, [bit]bitten, [etc.]</u>
85. Animal or Insect	<u>Includes bite, sting or allergic reaction.</u>
86. Explosion or Flare Back	<u>Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature.</u>

Injury Description Coding
Cause of Injury

Code	Narrative Description
IX. Rubbed or Abraded By	<u>Not otherwise classified in any other code. Includes foreign body in ears.</u>
94. Repetitive Motion	<u>Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister, [etc.]</u>
95. Rubbed or Abraded, NOC	<u>Not otherwise classified in any other code. Includes foreign body in ears.</u>
X. Miscellaneous Causes	*
82. Absorption, Ingestion or Inhalation, NOC	<u>Not otherwise classified in any other code. Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances.</u>
87. Foreign Matter (Body) in Eye(s)	<u>Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.</u>
88. Natural Disasters	<u>Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.</u>
89. Person in Act of a Crime	<u>Specific injury caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.</u>
90. Other Than Physical Cause of Injury	<u>Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.</u>
91. Mold	<u>Includes mildew.</u>
96. Terrorism	<u>An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion.</u>
98. Cumulative, NOC	<u>[All other]Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time.</u>
99. Other - Miscellaneous, NOC	<u>Not otherwise classified in any other code.</u>

* Intentionally left blank.

SCHEDULED INDEMNITY – MAXIMUM WEEKS

CODE	BODY MEMBER CODE	WEEKS	+ HEALING WEEKS
[54]52	Leg	410	25

All other scheduled indemnity codes remain unchanged.

SECTION V. remains unchanged.

SECTION VI. – EXAMPLES

Illustrations 1. through 7. remain unchanged.

Illustrations 8. through 10. refer to attached examples for changed items.

Illustrations 10a. and 10b. remain unchanged.

Illustration 11. refer to attached examples for changed items.

Illustration 11a. remains unchanged.

Illustration 11b. refer to attached examples for changed items.

Illustrations 12. through 15a. remain unchanged.

Illustration 16. refer to attached examples for changed items.

Illustrations 16a. through 17a. remain unchanged.

Illustrations 18. and 18a. refer to attached examples for changed items.

Illustration 19. remains unchanged.

Illustrations 20. and 21. refer to attached examples for changed items.

Illustration 22. remains unchanged.

Illustration 23. refer to attached examples for changed items.

Illustration 24. remains unchanged.

Illustration 8 - Rateable Class; Optional Non-Rateable Element

An Optional Non-Rateable Element is established by the Bureau and shown on the Bureau Data Card when the non-rateable element is authorized by the Bureau's Classification Department. The Non-Rateable Element is optional for class codes 445, 447, 513, 7421, classes with radiation exposure, various classes eligible to use Workfare Program Employees (982) and construction classes with exposure to carcinogens.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
01				16928	97523A	01/01/96	01/01/97	37														
Insured's Name: GEE 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	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	
	01	0445	258870	55.37	143336									Act	Type	Recov	Cov	Settl				
	01	0953	1328	.49	7		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			143343									Act	Type	Recov	Cov	Settl				
	B.	Experience Mod (XX.XXX)			0.915		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	C.	Total Modified Premium			131159		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use						ALAE Paid		ALAE Incurred			
	D.	0067	258870	6.09	15765									Act	Type	Recov	Cov	Settl				
	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			260198									Act	Type	Recov	Cov	Settl				
		Total Standard Premium			146924		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											Act	Type	Recov	Cov	Settl				
	J.						Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical
	K.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use						ALAE Paid		ALAE Incurred			
	L.													Act	Type	Recov	Cov	Settl				
						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				

Illustration 9 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit and the grouping of the seven closed medical only claims. Groupings must be made by loss condition (Type of Loss) as well as injury type and class code.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.									
01				94999	WC54321	07/01/04	07/01/05	37															
Insured's Name: PAZ Industries 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	Y	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		
	01	0101	1214435	6.91	83917		46096	11/26/04	181500	7027	0101	9	0	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00		
	01	0951	675210	.96	6482		Social Security Number			Part 31	Nature 02	Cause 86	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	01	0953	20800	.49	102		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
							46114	12/05/04	1323	137	0101	5	1	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00		
	A.	Total Subject Premium			90501		Social Security Number			Part 35	Nature 40	Cause 10	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical	
	B.	Experience Mod (XX.XXX)			1.620		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred					
	C.	Total Modified Premium			146612		46122	10/01/04	374305	13000	0101	2	0	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00		
	D.	9890		.05	7331		Social Security Number			Part 30	Nature 13	Cause 10	Occupation Description			Voc. N	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.						46122	10/01/04	374305	13000	0101	2	0	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00		
	G.	Total Standard Exposure			1910445	Total Standard Premium			139281		7	200	0101	6	1	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00
	H.	006_	Premium Discount Amt.				Social Security Number			Part	Nature	Cause	Occupation Description			Voc. N	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		.04	764		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00		
	K.	0938		.0236	3305		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					
							11		557128		20384					28796		9957					
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees		Reserved for Future Use					Total ALAE Paid		Total ALAE Incurred							
							35000							20000									

Illustration 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma
Average Weekly Wage - \$555
Effective Date - 07/01/04
Date of Valuation - 01/01/06
1st Level Report - Open

Date of Accident - 10/01/04
Date of Birth - 04/01/59
Claimant's age at Valuation-46 {sex- M}
No. Wks. Benefits Pd. to Valuation
Date - 457 days / 7 days = 65.286 wks

Present Value of Future Payments
Weekly Benefit = $.6667 \times (\$555) = \370.02
Present Value of \$1 at Age 46 = 18.198 {Table III-M-A}
 $\$370.02 \times 52 \times 18.198 = \$350,148$

Indemnity Paid to Valuation
Date - $65.286 \times [307.02]370.02 = 24,157$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 2	CARRIER NUMBER 94999	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 04		CLAIM NO. 46122	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 PAZ Industries Corp.					ACC. DATE MO DAY YR 10 01 04		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 04		DATE OF BIRTH MO DAY YR 04 01 59		SURG CODE 1	ATTNY CODE* 3	
WORKER LAST NAME Jones	WORKERS SEX M	AVG. WEEKLY WAGE 555	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller			DATE CLOSED MO YR	RESERVE CODE* →	LUMP SUM	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR 09 01 80					
BENEFITS OTHER THAN PENSION							PENSION BENEFITS								
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*			DATA PROVIDER COMMENTS				
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR						
2. SCHEDULED INDEMNITY								1	04	01	59	Paid to Valuation Date			
												65.286 x 370.02 = 24157			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future Payments			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												370.02 x 52 x 18.198 =			
5. VOCATIONAL REHABILITATION TOTAL INCURRED												350148			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				24157			
PHYSICIAN PAID			TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID			PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			350148						
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)			374305						
LEGAL EXP. - DEFENSE			V.R. PAID			13. TOTAL INCURRED MEDICAL			13000						
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			20871						
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE			6000						
			V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

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 Foreign Terrorism, Code 9740. 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	07/01/04	07/01/05	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	23.90	30567		789803	10/01/04	310539	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							
Upd Type	A. Total Subject Premium		63421				Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	A.		Total Subject Premium		63421			6		1287	0718	6	1	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00						
	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		61835				Claimant's Attorney Fees	Employer's Attorney Fees	Reversed for Future Use										ALAE Paid	ALAE Incurred							
Upd Type	D.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	D.						789749	08/01/04	217749	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							
Upd Type	G.		Total Standard Exposure		Total Standard Premium		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	G.		407028		61835									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							
Upd Type	J.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type						
	J.		9740		.04 163									Act	Type	Recov	Cov	Settl									
	K. 0938				.0236 760		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					
							8			528288			26287						21354			16287					
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use										Total ALAE Paid			Total ALAE Incurred				

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 01/07).

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			07/01/04		07/01/05		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		10/01/04		310539		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		10/01/04		316729		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		08/01/04		217749		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		08/01/04		227996		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			
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			
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			
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		544725		28787				41501		21287							
Total Claimant's Attorney Fees		Total Employer's Attorney Fees		Reserved for Future Use										Total ALAE Paid		Total ALAE Incurred			

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

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$575
Effective Date - 07/01/04
Date at Valuation - 01/01/07
Date of Accident - 08/01/04

Widow's Date of Birth - 05/01/39
Age at Widowhood - 65
Age at Valuation - 67
2nd Level Report - Open
Date of Death - 08/01/04

Present Value of Future Payments

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

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$293.25 \times 52 \times 12.290 = \$187,410$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$293.25

Present Value of Remarriage Dowry = .0195

$\$293.25 \times 104 \times .0195 = \595

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/04 to 01/01/04 - 883 days / 7 = 126.143 Wks

$(126.143 \text{ Wks}) \times \$293.25 = \$36,991$

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 07 01 04		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 04		DATE OF DEATH MO DAY YR 08 01 04		DATE REPORTED MO DAY YR 08 01 04		DATE OF BIRTH MO DAY YR 07 25 38		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* SUM	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	05	01	39	Paid to Valuation Date			
												126.143 x 293.25 = 36991			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future Payments			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												293.25 x 52 x 12.290 =			
5. VOCATIONAL REHABILITATION TOTAL INCURRED												187410			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				36991			
PHYSICIAN PAID			TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID			PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			187410						
APP. MED. EVAL. PAID			PERM. TOTAL PAID			10. FUNERAL ALLOWANCE			3000						
DEFENSE MED. EVAL PAID			DEATH PAID			11. LUMP SUM REMARRIAGE			595						
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			227996						
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.									

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 Foreign Terrorism, Code 9740. 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 12/01/04	Policy Expiration Date 12/01/05	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 09/01/04	Rate Effective Date 09/01/04	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 N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 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	02/13/05	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	01/23/05	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	04/20/05	214195		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.						123456789		44	03	99	LABORER		N		01		12035			
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred	
	G.	Total Standard Exposure		Total Standard Premium			4123	06/01/05	1000	2000	0951	5	1	01	01	01	01	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				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 4		Total Incurred Indemnity 217695		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	

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/04	Policy Expiration Date 12/01/05	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 09/01/04	Rate Effective Date 09/01/04	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 N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 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	30000	15.98	4794																				
	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																				
	B.	Experience Mod (XX.XXX)			1.254																				
	C.	Total Modified Premium			30273																				
	D.	0152	35000	5.45	1908																				
	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																				
	H.	006_	Premium Discount Amt.																						
	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.																								
	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						
							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 12/01/04	Policy Expiration Date 12/01/05	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 09/01/04	Rate Effective Date 09/01/04	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 N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 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		.04	42		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred						
	K.	0938		.0236	286		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

Table with 13 columns: Report No., Corr. No., Corr. Type, Replace Rpt. Ind., Carrier Code, Policy Number, Policy Effective Date, Policy Expiration Date, Expos. State, State Effective Date, Certificate No., Card Serial No., Risk ID Number, Page No., Last Page No.

Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Table with 12 columns: Mod Effective Date, Rate Effective Date, Policy Conditions (3 Yr F/R Policy, Multistate Policy, Interstate Rating, Estimated Exposure, Retro Policy, Canceled Mid-Term, MCO Indicator), Policy Type I D (Type Cov., Plan Ind., Non-Std.), Deduct. Type, Deduct. Percent, Deductible Amount Per Claim/Accident, Deductible Amount Aggregate, Reserved, For Carrier Use, For Bureau Use.

EXPOSURE INFORMATION

LOSS INFORMATION

Main data table with 13 columns: Upd Type, Exp. Cov., Class Code, Exposure Amount, Manual Rate, Premium Rate, Claim Number, Acc. Date/No. Claims, Incurred Indemnity, Incurred Medical, Class Code, Injury, Status, Loss Conditions (Act, Type, Recov, Cov, Settl), Jurisdic State, Cat. No., MCO Type. Includes sub-sections A through L and a LOSS TOTALS section.

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				12345	1234567	12/01/04	12/01/05	37						

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
09/01/05	09/01/05	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								
	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		.04	14																					
	K.	0938		.0191	38																					
	L.																									
							LOSS TOTALS																			
							Reserved for Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical								
								4		217695		4000				14535		3500								
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred							

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

Claim 68235 is a death claim.

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

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.													
01				99998	111222	07/01/04	07/01/05	37																			
Insured's Name: Bob's Roofing											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	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					Jurisd. State	Cat. No.	MCO Type						
	01	0659	98076	41.13	40339		68235	11/01/04	311193	0	0659	1	0	Act 01	Type 01	Recov 01	Cov 01	Settl 00		00	00						
	01	9807			766		Social Security Number		Part 90	Nature 13	Cause 25	Occupation Description			Voc. N	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			41105		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type						
	B.	Experience Mod (XX.XXX)			0.990		Social Security Number		Part	Nature	Cause	Occupation Description			Voc. N	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical						
	C.	Total Modified Premium			40694		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use					ALAE Paid		ALAE Incurred									
	D.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type						
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc. N	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			98076		Total Standard Premium																				
	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		.04	39		Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type						
	K.	0938		.0236	961		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					
							9			312753			1960						8359			1960					
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees			Reserved for Future Use					Total ALAE Paid			Total ALAE Incurred									

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

Type - State Act-Trauma
 Average Weekly Wage - \$595
 Effective Date - 07/01/04
 Date at Valuation - 01/01/06
 Date of Accident - 11/01/04

Widow's Date of Birth - 09/01/65
 Age at Widowhood - 39
 Age at Valuation - 40
 1st Level Report - Open
 Date of Death - 11/01/04

Present Value of Future Payments

1) Widow's Benefit

Weekly Benefit = $.51 \times (\$595) = \303.45

Present Value of \$1 = 17.046 - Widowhood at age 39, $a[x] + 1$ Value

$\$303.45 \times 52 \times 17.046 = \$268,976$

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

Weekly Benefit = $.09 \times (\$595) = \53.55

No. of Weeks Payable = 01/01/06 to 05/01/08 = 851 days / 7 = 121.571 Wks

$\$53.55 \times 121.571 = \$6,510$

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

Weekly Benefit = $.0667 \times (\$595) = \39.69

No. of Weeks Payable = 01/01/06 to 12/01/06 = 334 days / 7 = 47.714 Wks

$\$39.69 \times 47.714 = \$1,894$

4) Remarriage Dowry

Weekly Benefit - \$303.45

Present Value of Remarriage Dowry = .2114

No. of Weeks Payable = 104 weeks

Value of Payments = $\$303.45 \times 104 \times .2114 = \$6,672$

5) Indemnity Paid to Valuation Date

Weekly Benefit = $.6667 \times \$595 = \396.69

No. of Weeks Payable = 11/01/04 to 01/01/06 - 426 days / 7 = 60.857 Wks

$\$396.69 \times 60.857 = \$24,141$

6) Funeral Allowance = \$3,000

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0659	REPORT NO. CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 99998	CARRIER NAME				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER 111222		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 04		CLAIM NO. 68235	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 Bob's Roofing						ACC. DATE MO DAY YR 11 01 04		DATE OF DEATH MO DAY YR 11 01 04		DATE REPORTED MO DAY YR 11 01 04		DATE OF BIRTH MO DAY YR 12 01 54		SURG CODE	ATTNY CODE*
WORKER LAST NAME Harris	WORKERS SEX M	AVG. WEEKLY WAGE 595	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer			DATE CLOSED MO YR	RESERVE CODE* SUM	LUMP CODE	FRAUD CODE	S/S OFF-SET	
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO DAY YR				
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	09	01	65	Pd. to Date 60.857 x 396.69 = 24141			
								04	12	01	88	Future Payments			
3. NON-SCHEDULED INDEMNITY			X X X	XXXX				04	05	01	90	303.45 x 52 x 17.046 = 268976 +			
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												(53.55 x 121.571 = 6510) +			
5. VOCATIONAL REHABILITATION TOTAL INCURRED												(39.69 x 47.714 = 1894) = 277380			
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE			24141				
PHYSICIAN PAID			TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID			PERM. PARTIAL PAID			9. PRES. VALUE FUTURE INDEM. PMNT.			277380						
APP. MED. EVAL. PAID			PERM. TOTAL PAID			10. FUNERAL ALLOWANCE			3000						
DEFENSE MED. EVAL PAID			DEATH PAID			11. LUMP SUM REMARRIAGE			6672						
INDEP. MED. EVAL. PAID			SINGLE LUMP SUM			12. TOTAL INCURRED INDEM.,(SUM 1-11)			311193						
LEGAL EXP. - DEFENSE			V.R. PAID			13. TOTAL INCURRED MEDICAL									
ANNUITY PURCHASE AMT.			V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE			6799						
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE									
			V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Illustration 20 - Employer Assessment with Deductible Applicable After Experience Modification

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

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

9663

The resulting assessment charge is reported on lines "J" through "K" under **Code 0938** and is not to be used in any premium calculations.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
01				00200	WC123456789	10/01/99	10/01/00	37						

Insured's Name: A. B. C. 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
10/01/99	10/01/99	3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	0000						
		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	0665	255000	7.84	19992																						
	01	0953	48000	.24	115																						
	A. Total Subject Premium		20107																								
	B. Experience Mod (XX.XXX)		0.930																								
	C. Total Modified Premium		18700																								
	D.	9663			5891																						
	E.																										
	F.																										
	G.	Total Standard Exposure		303000																							
	H.	006_	Premium Discount Amt.																								
	I.	0900	Expense Constant Amt																								
	J.	0938		.0318	595																						
	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											
			Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use				Total ALAE Paid			Total ALAE Incurred													

Illustration 21 - Employer Assessment with Deductible Applicable Before Experience Modification

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

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

9664

The resulting assessment charge is reported on lines "J" through "K" under Code 0938 and is not to be used in any premium calculations.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
01				00200	WC123456789	10/01/99	10/01/00	37						

Insured's Name: **A. B. C. INC.** F.E.I.N. **123456789** Pending File No.

Insured's Address:

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
10/01/99	10/01/99	3 Yr F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.	0000						
		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					Jurisdic State	Cat. No.	MCO Type			
														Act	Type	Recov	Cov	Settl						
	01	0665	255000	7.84	19992																			
	01	0953	48000	.24	115		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	01	9664			3277		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
	A.	Total Subject Premium			16830																			
	B.	Experience Mod (XX.XXX)			0.930																			
	C.	Total Modified Premium			15652																			
	D.	9887			3913																			
	E.	9890		.05	587		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	F.	9046		.25	2935		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
	G.	Total Standard Exposure			303000		Total Standard Premium			8217														
	H.	0063_	Premium Discount Amt.		351		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical		
	I.	0900	Expense Constant Amt		160		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use								ALAE Paid		ALAE Incurred			
	J.	0938		0318	359																			
	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			

Illustration 23 – Anniversary Rated Policy with the Premium Charge Foreign 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 Foreign 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 Foreign Terrorism, **Code 9740**, 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 Foreign Terrorism (Code 9740). The resulting premium charge should be reported on lines "J" through "K" under Code 9740, and is 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 Foreign Terrorism (Code 9740). 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 - 9046, Merit Rating Credit – 9885, etc.), the Employer Assessment charge and Foreign Terrorism are applicable as of each risk's Anniversary Rating Date.

Example: A policy with a 09/01/99 effective date and a 12/01/99 anniversary rating date would have an assessment charge applicable to only the 12/01/99 - 09/01/00 portion of the policy.

Note: Since the expense constant (0900), minimum premium (0990), premium discount (0063/0064), and any premiums charged for Foreign Terrorism (Code 9740) 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.

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 00200	Policy Number WC123456789	Policy Effective Date 01/01/03	Policy Expiration Date 01/01/04	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No. 1	Last Page No. 2
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Insured's Name: A. B. C. INC.											F.E.I.N. 123456789		Pending File No.	
Insured's Address:														

Mod Effective Date 12/01/02	Rate Effective Date 12/01/02	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 N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 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	0665	255000	7.84	19992																					
	01	0953	48000	.24	115																					
	01	9664			3277																					
	A.	Total Subject Premium				16830																				
	B.	Experience Mod (XX.XXX)				0.930																				
	C.	Total Modified Premium				15652																				
	D.	9887			3913																					
	E.	9890		.05	587																					
	F.	9046		.25	2935																					
	G.	Total Standard Exposure				Total Standard Premium																				
	H.	0063_	Premium Discount Amt.		261																					
	I.	0900	Expense Constant Amt		119																					
	J.	9740		.00	0																					
	K.	0938		.0337	383																					
	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													
							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 00200	Policy Number WC123456789	Policy Effective Date 01/01/03	Policy Expiration Date 01/01/04	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No. 2	Last Page No. 2
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Insured's Name: A. B. C. INC.											F.E.I.N. 123456789		Pending File No.	
Insured's Address:														

Mod Effective Date 12/01/03	Rate Effective Date 12/01/03	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 N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 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			
	01	0665	255000	7.54	19227									Act	Type	Recov	Cov	Settl						
	01	0953	48000	.20	96		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	01	9664			2126		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	A.	Total Subject Premium			17197									Act	Type	Recov	Cov	Settl						
	B.	Experience Mod (XX.XXX)			0.953		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	C.	Total Modified Premium			16389		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	D.	9887			4097									Act	Type	Recov	Cov	Settl						
	E.	9046		.30	3688		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		606000	Total Standard Premium		16821							Act	Type	Recov	Cov	Settl						
	H.	0063_	Premium Discount Amt.		90		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	I.	0900	Expense Constant Amt		41		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use										ALAE Paid		ALAE Incurred	
	J.	9740		.04	121									Act	Type	Recov	Cov	Settl						
	K.	0938		.0280	302		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																

PENNSYLVANIA BASIC MANUAL
Proposed Effective April 1, 2007

SECTION 6
EXPERIENCE RATING PLAN

SECTION V
TABULATION OF EXPERIENCE

4. Losses. Incurred losses..... rating form.

Exception: All claims reported with Catastrophe Code [No.]Number 48 shall be excluded from experience rating calculations. Refer to Pennsylvania Workers Compensation Statistical Plan Manual, Section 2. C. 11 for definition of losses included under Catastrophe Code [No.]Number 48.

Losses reported with Catastrophe Number 87 are excluded from experience rating calculations. Catastrophe Code Number 87 claims include all workers occupational disease claims emanating from the rescue, recovery and clean-up operations at the World Trade Center that were undertaken between September 11, 2001 and September 12, 2002.

7. Revision of Losses. It shall not..... against a third party

(d) where a claim should have been reported with Catastrophe Code [No.]Number 48

(e) where a claim should have been reported with Catastrophe Code Number 87

SECTION 7
MERIT RATING PLAN

SECTION V
TABULATION OF EXPERIENCE

4. Losses. Incurred losses..... Date of loss

All claims reported with Catastrophe Code [No.]Number 48 shall be excluded from merit rating calculations.

All claims reported with Catastrophe Code Number 87 shall be excluded from merit rating calculations.

6. Revision of Losses. It shall not.....No. 48

e) where a claim should have been reported with Catastrophe Code Number 87.