

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.] <u>Number</u> 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. <u>b.</u> 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.] <u>Number</u> 48 <u>and 87</u> 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 II. 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	Natiative 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

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

	Harrative 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.

Oouc	Harrative 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

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	*

Coue	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	* _

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	* _

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

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

Code	Narrative Description

	Narrative Description
45. Collision or Sideswipe With Another Vehicle	Vehicle collision, both vehicles in motion.
46. Collision with a Fixed Object	Collision occurring with standing vehicle or stationary object.
47. Crash of Airplane	* _
48. Vehicle Upset	Includes overturned or jackknifed.
50. Motor Vehicle, NOC	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.
VI. Strain or Injury By	*
52. Continual Noise	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53. Twisting	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.
54. Jumping or Leaping	* _
55. Holding or Carrying	Applies to objects or people. Includes restraining a person.
56. Lifting	Includes objects or people.
57. Pushing or Pulling	Includes objects or people.
58. Reaching	* _
59. Using Tool or Machinery	*
60. Strain or Injury By, NOC	Not otherwise classified in any other code.
61. Wielding or Throwing	Physical effort or overexertion from attempts to resist a force applied by an object being handled.
97. Repetitive Motion	Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.

Code	Narrative Description
VII. Striking Against or Stepping On	NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.
65. Moving Part of Machine	* _
66. Object Being Lifted or Handled	* _
67. Sanding, Scraping, Cleaning Operation	Include scratches or abrasions caused by sanding, scraping, cleaning operations.
68. Stationary Object	* _
69. Stepping on Sharp Object	* _
70. Striking Against or Stepping On, NOC	Not otherwise classified in any other code.
VIII. Struck or Injured By	[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.
74. Fellow Worker, Patient or Other Person	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.
75. Falling or Flying Object	*
76. Hand Tool or Machine in Use	*
77. Motor Vehicle	Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.
78. Moving Parts of Machine	* _
79. Object Being Lifted or Handled	Includes dropping object on body part.
80. Object Handled By Others	Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC	Not otherwise classified in any other code. Includes kicked, stabbed, [bit]bitten, [etc.]
85. Animal or Insect	Includes bite, sting or allergic reaction.
86. Explosion or Flare Back	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.

Couc	Harrative Description
IX. Rubbed or Abraded By	Not otherwise classified in any other code. Includes foreign body in ears.
94. Repetitive Motion	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.]
95. Rubbed or Abraded, NOC	Not otherwise classified in any other code. Includes foreign body in ears.
X. Miscellaneous Causes	* _
82. Absorption, Ingestion or Inhalation, NOC	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.
87. Foreign Matter (Body) in Eye(s)	Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.
88. Natural Disasters	Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.
89. Person in Act of a Crime	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.
90. Other Than Physical Cause of Injury	Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.
91. Mold	Includes mildew.
96. Terrorism	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.
98. Cumulative, NOC	[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.
99. Other - Miscellaneous, NOC	Not otherwise classified in any other code.

^{*} 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.

Effective: July 1, 2007

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Section VI

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.

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Effective: July 1, 2007

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Section VI

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.

											POLICY	INFORM	ATION											
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nun	mber		Policy	Effective Dat	e Policy	Expiration [ate Expo	s. State	State Effective Da	te Certi	ificate No.	Card	Serial No.		Risk ID Number	Page N	J. L	ast Page No.
01	NO.	туре	Kpt. IIIu.	94999		WC543	221		07	/01/04	0-	7/01/05		37										
-				94999		WC343	321		07	/01/04		//01/03	<u> </u>	31	-									
Insured's	Name: F	PAZI	ndustr	ries Corporati	on															F.E	E.I.N.	Pen	ding File No.	
Insured's	Address	:																		1234	56789			
Mod Effecti	ve Date	Rate Effec	ctive Date		Pol	licy Conditions	3			Po	olicy Type I D	De	duct. E	educt.	Deductible Amou	nt Per I	Deductible Amo	unt	Reserved		or Carrier Use		For Bureau Us	se
				3 Yr F/R Multistate Policy Policy		Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan No Ind. St		ype F	ercent	Claim/Accider	nt	Aggregate							
			-	N N	Rating	N	Y	N	N	01	01 0													
			VDOCUE			. •	•			01	01 0	•			1.000 IV	ICODMATI	ON							
Und			XPUSUF	RE INFORMATION				*Upd	Claim Nun	abar	Acc. Date/	Inc	urred Indemnit		LUSS IIV	IFORMATI Class	Injury	Status				Juris	dic Cat.	MCO
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Premi	ium Rate	Туре	Ciaiiii Nuii	libei	No. Claims		urred midemini	'	incurred Medical	Code	liljury	Status	L		ss Conditions	Stat		
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	UI	0	101	1214433	0.91	-	03917			O al Security No		4 Part	Nature	Cai		OCCUpation Des			oc. Lur			Paid Indemnity		id Medical
	01	09	951	675210	.96		6482					31	02	8	6	Miller	-		N			7025		3600
									Claimant's Attor	ney Fees	Employer's F	-	-			Revers	sed for Future l	Jse				ALAE Paid	ALA	E Incurred
	01	09	953	20800	**Upd Claim Number Acc. Date/ No. Claims Incurred Indemnity Incurred Medical Class Code **Type** **Type** **Code** **Act Act Act																20000	in Cot	MCO	
					Type No. Claims Code														Los	s Conditions	Juriso State		MCO Type	
	A.	Tot	al Subjec	t Premium	90501 46114 12/05/04 1323 137 0101 5 1 01													Type O1	Recov Cov 01 01	Settl 00	00	00		
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	B.	Mod	(XX.XX)	()	Social Security Number Part Nature Cause Occupation Description Voc. Lump 1.620 Social Security Number Part Nature Cause Occupation Description Voc. N Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use																900		137	
	0	T-4	- I NAII:6: -	- d D	1.620 35 40 10 Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use																	ALAE Paid	ALA	E Incurred
	C.	100	ai Modifie	ed Premium	Social Security Number Part Nature Cause Occupation Description Voc. Lump 1.620 Claimant's Attorney Fees Employer's Attorney Fees Reversed for Future Use 146612 Upd Claim Number Acc. Date/ Incurred Indemnity Incurred Medical Class Injury Status																Juriso	lic Cat.	MCO	
									Oldilli Null	ibci			area macming		incurred wedicar	Code	injury	Status	A -1		s Conditions Recov Cov	State		Туре
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								*Upd	Claim Num	nber	Acc. Date/	Inc	urred Indemnity	,	Incurred Medical	Class	Injury	Status		Los	s Conditions	Juriso		MCO
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	l.	09	900	Expense Constant A	Amt																			
								*Upd Type	Claim Num	nber	Acc. Date/ No. Claims		urred Indemnity	'	Incurred Medical	Class Code	Injury	Status		Los	s Conditions	Juriso State		MCO Type
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	J.	9,	740		.04		764		Socia	al Security N	umber	Part	Nature	Cai	20 use 0	0951 Occupation Des	6 scription	 \	01 /oc. Lur	01 np Fraud	01 01 d Deduct	Paid Indemnity	00 Pai	00 id Medical
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-		1				+			Tot. Claimant's A	ittny. Fees	Tot. Emplo	oyer's Attny.	Fees	J	07120	Reserved for					Total ALAE P	aid	Total ALAE I	
											2	35000									20000			
l l		-	<u> </u> _	<u> </u>		-															20000			

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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

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 x 52 x 18.198 = \$350,148

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

Indemnity Paid to Valuation Date - 65.286 x [307.02]370.02 = 24,157

CLASS CODE	REPORT	TRAN. TYP			CAR	RIER NU	JMBER				CARR	IER N	IAME				PAYR			AD	M. FILI	NUMBE	R
	NO. CODE*	CODE*	INJ. COI	DE*												,	STATE C	CODE*					
0101	1	. 1	2			94999	9										37	,				_	
POLICY NUMB	≣R	CERT. NO		EFFECT	IVE		CLA	AIM NO.		STAT	D	ATE A	TTNY	DISC		LO	SS CON	IDITIO	NS		JU	IRIS	MCO
				DAY	YR					CODE*	М) .	DAY	YR	ACT	TYPE	RCO	v c	cov s	SETTL	ST	ATE	TYPE
WC54321			07	01	04		46	5122		0					01	01	01		01	00	3	37	00
11001021		INSURED NA		<u> </u>	<u> </u>			<u> </u>		ACC. DAT	 E	DA ⁻	TE OF	DEATH		E REPO	-		TE OF BI		SU		ATTNY
									МО	DAY	YR	МО	DA'	Y YR	МО	DAY	YR	МО	DAY	YR	CO	DE	CODE*
	Р	AZ Industries	s Corp.						10	01	04				10	01	04	04	01	59	,	ı	3
WORKER LAST NA	ME	***OTTICE	AVG. WEEKLY			PART	NAT	URE	CAUSE	:		OCC	UPATI	ON			DATE	ı	RESERV	E L	UMP	FRAUD) S/S
		SEX	WAGE		D)/											MC	LOSED Y	ь	CODE*	,	SUM	CODE	
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KIND O	F BENEFIT		% DISAB.	BODY I			O. EKS		INC	URRED			BEN	IEFICIA	RY DAT	A*		DA	ATA PR	OVIDE	R CO	MENT	3
. TEMPORARY INDEMNIT	Υ		XXX	XX		VV.	LIKO					C	ODE	DA MO	TE OF BIR	TH YR							
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. NON-SCHEDULED INDE	MNITY			хх	v	XX	·vv												Ct.	ure Pa	avmo	nto	
I. EMPLOYERS LIABILITY		DEMNITY			^	^^		1											370.02				
5. VOCATIONAL REHABIL																			0.02	350		100 =	
. CLAIMANT LEGAL EXPE	NSE											7.	PENS	SION IN	DEM. P.	AID TO	VAL. D	ATE					2415
PHYSICIAN PAID			TEI	MP. DIS	ABILI	TY PAII	D					8.	PENS	S. INDE	M. PRE	V. RSVI	D., NOT	PAID)				
HOSPITAL PAID			PE	RM. PAI	RTIAL	PAID						9.	PRES	S. VALU	E FUTL	IRE IND	DEM. PI	MNT.					35014
APP. MED. EVAL. PAID			PE	RM. TO	TAL P	AID						10). FUN	IERAL /	LLOWA	ANCE							
DEFENSE MED. EVAL PAI	D		DE	ATH PA	AID							11	1. LUN	IP SUM	REMAR	RRIAGE							
NDEP. MED. EVAL. PAID			SIN	IGLE LU	JMP S	UM						12	2. TOT	AL INC	URRED	INDEM	1.,(SUM	1-11))				37430
EGAL EXP DEFENSE			V.R	R. PAID								13	3. TOT	AL INC	URRED	MEDIC	CAL						1300
NNUITY PURCHASE AM	Г.			R. INDEN	Л. INC	-									EM. PAI								2087
OTAL GROSS INCURRED							RED										L. DATE						600

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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 02/01/03/00.

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.

											POLICY IN	FORM <i>P</i>	ATION												
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nu	umber		Policy	Effective Date	e Policy Exp	iration Date	Expos.	State	State Effective Da	te Certi	ficate No.	Card S	Serial No.		Risk ID N	lumber	Page No.	Las	Page No.
01		,,		16928		9988	87		07	/01/04	07/0	1/05	37	7											
				10720		,,,	<u> </u>		0.1	, , , , ,		.,,00													
		01-		0															_	F.I	E.I.N.	1	Pending	File No.	
			е но	Corporation																					
	's Addres				_																56789				
Mod Effec	ive Date	Rate Effe	ctive Date	3 Yr F/R Multistate		licy Condition Estimated	ns Retro	Canceled	MCO		licy Type I D Plan Non-	Dedu Typ			Deductible Amou Claim/Accide		Deductible Amo Aggregate	unt	Reserved		For Carrier	Use	For	Bureau Use	
				Policy Policy		Exposure	Policy	Mid-Term	Indicator	Type Cov.	Ind. Std.	1,70		Cont	olamaneelue		Aggregate								
				N N		N	N	N	N	01	01 01														
		E	XPOSUF	RE INFORMATION											LOSS IN	FORMAT	ION								
Upd Type	Exp. Cov.	Clas	ss Code	Exposure Amount	Manual Rate	Prem	nium Rate	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	curred Medical	Class Code	Injury	Status		Lo	ss Conditio	ons	Jurisdic State	Cat. No.	MCO Type
			0.40	407007	00.00		005/7		7000		40/04/04		40500		05000	(0.10		•	Act	Type	Recov	Cov	Settl		00
	02	6	843	127896	23.90		30567		78980 Socia	J3 al Security No	10/01/04 umber	Part	10539 Nature	Cause	25000	6843 Occupation Des	cription	0 v	02 oc. Lu	mp Frau	01 d Dec	duct P	00 aid Indemnity	00 Paid N	00 Medical
	01	0	718	279132	11.77		32854					42	49	56		Iron Wor	-		N	•			8008	15	000
									Claimant's Attor	rney Fees	Employer's Attor	ney Fees				Revers	sed for Future L	lse					ALAE Paid	ALAE I	ncurred
								*Upd	Claim Nun	nber	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status		Los	ss Conditio	nne	Jurisdic	Cat.	MCO
								Туре			No. Claims		,			Code			Act	Туре	Recov		State Settl	No.	Type
	A.	Tot	al Subje	ct Premium			63421				6				1287	0718	6	1	01	01	01		00	00	00
	В	Ext	perience d (XX.XX	· v			0.075		Socia	al Security No	umber	Part	Nature	Cause	(Occupation Des	cription		oc. Lu	mp Frau	d Dec	duct P	aid Indemnity		Medical
	B.	IVIO	u (xx.xx)			0.975		Claimant's Attor	rney Fees	Employer's Attor	ney Fees	<u> </u>			Revers	sed for Future U		N				ALAE Paid		187 ncurred
	C.	Tot	al Modifi	ied Premium			61835																		
								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Los	ss Conditio		Jurisdic State	Cat. No.	MCO Type
	D.								7007	10	00/01/04	2.	17740		0	0710	1	Λ	Act	Type O1	Recov 01		Settl	00	00
	D.								78974 Socia	19 al Security No	08/01/04 umber	Part 2	17749 Nature	Cause		0718 Occupation Des	cription	U	01 oc. Lu	01	<u> </u>	duct P	aid Indemnity		00 Medical
	E.								Claimant's Attor	rnov Eoos	Employer's Attor	90	13	75		Ship Bui	lder sed for Future L		N				13346 ALAE Paid		ncurred
	F.								Ciainiant 3 Attor	illey i ees	Employer 3 Attor	ney rees				Kevers	seu ioi i utule c	130					ALAL Falu	ALALI	ricuireu
								*Upd	Claim Nun	nber	Acc. Date/ No. Claims	Incurr	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		Los	ss Conditio	ons	Jurisdic State	Cat. No.	MCO Tuno
								Туре			No. Cialitis					Code			Act	Туре	Recov	Cov	Settl	NO.	Туре
	G.	Total	Standard Exp	407028	Total Standard Pre	mium	61835																		
									Socia	al Security No	umber	Part	Nature	Cause	(Occupation Des	cription	Vo	oc. Lu	mp Frau	d Dec	duct P	aid Indemnity	Paid N	Medical
	H.	00	06_	Premium Discoun	t Amt.				Claimant's Attor	rnov Eoos	Employer's Attor	nov Foos				Powers	sed for Future L	leo					ALAE Paid	AI AE I	ncurred
	1	0	900	Expense Constant	t Amt				Ciainiant 3 Attor	illey i ees	Employer 3 Attor	ney rees				Kevers	seu ioi i uture c	130					ALAL Falu	ALALI	ricuireu
		1	,,,,	ZAPONOS CONSTAN				*Upd	Claim Nun	nber	Acc. Date/	Incurr	ed Indemnity	Inc	urred Medical	Class	Injury	Status		Los	ss Conditio	ons	Jurisdic	Cat.	мсо
								Туре			No. Claims					Code			Act	Туре	Recov	Cov	Settl State	No.	Type
	J.	9	740		.04		163		Saci	al Security No	umbor	Part	Nature	Cause	1 ,	Occupation Des	cription	l v	00 110	mp Frau	d Dog	duct P	aid Indemnity	Doid N	Medical
	K.	00	938		.0236		760		3004	ai Security ivi	umbei	rait	ivature	Cause		occupation des	сприоп	"	oc. Lu	iip Fiau	u Dec	uuct P	aid ilidellility	raiu	neuicai
	IX.		730		.0230		700		Claimant's Attor	rney Fees	Employer's Attor	ney Fees	<u> </u>			Revers	sed for Future L	lse	I				ALAE Paid	ALAE I	ncurred
	L.					1										000-101	ALC.								
									Reserved for F	uture Use	Total No	. Claims	To	otal Incurre	ed Indemnity	OSS TOT Total Incur	ALS rred Medical	Reser	rved for Fut	ure Use	Total	Paid Indemnity	у Т	otal Paid Med	lical
											8	3		528	-	26	287					21354		16287	
									Tot. Claimant's A	Attny. Fees	Tot. Employer	's Attny. Fe	es		II.	Reserved for		_1				tal ALAE Paid	To	tal ALAE Inc	
1	·			I																					

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

Section VI

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

															No.
	e Ho Corp	Replace Rpt. Ind.	Carrier Code		Policy Num				•	ffective Date	е		1/05		s. State
d's Address:	<u> </u>											12345	6789		
Claim Number	Acc. Date/	No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	_	0.0	Jurisdic State	Cat. No.	MCO Type
								Act	Туре	Recov	Cov	Settl			,,,
789803	10/0	1/04	310539	25000	6843	2	0	02	01	01	03	00		00	00
Social Security Number	Part	Nature	Cause	Occupation	Description		Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	dical
	42	49	<mark>56</mark>				N					8008		1500	
Claimant's Attorney Fees	E	npioyer's Attorn	ey rees		Reversed	Tor Future Use						ALAE Paid		ALAE INCL	urrea
Claim Number	Acc. Date/	No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	s		Jurisdic State	Cat. No.	MCO Type
								Act	Туре	Recov	Cov	Settl			
789803			316729	27500	6843	2	0	02	01	01	03	00		00	00
Social Security Number	Part	Nature	Cause	Occupation	n Description		Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	dical
Claimant's Attorney Fees		49 mployer's Attorn			Reversed	for Future Use	N							2000 ALAE Incu	
		. ,													
Claim Number	Acc. Date/	No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	s		Jurisdic State	Cat. No.	MCO Type
								Act	Туре	Recov	Cov	Settl			.,,,-
789749			217749	0	0718	1	0	01	01	01	01	00		00	00
Social Security Number	Part	Nature	Cause	Occupation	Description		Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	dical
Claimant's Attorney Fees	90	13	75		Reverser	for Future Use	N							O Al AF Inci	urred
,			-, , , , , ,												
Claim Number	Acc. Date/	No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	s		Jurisdic State	Cat. No.	MCO Type
								Act	Туре	Recov	Cov	Settl			,
789749	08/0	1/04	227996	0	0718	1	0	01	01	01	01	00		00	00
Social Security Number	Part	Nature	Cause	Occupation	n Description		Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	dical
Claimant's Attorney Fees	90 Er	13 mployer's Attorn	75 ey Fees		Reversed	for Future Use	N							O ALAE Incu	urred
Claim Number	Acc. Date/	No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	s		Jurisdic State	Cat. No.	MCO Type
								Act	Туре	Recov	Cov	Settl			
Social Security Number	Part	Nature	Cause	Occupation	Description	1	Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	dical
Claimant's Attorney Fees	Er	mployer's Attorn	ey Fees		Reversed	for Future Use	<u> </u>		<u> </u>			ALAE Paid		ALAE Incu	urred
Claim Number	Ann Date/	No Claima	la curre d la dematte	Incurred Medical	Close Code	Inium	Ctatus	1					ludadia	Cot	L MCO
Claim Number	ACC. Date/	No. Claims	incurred indemnity	incurred Medical	Class Code	injury	Status	Act				Settl	State	No.	MCO Type
									.,,,,,						
Social Security Number	Part	Nature	Cause	Occupation	Description	1	Voc.	Lump	Fraud	Deduct	F	Paid Indemnity		Paid Med	dical
Claimant's Attorney Fees	Er	nployer's Attorn	ey Fees		Reversed	tor Future Use						ALAE Paid		ALAE Incu	urred
				LC	OSS TOTA	LS									
e for Future Use	Total N	o. Claims			Total Incurred Medi	cal	Reserved	for Future	Use	Tota	Paid Inde	mnity	То	tal Paid Med	lical
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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

Section VI

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 x 104 x .0195 = \$595

Indemnity Paid to Valuation Date Benefits Paid from 08/01/04 to 01/01/0[4] - 883 days / 7 = 126.143 Wks (126.143 Wks) x \$293.25 = \$36,991

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Page 24 EXAMPLES

Section VI

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.

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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.

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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, [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 = 1894

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 =$ \$[21,141]24,141

6) Funeral Allowance = \$3,000

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Section VI

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.

												INFORMA														
Report No.		Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Nur	mber		Policy	Effective Da	te Policy	Expiration Date	Expos.	State	State Effective Da	te Certi	ificate No.	Card	Serial No.		F	Risk ID Numb	er	Page No.	Last	Page No.
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Insured	's Name:	A. B	. C. IN	IC.																	F.E.I.	N.		Pending	File No.	
	's Addres																					6789				
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10/0	1/00	10/0	1/00	Policy Policy		Exposure	Policy	Mid-Term	Indicator	Type Cov.	1nd. Str	d.					955									
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	01	06	65	255000	7.84		19992		Soci	al Security N	lumber	Part	Nature	Cause	1 (Occupation Des	scription		Voc. I	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
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	^	T-4	al Culsia	at Duami um		<u> </u>	20107	Турс			No. Claims					Couc			Act	Ty	ре	Recov	Cov Se		NO.	Турс
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								*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incur	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status	Act	1 7.		Conditions	c c-	Jurisdic State	Cat. No.	MCO Type
	D.	96	663				5891												ACI	13	pe	Recov	Cov Se	u		
	E.								Soci	al Security N	lumber	Part	Nature	Cause	C	Occupation Des	scription	١	Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
									Claimant's Atto	rney Fees	Employer's A	Attorney Fees			II.	Rever	sed for Future I	Jse					AL	AE Paid	ALAE I	ncurred
	F.							*Upd	Claim Nun	nber	Acc. Date/		ed Indemnity	Inc	urred Medical	Class	Injury	Status			Loss	Conditions		Jurisdic	Cat.	MCO
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	G.	Total	Standard Exp	303000	Total Standard Pre	mium	12809																			
	Н.	00	06	Premium Discoun	nt Amt				Soci	al Security N	lumber	Part	Nature	Cause		Occupation Des	scription	\	Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ledical
	11.		,0_	Temium Discoun					Claimant's Atto	rney Fees	Employer's A	Attorney Fees				Rever	sed for Future I	Jse					AL	AE Paid	ALAE I	ncurred
	I.	09	900	Expense Constan	t Amt			*Upd	Claim Nun	nhor	Acc. Date/	Incur	ed Indemnity	Inc	urred Medical	Class	Injury	Status	1					Jurisdic	Cat.	MCO
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	J.	09	938		.0318		595			10 2 1					1 .			L.,							D.:	to Post
	K.								SOCI	al Security N	iumber	Part	Nature	Cause		Occupation Des	scription	'	Voc.	Lump	Fraud	Deduct	Paid	Indemnity	Paid N	ieuičai
	ı								Claimant's Atto	rney Fees	Employer's A	Attorney Fees			·	Rever	sed for Future I	Jse	•				AL	AE Paid	ALAE I	ncurred
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									Reserved for F	uture Use	Tota	l No. Claims	Te	otal Incurre	ed Indemnity	Total Incu	rred Medical	Rese	erved for F	uture Us		Total Paid	d Indemnity	To	tal Paid Med	lical
								1	Tot. Claimant's F	Attny. Fees	Tot. Emplo	oyer's Attny. Fe	es			Reserved for	r Future Use					Total A	LAE Paid	Tot	al ALAE Inci	urred

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Section VI

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.

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Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy	Effective Da		Y INFORMA cy Expiration Dat		. State	State Effective Da	te Certi	ficate No.	Caro	d Serial No			Risk ID Nu	ımber		Page No.	Last	Page No.
01				00200	W	C123456789		10	/01/99	1	0/01/00	3	7													
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Insured	l's Addres	SS:																	12	2345	6789					
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				3 Yr F/R Multistate Policy Policy		stimated Retro xposure Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Ind.	Non- Typ Std.		rcent	Claim/Accide	nt	Aggregate										
10/0	1/99	10/0	1/99	N Y		N N	N	N	01	01	01 000	00														
		E	XPOSUF	RE INFORMATION										LOSS IN	FORMAT	ION										
Upd Type	Exp. Cov.	Clas	s Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nun	nber	Acc. Dat No. Clair		red Indemnity	Incu	ırred Medical	Class Code	Injury	Status	Ac	t I Tv	Los	s Condition Recov	ns Cov	Settl	Jurisdic State	Cat. No.	MCO Type
	01	00	665	255000	7.84	19992		Socie	al Security N	lumber	Part	Nature	Cause	1 0	Occupation Des	cription			Lump	Fraud			Paid Inden	inity	Paid N	ledical
	01	00	953	48000	.24	115		Claimant's Attor	-		s Attorney Fees	Nature	cause		·	sed for Future I		¥00.	Lump	Trauu	Deut		ALAE Pa		ALAE II	
	01	90	564			3277																	ALAL FO			
							*Upd Type	Claim Nun	nber	Acc. Dat No. Clain		red Indemnity	incu	rred Medical	Class Code	Injury	Status	<u> </u>	 		s Condition			Jurisdic State	Cat. No.	MCO Type
	A.	Tot	al Subje	ct Premium		16830												Act	Ту	pe	Recov	Cov	SettI			
	B.	Ext	xperience lod (XX.XXX)			0.930		Socia	al Security N	lumber	Part	Nature	Cause	0	Occupation Des	cription		Voc.	Lump	Fraud	Dedu	ıct	Paid Indem	inity	Paid N	ledical
	C.	Tot	al Madifi	ied Premium		15652		Claimant's Attor	rney Fees	Employer's	s Attorney Fees				Rever	sed for Future I	Jse						ALAE Pa	id	ALAE II	ncurred
	U.	100	ai iviouii	lea Freilliaili		10002	*Upd	Claim Nun	nber	Acc. Dat		red Indemnity	Incu	rred Medical	Class	Injury	Status			Loss	s Condition	s		Jurisdic	Cat.	MCO
							Туре			No. Clain	ns				Code			Act	Ту		Recov	Cov	SettI	State	No.	Туре
	D.	98	387			3913		Socia	al Security N	Number	Part	Nature	Cause	1 0	Occupation Des	cription		Voc.	Lump	Fraud	Dedu	ıct	Paid Inden	inity	Paid N	Medical
	E.	98	390		.05	587																				
	F.	9(046		.25	2935		Claimant's Attor			s Attorney Fees					sed for Future l							ALAE Pa		ALAE II	
							*Upd Type	Claim Nun	nber	Acc. Dat No. Clain		red Indemnity	Incu	rred Medical	Class Code	Injury	Status				Condition			Jurisdic State	Cat. No.	MCO Type
	G.	Total	Standard Exp	posure 303000	Total Standard Prem	ium 8217												Act	Ту	pe	Recov	Cov	Settl			
								Socia	al Security N	Number	Part	Nature	Cause	0	Occupation Des	cription	<u> </u>	Voc.	Lump	Fraud	Dedu	ıct	Paid Inden	inity	Paid N	ledical
	H.	00	63_	Premium Discoun	t Amt.	351		Claimant's Attor	F	Frankrissk	AH	ļ			D	sed for Future I	la e						ALAE Pa	:	ALAE II	
	l.	0	900	Expense Constan	t Amt	160		Claimant's Attor	mey rees	Employers	s Attorney Fees				Rever	sea for Future (ose						ALAE Pa	ia	ALAE II	icurred
							*Upd Type	Claim Nun	nber	Acc. Dat No. Clain		red Indemnity	Incu	rred Medical	Class Code	Injury	Status				S Condition			Jurisdic State	Cat. No.	MCO Type
	J.	0	938		.0318	359												Act	Ту	pe	Recov	Cov	Settl			
	K.								al Security N		Part	Nature	Cause		Occupation Des			Voc.	Lump	Fraud	Dedu	ıct	Paid Indem		Paid N	
	L.							Claimant's Attor	rney Fees	Employer's	s Attorney Fees		_		Rever	sed for Future l	Jse				_		ALAE Pa	id	ALAE II	ncurred
								Reserved for F	uture Use	To	otal No. Claims	Т	otal Incurred		OSS TO Total Incu	TALS rred Medical	Res	served for F	uture Use		Total F	Paid Indemr	nity	To	al Paid Med	lical
								Tot. Claimant's A	Attny. Fees	Tot. Em	ployer's Attny. Fe	ees			Reserved for	Future Use					Tota	I ALAE Pai	id	Tota	I ALAE Incu	ırred

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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.

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.

									POLICY IN	IFORMA ⁻	TION													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number		Policy Effective Da	ate Policy Ex	piration Date	Expos. S	State	State Effective Date	Certif	icate No.	Card S	Serial No.		Risk	ID Number		Page No.	Last	Page No.
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10/04	1/00	10/	21/00	Policy Policy		xposure Policy	Mid-Term	Indicator Cov.	Ind. Std.			June			Aggregate									
12/01	1/02		01/02	IN I		N N	N	N 01	01 01	030	I		1000											
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Upd Type	Exp. Cov	. Cla	ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	incurre	d Indemnity	incu	irred Medical	Class Code	Injury	Status	Act		oss Con Rec		v Sett	Jurisdic State	Cat. No.	MCO Type
	01	0	0665	255000	7.84	19992											Act	Type	Neci	DV C0	Jett			
								Social Security	Number	Part	Nature	Cause	Occi	upation Desc	ription	Vo	oc. Lun	np Frau	ıd	Deduct	Paid In	demnity	Paid I	Medical
	01	1 0	953	48000	.24	115		Claimant's Attorney Fees	Employer's Atto	orney Fees				Revers	ed for Future U	se					ALA	E Paid	ALAE I	ncurred
	01	9	664			3277		1																
							*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status		Lo	ss Cond			Jurisdic State	Cat. No.	MCO Type
	A.	То	tal Subie	ct Premium		16830											Act	Туре	Reco	ov Cov	Settl			
		Ex	perience					Social Security	Number	Part	Nature	Cause	Occ	upation Desc	ription	Vo	oc. Lun	np Frau	ud	Deduct	Paid In	demnity	Paid I	Nedical
	В.	Mod (XX.XXX)				0.930		Claimant's Attorney Fees	Employer's Atto	orney Fees				Revers	ed for Future U	se					ALA	E Paid	ALAE I	ncurred
	C.	То	tal Modifi	ed Premium		15652																		
							*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status			ss Cond		1	Jurisdic State	Cat. No.	MCO Type
	D.	9	887			3913											Act	Туре	Reco	ov Cov	Settl			
	E.		890		.05	587		Social Security	Number	Part	Nature	Cause	Occ	upation Desc	ription	Vo	oc. Lun	np Frau	ud	Deduct	Paid In	demnity	Paid I	Medical
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							*Upd Type	Claim Number	Acc. Date/ No. Claims	incurred	ındemnity	incu	rred wedical	Class Code	Injury	Status	Act	Lo Type	ss Cond Reco		Settl	State	Cat. No.	MCO Type
	G.	Tota	I Standard Exp	osure	Total Standard Pren	nium											7101	Турс	Nooc		Jetti			
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	H.	0	063_	Premium Discou	nt Amt.	261		Old and Allers Free	- Forder of Alle						16.5							- D.: I	41.45	
		,	900	Expense Consta	nt Amt	119		Claimant's Attorney Fees	Employer's Atto	orney Fees				Revers	ed for Future U	se					ALA	E Paid	ALAET	ncurred
	1.					117	*Upd	Claim Number	Acc. Date/ No. Claims	Incurred	d Indemnity	Incu	rred Medical	Class Code	Injury	Status		Lo	ss Cond	ditions		Jurisdic State	Cat.	MCO Tupo
							Туре		NO. Claims					Code			Act	Туре	Reco	ov Cov	Settl	State	No.	Туре
	J.	9	740		<mark>.00</mark>	0		Social Security	Number	Part	Nature	Cause	Occi	upation Desc	ription	Ve	oc. Lun	np Frau	ud	Deduct	Paid In	demnity	Paid N	ledical
	K.	0	938		.0337	383																		
	ı							Claimant's Attorney Fees	Employer's Atto	orney Fees				Revers	ed for Future U	se					ALA	E Paid	ALAEI	ncurred
	L.													SS TOT										
								Reserved for Future Use	Total N	o. Claims	То	ital Incurre	d Indemnity	Total Incur	ed Medical	Reser	ved for Futu	re Use	Т	otal Paid Ind	demnity	To	tal Paid Me	dical
		+ + + + + + + + + + + + + + + + + + + +						Tot. Claimant's Attny. Fees	Tot. Employe	r's Attny. Fees	s		R	Reserved for	Future Use					Total ALAE	Paid	Tota	al ALAE Inci	urred
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Mod Effect	tive Date	Rate Effe	ective Date	3 Yr F/R Multistate	e Interstate E	cy Conditions Stimated Retro	Canceled		Type Cov.	olicy Type I D Plan Non-	Deduc Type			Deductible Amount Claim/Accident	Per E	eductible Amo Aggregate	ount	Reserved		For C	arrier Use		For E	ureau Use	
12/01	1/03	12/0	01/03	Policy Policy Y	Rating E	N Policy	Mid-Term	Indicator	01	1nd. Std. 01	030	1		1000											
			XPOSU	RE INFORMATIO	N									LOSS INF	ORMATI	ON									
Upd Type	Exp. Cov		ss Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status		L	Loss Co	onditions		Jurisdic State	Cat. No.	MCO Type
	01	0	665	255000	7.54	19227	الثار											Act	Туре	Re	cov Co	/ Settl			
	01	0	953	48000	.20	96		Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation Des	cription	'	/oc. Lu	mp Fra	aud	Deduct	Paid In	demnity	Paid I	Medical
	01		664	40000	.20	2126		Claimant's Attor	rney Fees	Employer's Atto	orney Fees				Revers	ed for Future l	Jse					ALAI	Paid	ALAE I	ncurred
	UI	9	004			2120	*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	d Indemnity	Inc	urred Medical	Class Code	Injury	Status		L	oss Co	nditions		Jurisdic State	Cat. No.	MCO Type
	A.	To	tal Subje	ct Premium		17197												Act	Туре	Red	cov Cov	Settl			
	В.	Ex Mo	perience d (XX.XX	(X)		0.953		Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation Des	cription	'	/oc. Lu	mp Fra	aud	Deduct	Paid In	demnity	Paid I	Medical
	C.	То	tal Modif	ied Premium		16389		Claimant's Attor	rney Fees	Employer's Atto	orney Fees				Revers	ed for Future l	Jse					ALAI	Paid	ALAE I	ncurred
							*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	d Indemnity	Inc	urred Medical	Class Code	Injury	Status		L		nditions		Jurisdic State	Cat. No.	MCO Type
	D.	9	887			4097												Act	Туре	Red	cov Cov				
	E.	9	046		.30	3688		Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation Des	cription	'	/oc. Lu	mp Fra	aud	Deduct	Paid In	demnity	Paid I	Medical
	F.							Claimant's Attor	rney Fees	Employer's Atto	orney Fees				Revers	ed for Future l	Jse		·			ALA	Paid	ALAE I	ncurred
							*Upd Type	Claim Nun	nber	Acc. Date/ No. Claims	Incurre	d Indemnity	Inci	urred Medical	Class Code	Injury	Status				nditions		Jurisdic State	Cat. No.	MCO Type
	G.	Tota	l Standard Ex		Total Standard Pren													Act	Туре	Red	cov Cov	Settl			
				606000		16821		Socia	al Security N	l lumber	Part	Nature	Cause	Occ	cupation Des	cription		/oc. Lu	mp Fra	aud	Deduct	Paid In	demnity	Paid I	Medical
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	J.	9	740		.04	121													Туре						
	K.	0	938		.0280	302		Socia	al Security N	lumber	Part	Nature	Cause	Occ	cupation Des	cription		/oc. Lu	mp Fra	aud	Deduct	Paid In	demnity	Paid N	Medical
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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. (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 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

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

calculations.