

SERFF Tracking Number: NCCI-125574128 State: Arkansas
Filing Company: NCCI State Tracking Number: EFT \$100
Company Tracking Number: U-1397-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: U-1397-Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Filing at a Glance

Company: NCCI

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SERFF Tr Num: NCCI-125574128 State: Arkansas

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SERFF Status: Closed
Co Tr Num: U-1397-AR

State Tr Num: EFT \$100
State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Disposition Date: 03/25/2008

Authors: Lesley O'Brien, Alison Herwig, Frank Gnolfo, Terri Robinson

Date Submitted: 03/24/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/25/2008

State Status Changed: 03/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This item implements NCCI's 2008 Statistical Plan for Workers Compensation and Employers Liability Insurance (Statistical Plan). The 2008 Statistical Plan reflects a new outline and state page structure, similar to NCCI's 2001 Basic Manual and 2003 Experience Rating Plan Manual. NCCI's 2008 Statistical Plan will replace the current URE Workers Compensation Statistical Plan in its entirety.

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Company and Contact

Filing Contact Information

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Filing Company Information

NCCI CoCode: State of Domicile: Florida
 901 Peninsula Corporate Circle Group Code: Company Type:
 Boca Raton, FL 33487 Group Name: State ID Number:
 (561) 893-3186 ext. [Phone] FEIN Number: 65-0439698

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 1 Rule filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NCCI	\$100.00	03/24/2008	18894764

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/25/2008	03/25/2008

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Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Rate	Arkansas Stat Plan-State Exceptions	Approved	Yes
Rate	National Retro	Approved	Yes
Rate	Statistical Plan	Approved	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Arkansas Stat Plan- State Exceptions	Preface and Part 4	New	ARKANSAS-STAT PLAN.pdf
Approved	National Retro	Part 1, 2 and 3	Replacement	R-1197 NATIONAL RETRO MANUAL.pdf
Approved	Statistical Plan	Manual	New	STATISTICAL PLAN.pdf

EXHIBIT 1-B

STATE EXCEPTIONS**PREFACE****B. EFFECTIVE DATE**

Change B of the Preface as follows:

This Plan is applicable to the reporting of statistical data for all policies effective April 22, 1996 and subsequent.

PART 4—LOSS AND EXPENSE INFORMATION**E. CLAIM COMPONENTS****3. Optional Claim Components****d. Claim Grouping**

Change Part 4, Item E-3-d-(1) and E-3-d-(2) as follows:

(1) Policies Effective July 1, 2007 and Subsequent**(2) Policies Effective Prior to July 1, 2007**

Change Part 4, Item E-3-d-(2) as follows:

- (a) Arkansas allows for grouping of claims that involve a total incurred loss (indemnity and medical combined) if less than the \$2,000 monetary limit (if greater, these claims must be listed individually with the appropriate claim number and accident date).

ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE

EXHIBIT 2-A
RETROSPECTIVE RATING PLAN MANUAL
PART ONE
DESCRIPTION OF THE PLAN
II. DEFINITIONS

F. Incurred Losses

Incurred losses used in the rating formula for determining premium under this Plan are those reported under the rules of NCCI's ~~the *Workers Compensation Statistical Plan Manual*~~ adopted by the rating organization. Generally, incurred losses are the actual losses paid and outstanding, interest on judgments, expenses incurred in obtaining third-party recoveries, and allocated loss adjustment expenses for employers liability losses.

Incurred losses resulting from an accident involving two or more persons under any classification code containing a non-ratable catastrophe element shall be limited to the two most costly claims, subject to any further loss limitation applicable.

The rating formula shall not include losses involving passenger employees resulting from the crash of an aircraft under Classification Code 7421.

For complete details on instructions which shall be followed regarding incurred losses, refer to NCCI's ~~the *Unit Statistical Plan Manual*~~.

ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE

EXHIBIT 2-B
RETROSPECTIVE RATING PLAN MANUAL
PART ONE
DESCRIPTION OF THE PLAN
II. DEFINITIONS

L. Allocated Loss Adjustment Expense

Allocated loss adjustment expense is defined in NCCI's Section IV of the ~~Workers Compensation Statistical Plan Manual~~. Allocated loss adjustment expense for workers compensation insurance may also be included as part of incurred losses in the Plan if agreed upon by insured and carrier. This will be called the Allocated Loss Adjustment Expense Option (ALAE Option). A second set of expense ratios are contained in Part Four of this Plan. These are reduced to offset the exclusion of ALAE. Expected Loss Ratio (E) would be replaced by an Expected Loss and Allocated Expense Ratio (ELA) for use in the ALAE Option.

**ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE**

**EXHIBIT 2-C
RETROSPECTIVE RATING PLAN MANUAL
PART TWO
OPERATION OF THE PLAN
I. HOW PREMIUM IS DETERMINED UNDER THE PLAN**

B. Definitions of Terms Used for the Formula**1. Standard Premium**

Standard Premium is defined in Part One of this Plan. Refer to Part One-II-E.

2. Basic Premium

The Basic Premium is a percentage of the Standard Premium. It is determined by multiplying the Standard Premium by a Basic Premium Factor. Basic Premium Factors are based on the Table of Expense Ratios, the Table of Insurance Charges, and the individual loss limitation if selected. Refer to Part Four— Premium Computation Tables.

The Basic Premium provides: insurance carrier expenses such as for acquiring and servicing the insured's account; loss control services, premium audit and general administration of the insurance; an adjustment for limiting the retrospective premium between the minimum retrospective premium and the maximum retrospective premium; and an allowance for the insurance carrier's possible profit or contingencies.

The Basic Premium does not cover premium taxes nor claim adjustment expenses. The latter elements are usually provided by the Tax Multiplier and the Loss Conversion Factor.

3. Converted Losses

Converted Losses are based on the Incurred Losses of the risk during the period of the policy or policies to which this Plan is applied. For the ALAE Option, ALAE is added to Losses.

A Loss Conversion Factor is applied to such losses (or losses plus ALAE) to produce the Converted Losses (or Converted Loss plus ALAE). Refer to Part One-II-F. ALAE is defined in ~~NCCI's the Workers Compensation Statistical Plan Manual.~~

4. Loss Conversion Factor

The Loss Conversion Factor usually covers claim adjustment expenses and the cost of the insurance carrier's claim services such as investigation of claims and filing claim reports. For the ALAE Option, the Loss Conversion Factor would not typically include allocated claim adjustment expense.

5. Tax Multiplier

The Tax Multiplier covers licenses, fees, assessments and taxes which the insurance carrier must pay on the premium which it collects.

It also includes a provision for subsidy of the assigned risk market.

6. Minimum Retrospective Premium

The Minimum Retrospective Premium is a percentage of the Standard Premium. It is the least amount of premium to be paid by the risk subject to this Plan.

The Minimum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier.

7. Maximum Retrospective Premium

The Maximum Retrospective Premium is a percentage of the Standard Premium. It is the greatest amount of premium to be paid by the risk subject to this Plan. It has the effect of placing a limit on the impact of incurred losses on the retrospective premium.

The Maximum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier.

ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE

EXHIBIT 2-D
RETROSPECTIVE RATING PLAN MANUAL
PART THREE
ADMINISTRATION OF THE PLAN

II. REPORTS OF PREMIUMS AND LOSSES UNDER THE PLAN

1. Premiums

The standard premiums used as the basis of the Retrospective Premium are reported in accordance with NCCI's ~~the *Statistical Plan Manual*~~.

2. Incurred Losses

The incurred losses used for determining the Retrospective Premium are reported in accordance with NCCI's ~~the *Workers Compensation Statistical Plan Manual*~~ rules, but allowing interim evaluations.

For complete details on instructions which shall be followed for Nos. 1 and 2 above, refer to NCCI's ~~the *Workers Compensation Statistical Plan Manual*~~.

3. Verification of Data

All data reported under NCCI's ~~the *Statistical Plan Manual*~~ shall be accepted as verified data for computation of the Retrospective Premium.

EXHIBIT 1-A

PREFACE

A. SCOPE

1. Statistical Plan Applicability

The *Statistical Plan for Workers Compensation and Employers Liability Insurance* (herein referred to as *Statistical Plan*) is applicable to direct workers compensation, voluntary compensation, employers liability business, and federal coal mine compensation written and/or submitted by insurance carriers, third party administrators, and state funds, herein referred to as data providers.

2. Affiliate Self-Insurers' Applicability

The *Pre-URE Workers Compensation Statistical Plan* manual is the minimum reporting requirement for affiliate self-insurers reporting statistical plan data in NCCI states. The *Statistical Plan* is optional for affiliate self-insurers in NCCI states. This is effective for all unit data reported to NCCI as of January 1, 2001 and subsequent.

B. EFFECTIVE DATE

This Plan is applicable to the reporting of statistics for all policies effective January 1, 1996 and subsequent. This Plan may also apply to policies effective January 1, 1995 at the data providers' option.

C. STATES

1. NCCI Jurisdictions

This Plan contains the necessary rules for reporting statistics to NCCI for the following NCCI states:

Alabama	Iowa	New Mexico
Alaska	Kansas	Oklahoma
Arizona	Kentucky	Oregon
Arkansas	Louisiana	Rhode Island
Colorado	Maine	South Carolina
Connecticut	Maryland	South Dakota
District of Columbia	Mississippi	Tennessee
Florida	Missouri	Utah
Georgia	Montana	Vermont
Hawaii	Nebraska	West Virginia
Idaho	Nevada	
Illinois	New Hampshire	

2. Non-NCCI Jurisdictions Where Plan Does Apply

This Plan contains the necessary rules for reporting statistics to NCCI in the following non-NCCI state:
Indiana

3. Jurisdictions With Monopolistic Funds

This Plan is optional for reporting data to NCCI for voluntary compensation, employers liability, and United States Longshore and Harbor Workers' (USL&HW) coverage in the following monopolistic funds:

North Dakota	Washington	Puerto Rico
Ohio	Wyoming	

4. Non-NCCI Jurisdictions Where Plan Does Not Apply

This Plan is **not** applicable in the following states, which have their own statistical plans:

California	Michigan	New York	Texas
Delaware	Minnesota	North Carolina	Wisconsin
Massachusetts	New Jersey	Pennsylvania	

Note: Interstate Rated Risks: Data must be reported to NCCI for interstated rated risks that include one or more of the following states: Massachusetts, Minnesota, or New York.

Texas: Data must be reported to NCCI in accordance with the *Texas Workers Compensation Statistical Plan*.

North Carolina and Wisconsin: Data that is reported to NCCI must be in accordance with their own statistical plans.

D. ORGANIZATION OF MANUAL

This Plan is organized according to the following major parts:

Part 1—General Rules

Part 2—Header/Policy Information

Part 3—Exposure Information

Part 4—Loss and Expense Information

Part 5—Correction Information

Part 6—Coding Values

Part 7—Pension Tables

Note: Refer to NCCI’s *Unit Statistical Reporting Guidebook* for further reporting instructions, guidelines, and examples.

PART 1—GENERAL RULES

A. RECORDING OF STATISTICS

Data providers may use any method for the internal recording of statistical data submitted to NCCI. This includes any type of format convenient to the data provider's statistical and accounting procedures and codes other than those set forth in this Plan, provided the required data elements are reported by the data provider within the required time frames, as provided by this Plan.

B. PREPARATION AND COMPLETION OF UNIT STATISTICAL REPORTS

Summarized exposure, premium, and loss data for each workers compensation policy is required under Rule 6 of this part. NCCI strongly encourages data providers to report data in the electronic format.

Refer to NCCI's *Electronic Transmission User's Guide* for additional information regarding electronic reporting.

When electronic reporting is not feasible, NCCI permits statistical data to be reported on hard copy forms.

C. TRANSMITTAL LETTERS

The filing of statistical data on media, other than electronic data transferred through the Internet, must be accompanied by transmittal letters showing summary totals.

D. AUDITING OF STATISTICS PRIOR TO SUBMISSION

The data provider must audit the statistics being reported prior to submission to detect any errors, e.g., errors in the assignment of statistical codes or in the assignment of claims to their corresponding policies. If audited information is not available prior to the submission of statistics, the data provider should identify and report the estimated premium until the audited information becomes available.

E. CORRECTION OF ERRORS

Data providers are expected to correct all errors found in their data. All priority errors that impact the accuracy of ratemaking and/or experience rating must be corrected immediately to prevent delays in the release of these products.

F. FILING REQUIREMENT

Exposure, premium, and loss data must be filed for every policy governed under the scope of this Plan.

Statistical data must not be reported for the following types of policies:

- Employers liability insurance on residence and farm employees provided in conjunction with other liability insurance.
- Workers compensation on domestic workers provided in conjunction with homeowners insurance.
- Policies providing coverage under the National Defense Projects Rating Plan.
- Policies providing coverage on Nuclear Regulatory Commission projects.

G. FILING OF STATISTICAL DATA

Electronic reports or transmissions must be submitted to NCCI. Refer to NCCI's *Electronic Transmission User's Guide* for further instruction. Exposure, premium, and loss data submitted on hard copy forms must be filed directly with the keying vendor according to the procedures in NCCI's *Unit Statistical Reporting Guidebook*. All reports, labels, and transmittals **must** be typed or clearly printed with blue or black ink.

H. FILING FOR MULTISTATE POLICIES

Data must be filed for each state of a multistate policy in accordance with the scope of this Plan. A report must be filed for each state on a policy with estimated exposure, including those for which no exposure was developed. However, if a state was written on an "If Any" basis, a report is not required provided no exposure developed for that state.

I. DATE OF VALUATION AND FILING

1. Single-Year Policies

a. Valuation/Due Month

Losses included in the first reporting of a given policy must be valued as of 18 months after the month in which the policy became effective. Subsequent reporting of loss data (2nd–10th) must be valued 12

months after the valuation date of the preceding report. Each report level must be filed no later than two months after the respective valuation date. Please refer to the following chart for specifics.

Report Level	Valuation Month	Month Due
1	18	20
2	30	32
3	42	44
4	54	56
5	66	68
6	78	80
7	90	92
8	102	104
9	114	116
10	126	128

b. 6th Through 10th Reporting Requirements

Unit statistical data with policies effective December 31, 1998 and prior, which meet the requirements for subsequent reporting, require only 2nd–5th subsequent reports. For policies effective January 1, 1999 and subsequent, 6th–10th subsequent reports are required.

Note: Affiliate Self-Insurers: 6th–10th subsequent reports are to be reported in accordance with the scope of this Plan. Refer to A.2 of the Preface for the minimum reporting requirements.

2. Multiple-Year Policies (Includes Three-Year Variable Rate Policies)

Multiple-year policies other than three-year fixed-rate must be considered separate annual policies for reporting purposes and must be filed at the time all reports on policies with the same effective date are filed (e.g., policy with a policy period from 01/1/96 to 04/1/97 could be partitioned from 01/1/96 to 01/1/97 and from 01/1/97 to 04/1/97). Losses must be valued 18 months after the policy effective month and at annual periods thereafter.

Note: A policy issued for a period not longer than one year and 16 days is treated as a one-year policy.

3. Three-Year Fixed-Rate Policies

A completed three-year experience incurred under the policy must be reported as one complete policy. Cancellation penalty premium must be reported.

a. Date of Valuation and Filing

Losses included in the reporting of a given policy must be valued 42 months after the inception date of the policy, and the reports must be filed not later than 44 months after the effective month of the policy. These reportings must be specifically identified as three-year fixed-rate policy experience and reported separately from one-year policies. Disease losses must be summarized separately and reported separately from traumatic losses. Such losses must be clearly identified as disease losses.

b. Subsequent Valuations

Subsequent valuations are not required for three-year fixed-rate policies.

4. Retrospectively Rated Policies

Advance special reports are required by the Retrospective Rating Plans due to short-term policies or cancellations or in cases of bankruptcy, liquidation, reorganization, etc., only in cases where a specific request for verification of retrospective premium has been made. If a specific request for verification of retrospective premium has been made, the advance report must be filed directly with NCCI's Regulatory Assurance Department. The losses must be valued as of the date exactly six months after the termination date except in cases of bankruptcy, liquidation, reorganization, etc., when an earlier valuation date is permissible.

These advance reportings are entirely independent of, and in addition to, the normal reportings that include losses valued as of a later date.

J. UNCOLLECTIBLE PREMIUMS

1. Audited Policies

Report all earned premiums for policies on which an audit has been conducted and the earned premium is known, but uncollectible. Likewise, report the corresponding exposure and loss data.

2. Policies on Which a Final Audit Is Not Possible

Report the estimated earned premium and exposure corresponding to the term of coverage for policies on which a final audit is not possible and the audited earned premium and exposure is not known. Likewise, report the losses for the corresponding term of coverage. When the exposure previously reported has been changed by reason of an audit, a reaudit, or any other adjustment affecting class codes, exposure, or premiums, a correction report must be filed.

K. REINSURANCE

Statistics are reported only for direct business. Do not submit unit report statistics for workers compensation-assumed policies (e.g., exclude premiums received from or losses paid to other carriers on account of reinsurance assumed by the data provider). Do not submit unit report statistics for workers compensation-ceded policies (e.g., deductions should not be made by the data provider for premiums ceded to or for losses recovered from other data providers due to ceded reinsurance).

L. COAL MINE

The following special reporting requirements apply to coal mine experience:

1. Underground Coal Mine Risks

Experience incurred for underground coal mine policies, which are classified in accordance with the **Basic Manual for Workers Compensation and Employers Liability Insurance (Basic Manual)**, must be filed according to the rules of this Plan. This includes all insured underground coal mine operations, incidental operations, and operations other than underground coal mining of any one employer.

a. Advance Reports (Including Six-Month Experience)

To complete an advance experience rating for an underground coal mine policy, an advance report of the first six months' experience of the current policy must be filed directly with NCCI's Customer Service—Experience Rating Department. Such advance reporting must be filed no later than 75 days prior to the anniversary rating date. Exposure and incurred losses for the first six months only of the current policy must be included in this advance report, and losses must be valued three months prior to the anniversary rating date. These advance reportings are entirely independent of NCCI's **Statistical Plan** filings, and the experience must be reported when due under the requirements of this Plan.

b. Traumatic

If the traumatic rate for the underground coal mine class code contains a catastrophe loading that is not subject to experience modification, then report the authorized rate after adjusting for the nonratable catastrophe loading prior to experience modification. The following formula should be used to obtain the adjusted authorized rate:

$$\text{Subject Rate} = \text{Traumatic Rate} - \text{Catastrophe Rate}$$

$$\text{Authorized Rate} = \text{Subject Rate} \times \text{Experience Modification} + \text{Catastrophe Rate}$$

Refer to NCCI's **Unit Statistical Reporting Guidebook** for additional information.

2. Disease Experience for Coal Mine Risks

Report the premium for disease after the application of the experience modification factor with the appropriate exposure coverage code. Refer to Part 3, Item D—Exposure Coverage Code for the definition of exposure coverage code.

Disease experience must be reported for disease in connection with any coal mine classification in accordance with the **Basic Manual** or for any class code other than coal mining where there is liability under the Federal Coal Mine Health and Safety Act.

M. NATIONAL DEFENSE PROJECTS

Premium and loss data for policies written under the National Defense Projects Rating Plan is reported according to the rules of the National Defense Projects Rating Plan.

N. RADIATION EXPOSURE—NUCLEAR REGULATORY COMMISSION PROJECTS

Premiums and losses for policies covering Nuclear Regulatory Commission projects under the direction of any government agency must **not** be reported under this Plan.

O. RADIATION EXPOSURE—OTHER THAN NUCLEAR REGULATORY COMMISSION PROJECTS

The *Basic Manual* provides that a supplemental rate, subject to the approval of the rating organization having jurisdiction, may be applied to operations involving research, manufacture, handling, transportation, and use of or exposure to radioactive materials, where such operations are not performed for or under the direction of any government agency. The additional premium resulting from this supplemental rate must be reported separately from the class code premiums under the designated statistical code.

Radiation losses on risks where this supplemental rate has been applied must also be reported under the designated statistical codes. For specific coding information, refer to Part 6—Coding Values, Item H-2—Premium Amount Not Subject to Experience Rating Modification.

P. REPORTING OF INCIDENTAL FOUNDRY ABRASIVE OR SANDBLASTING DATA

The payroll of all employees exposed to a foundry hazard (except payrolls properly assigned to specific codes) or an abrasive or sandblasting hazard (except for employees rated under a class code where the authorized rate provides coverage for silicosis) must be identified separately. If a supplementary disease rate is charged in addition to the authorized rate, then the corresponding premium must be assigned to the appropriate statistical code. The premium resulting from the application of such supplementary disease rates must be included in the total premium subject to experience modification and the standard premium total.

Dust disease losses must be assigned to the same statistical code as the corresponding premium and must be further identified by the appropriate loss condition codes. These losses must be included in the total losses reported.

Refer to Part 6—Coding Values of this Plan for specific supplementary disease coding information.

Q. CLASSIFICATION CODE

Report the employer's classification code that corresponds to the exposure and any associated loss. The classification code is determined in accordance with the rules of NCCI's *Basic Manual*.

No claim may be assigned to any class code unless exposure and premium have also been reported for that class. (Note that the term *exposure* includes payroll and non-payroll-based exposure). On losses, report the class code under which the injured employee's payroll and premium is assigned even if, at the time of the injury, the employee may have been involved in an activity that would be classified differently.

Insurers may submit independent filings, such as subclassification programs, and receive approval from the Insurance Department. For data reported to NCCI, subclassification codes must be combined and reported under the standard NCCI exposure classification in accordance with NCCI's *Basic Manual*.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information on the appropriate reporting of classification codes and exposure information for insurer independent filings.

PART 2—HEADER/POLICY INFORMATION**A. REPORT NUMBER**

Report the numeric code corresponding to the policy valuation date. This code indicates whether the report is a 1st or subsequent report. Refer to Part 1, Item I—Date of Valuation and Filing for additional details.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

B. CORRECTION SEQUENCE NUMBER

Report the sequential number that corresponds with the number of correction reports submitted within a particular report level.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

C. CORRECTION TYPE CODE

Identify the type of correction report being submitted. Corrections to payrolls, premiums, and losses, or all three, may be provided in a submission. Please refer to Part 6 of this Plan for specific correction type codes.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

D. REPLACEMENT REPORT CODE

Identify reports being submitted to replace a report that was previously submitted. The replacement indicator may only be submitted for the first reporting of exposure, premium, and loss data valued 18 months after the policy effective date. Refer to Item Q—Pending File Number in this part for Replacement Report processing information.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

E. CARRIER CODE

Report the numeric code assigned to the data provider (insurer) by NCCI. This numeric code must remain the same throughout the life of the policy, unless a correction has been submitted to revise the carrier code previously reported.

F. POLICY NUMBER

Report the alphanumeric code that uniquely identifies the policy under which the experience occurred, excluding blanks, punctuation marks, and special characters. This number must be identical to the number set forth on the policy Information Page. The complete policy number, including prefixes or suffixes, if used, must remain the same throughout the life of the policy unless a correction report has been submitted to revise the policy number.

G. POLICY EFFECTIVE DATE

Report the date the policy became effective.

Report the effective date that corresponds exactly to the date shown on the policy Information Page or to endorsements attached. In cases where an interstate policy was endorsed after the effective date to provide coverage for an additional state, report the effective date of the policy.

For the second and the third period of extended-term policies (if applicable), the effective date must equal the date that the second or third period began, as shown on the policy period endorsement.

Three-Year Variable Rate Policy: The policy effective date reported for the second and third year of a three-year variable rate policy should **not** be the date given on the policy Information Page. The report corresponding to the second year of the policy must be the policy effective date equal to one year subsequent to the policy effective date on the Information Page or as so endorsed. The report corresponding to the third year of the policy must carry a policy effective date equal to two years subsequent to the policy effective date on the policy Information Page, or as so endorsed.

H. POLICY EXPIRATION DATE

Report the date that the policy expired. If the policy was cancelled, report the cancellation date. For policies that are cancelled flat (e.g., policy effective date = policy expiration date), a unit submission is not required.

A policy issued for no longer than one year and 16 days is treated as a one-year policy, and the expiration date shown on the policy Information Page is reported.

For extended-term policies, report the associated expiration date for each term shown on the Policy Period Endorsement, with the last period always being the policy expiration date as shown on the policy Information Page, or as so endorsed for extended-term policies.

Three-Year Variable Rate Policy: The policy expiration date reported for the first and second year of a three-year variable rate policy should **not** be the date given on the policy Information Page. The report corresponding to the first year of the policy must carry a policy expiration date equal to one year subsequent to the policy effective date shown on the policy Information Page, or as so endorsed. The report corresponding to the second year of the policy must carry a policy expiration date equal to two years after the effective date given on the policy Information Page, or as so endorsed.

I. EXPOSURE STATE

Report the state in which coverage has been provided. Refer to Part 6—Coding Values of this Plan for specific exposure/jurisdiction state codes.

J. STATE EFFECTIVE DATE (OPTIONAL)

Report the endorsement effective date if state coverage was endorsed midterm.

K. RISK ID NUMBER (OPTIONAL)

Report the risk identification number assigned to the experience rated risk by the bureau issuing the experience rating. For interstate risks, report the NCCI assigned number.

L. PAGE NUMBER (HARD COPY ONLY)

Report the page number of multipage hard copy reports (e.g., page 1 of X). Not required on single-page hard copy reports.

M. LAST PAGE NUMBER (HARD COPY ONLY)

Report the last page number of multipage hard copy reports (e.g., page X of 5). Not required on single-page hard copy reports.

N. INSURED NAME

Report the name of the insured as shown on the policy Information Page.

O. INSURED ADDRESS (OPTIONAL)

Report the address of the insured.

P. FEDERAL EMPLOYER ID NUMBER (FEIN) (OPTIONAL)

Report the FEIN of the insured shown on the policy Information Page.

Q. PENDING FILE NUMBER

Report the pending file number assigned by NCCI when submitting a replacement report to NCCI.

R. EXPERIENCE MODIFICATION EFFECTIVE DATE AND RATE EFFECTIVE DATE

Refer to Part 3, Item A—Experience Modification Effective Date and Item B—Rate Effective Date for additional information.

S. POLICY CONDITION INDICATORS

Indicate the policy conditions that apply for the statistical data being reported.

Refer to Part 6—Coding Values, Item C—Policy Condition Indicators for specific policy condition (indicators).

T. POLICY TYPE CODE

Report the type of coverage, type of plan, type of nonstandard provisions of the policy.

Please refer to Part 6—Coding Values, Item D—Policy Type Code for specific coding information.

U. DEDUCTIBLE TYPE CODE

Identify the type of deductible and type of plan that applies to the policy and state.

Refer to Part 6—Coding Values, Item E-1—Type of Deductible and Item E-2—Type of Plan for specific codes.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

V. DEDUCTIBLE PERCENT

Report the whole percent of the deductible, if applicable, as defined by the policy's deductible program, e.g., 15% = 15.

W. DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT

Report the deductible amount by claim/accident, if applicable, as defined by the policy's deductible program.

X. DEDUCTIBLE AMOUNT AGGREGATE

Report the aggregate limit amount for all claims, if applicable, as defined by the policy's deductible program.

PART 3—EXPOSURE INFORMATION**A. EXPERIENCE MODIFICATION EFFECTIVE DATE**

The experience modification effective date is required for all exposures. Report the experience modification effective date that corresponds to the experience modification factor and its associated class code, exposure, and premium. If the risk is not currently experience rated, report the policy effective date. If the experience modification changes during the policy period, in accordance with *Experience Rating Plan Manual for Workers Compensation and Employers Liability Insurance (Experience Rating Plan Manual)* rules, report the effective date of the experience modification factor that applies to the reported class code, exposure, and premium.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

B. RATE EFFECTIVE DATE

The rate effective date is required for all exposures. Report the rate effective date that corresponds to the class code and its associated rate, exposure, and premium. If the rate changes during the policy period, in accordance with *Basic Manual for Workers Compensation and Employers Liability Insurance (Basic Manual)* rules, report the rate effective date that applies to the reported class code, rate, exposure, and premium.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

C. UPDATE TYPE CODE

Report the code that identifies the activity of the exposure data. Refer to Part 6—Coding Values, Item F—Update Type (Code) for specific update type codes.

D. EXPOSURE ACT/EXPOSURE COVERAGE CODE

Report the exposure coverage for each classification code on the policy.

Please refer to Part 6—Coding Values, Item G—Exposure Act/Exposure Coverage Code for definitions and specific exposure coverage codes.

E. CLASSIFICATION CODE

Report each classification code determined for the insured according to the rules of NCCI's *Basic Manual*.

Refer to Part 1—General Rules, Item Q—Classification Code for additional information.

F. EXPOSURE AMOUNT**1. Payroll Exposure**

Payroll exposures are required for all class codes except those specifically indicated as exceptions in the items listed in this section.

The exposure reported on the 1st report must be the audited exposure corresponding to the charged premium amount and class code on the 1st report. When a final audit has not been made at the time of filing a report, submit the estimated exposures and identify them as estimated on the 1st report. Correct estimated exposures as soon as audited exposures are available.

No Exposure Developed (1st Report)

Report no exposure developed/no payroll by using Statistical Code 1111 for the entire policy period. Please refer to Part 6—Coding Values of this Plan for specific coding information.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for an example of "no exposure developed."

2. Nonpayroll Exposure

Report class codes that have an exposure base other than payroll as follows:

a. Per Capita Class Codes

An employee covered under a per capita class code for a period of one year must be reported as an exposure of 1.0. For coverage of less than one year, the exposure reported must be that decimal portion of a year, expressed to the nearest tenth, for which the coverage is in effect. Exposure must be governed by the duration of coverage and not by the number of days worked.

b. Aircraft Operation—Passenger Seat Exposure

Report the number of seats as 1.0 per seat.

c. Other Miscellaneous Exposures

Refer to Part 1, Item P for the reporting of exposures for Incidental Foundry or Sandblasting experience.

d. Volunteer Firefighters—Head Count

For experience classified under Classification Code 7711 (Firefighters and Drivers—Volunteer), report the associated head count using Statistical Code 9219 (Volunteer Firefighters—Head Count).

Each volunteer firefighter covered under Classification Code 7711 is considered as a head count of one. For example, one head count is reported as an exposure of “10” using Statistical Code 9219. There is an assumed decimal point between the “1” and the “0”.

G. MANUAL RATE

Report the carrier’s authorized rate for each classification code.

In the case of split rates due to:

- A flat increase or decrease to the rate on an outstanding policy, the additional premium resulting from a flat increase or decrease to the rate must be reported.
- The anniversary rating date differing from the policy effective date, the exposures, authorized rate, and corresponding premium must be split. The period covered must be shown with the effective date of the rate change.

Refer to Item 2—Rate Effective Date of this part for additional information.

H. SPLIT PERIOD CODE (ELECTRONIC REPORTING ONLY)

Report when indicating changes in rates or experience modification during a policy period. Valid values are “0–9,” where “0” is reported for the first effective period, “1” is reported for the second effective period, and so on through the ninth effective period (if applicable). This field is zero-filled for policies with no changes in rates or experience modification.

I. PREMIUM AMOUNT

Premium by classification code may be obtained in two ways:

1. Extension of Exposure

The premium obtained by extension of payroll or other exposure at the data provider’s authorized rate must be reported under the appropriate class codes.

2. Flat Charges

The premium obtained by flat charges does not vary by exposure and must be reported under the appropriate statistical codes.

J. STATISTICAL CODES—PREMIUM AMOUNT SUBJECT TO EXPERIENCE MODIFICATION FACTOR

Report the premium credit or debit amount subject to experience modification. This premium should be reported separately from class code exposure and premium under the designated class code or statistical code. The statistical codes (including effective dates) used to report the specific premium programs are shown in Part 6—Coding Values.

K. TOTAL SUBJECT PREMIUM AMOUNT (OPTIONAL)

Report the total premium subject to experience modification. This is the sum of class code premium and statistical code premium that is subject to experience rating.

L. EXPERIENCE MODIFICATION FACTOR

Report the experience modification, expressed as a decimal, used to develop the charged premium. If a change in experience modification occurs after the inception date of the policy, the exposures, manual rate, and corresponding premium must be split and reported separately with the corresponding experience modification factor and experience modification effective date.

M. TOTAL MODIFIED PREMIUM AMOUNT (OPTIONAL)

Report the total adjusted policy premium resulting from the application of an experience modification.

N. STATISTICAL CODES—PREMIUM AMOUNT NOT SUBJECT TO EXPERIENCE MODIFICATION FACTOR

Report the premium credit or debit amount not subject to experience modification. This premium should be reported separately from class code exposure and premium under the designated class code or statistical code. The statistical codes (including effective dates) used to report the specific premium programs are shown in Part 6—Coding Values.

O. TOTAL STANDARD EXPOSURE AMOUNT (OPTIONAL)

Report the sum of the payroll exposures.

P. TOTAL STANDARD PREMIUM AMOUNT (OPTIONAL)

Report the total premium charged for the policy, excluding the approved expense constant, premium discount, and any special payments to the states that are assessed on total premium writings or total losses incurred.

Q. STATISTICAL CODES—PREMIUM AMOUNT NOT PART OF STANDARD PREMIUM

Report the premium credit or debit amount that is not part of standard premium. This premium should be reported separately from class code exposure and premium under the designated class code or statistical code. The statistical codes (including effective dates) used to report the specific premium programs are shown in Part 6—Coding Values.

R. PREMIUM DISCOUNT AMOUNT

Report the premium adjustment resulting from the application of the approved premium discount plan. This premium must be reported. This premium credit must **not** be included in the standard premium.

S. EXPENSE CONSTANT AMOUNT

Report the approved expense constant separately from classification code exposures and premiums under the designated statistical code. This premium must **not** be included in the standard premium.

Refer to NCCI's *Basic Manual* for additional rules.

T. COMPANY RATE DEVIATION

For states in which the data provider has an approved deviation, statistical reports must be submitted according to the provisions of this Plan, unless the approved deviation is applied as follows:

1. Directly to Rates

Report the authorized (deviated) rates and the resulting premiums for each classification code.

2. As a Flat Percentage of the Total Premium Before the Application of Experience Modification

Report the rates and the resulting premiums reported gross for each classification code. Report the premium adjustment amount after applying the rate deviation factor. This must be applied before the experience modification by using the appropriate statistical code. Please refer to Part 6—Coding Values, Item H—Statistical Codes—Premium Amount Subject to Experience Modification Factor for specific statistical coding information prior to the application of the experience modification.

3. As a Flat Percentage to the Total Premium After the Application of Experience Modification

Report the rates and the resulting premiums reported gross for each classification code. Report the premium adjustment amount after applying the rate deviation factor. This must be applied after the experience modification by use of the appropriate statistical code. Please refer to Part 6—Coding Values, Item H-2—Statistical Codes—Premium Amount Not Subject to Experience Modification Factor of this Plan for specific statistical coding information after the application of the experience modification.

U. INDIVIDUAL RISK RATING PLAN PREMIUM ADJUSTMENT AMOUNT (E.G., SCHEDULE RATING)

Report the premium adjustment resulting from the application of an individual risk rating plan (other than an experience rating plan). Please refer to Part 6—Code Values for schedule rating statistical coding information.

V. BALANCE TO MINIMUM PREMIUM AMOUNT

The determination of whether or not a risk falls under the minimum premium criteria is made by comparing the premium obtained by extension of exposure plus the expense and loss constants to the highest minimum premium shown on the state rate pages for the class codes on the policy.

When the premium plus expense constant and loss constant, if applicable, is less than the minimum premium, then the minimum premium must be charged. When a minimum premium is charged for a policy, the additional premium required to bring the total risk standard premium up to the minimum premium must be reported separately from the loss and expense constants.

If the minimum premium applies to a multistate policy, the additional premium required to bring the total risk standard premium up to the minimum premium must be reported to the state with the highest minimum premium shown in the rate pages for the states and classes on the policy. If two or more states included on the policy have the same highest minimum premium, the minimum premium shall be reported for the state with the highest minimum premium and largest amount of premium.

Refer to NCCI's *Basic Manual* for additional rules.

W. LOSS CONSTANT AMOUNT

Report the approved loss constant, if any, separately from class code exposures and premiums with the appropriate statistical code.

PART 4—LOSS AND EXPENSE INFORMATION

The loss and expense information contained in Part 4 is organized into the following components:

- A. General Incurred Loss Information
- B. Medical Losses
- C. Indemnity Losses
- D. Expenses Excluded From Losses
- E. Claim Components (Required, Conditional, Optional)
- F. Subsequent Reports

A. GENERAL INCURRED LOSS INFORMATION**1. Incurred Losses**

Incurred loss is the total of all paid and outstanding indemnity and medical amounts as of the valuation date. The incurred indemnity amount and incurred medical amount as defined in Items B-1—Incurred Medical Losses and C-1—Incurred Indemnity Losses, are separately reported on unit statistical reports.

Gross incurred loss is defined as the full value of the claim, whether the claim is still open or not. Losses reimbursed by the insured for an indemnity and/or medical deductible program must not reduce the incurred indemnity amount and/or incurred medical amount. Refer to Item A-3 for rules on reporting deductible reimbursement.

The gross incurred loss must be reported, with the exception of the following conditions, which reduce the incurred indemnity amount and/or incurred medical amount:

- Subrogation recovery
- Special funds reimbursement
- Fraudulent claims amount

Where any of these conditions apply, the gross incurred indemnity amount and/or incurred medical amount is reduced pursuant to the rules defined in Items A-1-a—Subrogation Amount, A-1-b—Assessments and Special Funds, and A-1-c—Fraudulent Claims.

The gross incurred loss reduced by any of these conditions is referred to as the net incurred loss.

a. Subrogation**(1) Subrogation Amount**

When there has been recovery of loss due to subrogation, the amount of loss reported must be the net incurred loss. The net incurred loss is the gross incurred loss minus the amount recovered less recovery expenses. When the recovery expenses exceed the amount recovered, report the gross incurred loss instead of the net incurred loss. When the allocation of recovery to indemnity and medical is unknown, the net incurred loss must be divided between indemnity and medical losses in the same proportion as the original gross incurred indemnity and medical amounts. The type of recovery must also be reported.

(2) Subrogation Reporting

When a subrogation recovery is received by the carrier subsequent to the 1st unit report, but within one year after the 5th report due date of the report on which the claim appears, correction report(s) must be filed when the net incurred loss is less than the previously reported total incurred loss. Correction reports are required only for prior reports that reflected an amount higher than the net incurred loss. Report the indemnity incurred amount and/or medical incurred amount on the claim to the net incurred loss. In addition, reduce the paid cost of the claim to the net paid loss.

If an anticipated recovery becomes known by the carrier, or a recovery is paid to the carrier as of the 6th report due date or subsequent, a correction report is not required; all adjustments are reported at the next valuation date if the claim remains open.

The reporting of correction reports may impact experience modification(s) pursuant to the rules of the *Experience Rating Plan Manual for Workers Compensation and Employers Liability Insurance (Experience Rating Plan Manual)*.

(3) Subrogation Reporting Example

A claim was reported as \$10,000 (1st report), \$40,000 (2nd report), and \$60,000 (3rd report). Between the 3rd and 4th report levels, a \$25,000 subrogation recovery was received. Recovery expenses were \$3,000. The net incurred cost of the claim is the latest value minus the recovery less recovery expenses: $\$60,000 - (\$25,000 - \$3,000) = \$38,000$.

The net incurred cost (\$38,000) of the claim is less than the total incurred loss amounts previously reported on the 3rd and 2nd unit reports. Correction reports must be submitted for the 3rd and 2nd reports. As the net incurred cost (\$38,000) is higher than the \$10,000 reported in the 1st report, a correction report must not be filed for the 1st report.

(4) Subrogation Recovery

If the total recovery amount is less than 10% of the gross incurred cost of the claim, do not file a correction report.

Refer to Part 5—Correction Information for additional instructions on correction reports. For reporting examples, refer to NCCI's *Unit Statistical Reporting Guidebook*.

b. Assessments and Special Funds**(1) Assessments and Special Funds Payments**

In connection with certain types of injury, the law specifies that an amount must be paid into special funds, such as a second injury fund. These amounts, in addition to the compensation payable to the injured worker or their dependents, must be reported as incurred indemnity losses.

Examples are (1) payments in no dependent death claims and (2) a specified percentage of the permanent partial award.

Any special payments to the states, which are assessed on total premium writings or total losses paid or incurred, are for tracking purposes only and must not be reported under this Plan. For example, second injury fund assessments paid to the state instead of on a per claim basis.

(2) Special Funds Reimbursement Amount

In all cases where a claim is eligible for reimbursement to the carrier from a special fund such as a second injury fund or the Handicapped Workers' Reserve Fund, the gross incurred cost of the claim and the paid cost of the claim must be reduced by the amount of any paid or anticipated reimbursement from the fund, and the net incurred and net paid costs of the claim must be reported.

Anticipated reimbursement is defined as the amount expected to be reimbursed from such funds based on one of the following:

- The rules governing these funds
- A written agreement between these funds and the carrier on an amount
- Percentage of the incurred cost, reimbursed to the carrier on a particular claim

The gross incurred cost of the claim is the gross evaluation of the claim on which the reimbursement is based prior to the reimbursement, whether or not the claim is still open. The net incurred cost of the claim is defined as the gross incurred cost less net reimbursement.

When the actual allocation of the reimbursement to indemnity and medical is unknown, the net incurred loss must be divided between indemnity and medical losses in the same proportion as the gross incurred indemnity and medical amounts.

(3) Special Funds Reporting

When an anticipated reimbursement becomes known by the carrier, or when a reimbursement is paid to the carrier subsequent to the first reporting of the claim but within one year after the 5th report due date, correction reports must be filed with the exception of the rule stated in Item A-1-b-(5). The type of reimbursement, as defined under Item K-3—Type of Recovery, must be submitted on correction reports. Correction reports are required only for prior reports that reflected an amount higher than the net incurred cost. Refer to Part 5—Correction Information for additional instructions on correction reports.

The reporting of correction reports may impact experience modification(s) pursuant to the rules of the *Experience Rating Plan Manual*.

If an anticipated reimbursement becomes known by the carrier, or a reimbursement is paid to the carrier as of the 6th report due date or subsequent, a correction report is not required; all

adjustments are reported at the next valuation date if the claim remains open. Reduce the paid and incurred costs on the claim by the amount of the paid or anticipated recovery as outlined above.

For reporting examples, refer to NCCI's *Unit Statistical Reporting Guidebook*.

(4) Special Funds Reporting Example

A claim was reported as \$10,000 (1st report), \$40,000 (2nd report), and \$60,000 (3rd report). Between the 3rd and 4th report levels, a \$25,000 notification was received of an anticipated Second Injury Fund reimbursement.

The net incurred cost of the claim is the latest value minus the anticipated reimbursement: \$60,000 – \$25,000 = \$35,000. The net incurred cost (\$35,000) of the claim is less than the total incurred loss amounts previously reported on the 3rd and 2nd unit reports. Correction reports must be submitted for the 3rd and 2nd reports. Since the net incurred cost (\$35,000) is higher than the \$10,000 reported in the 1st report, a correction report must not be filed for the 1st report.

(5) Correction Report Exception

If the total anticipated or paid reimbursement amount is less than 10% of the gross incurred cost of the claim, do not file a correction report.

c. Fraudulent Claims

(1) Fraudulent Claims Definition

A fraudulent claim is a claim that meets either of the following conditions:

- The claim has been ruled (or officially declared) fully fraudulent by a court decision
- The claim, or a portion of the claim, has been deemed to be partially fraudulent by a court decision

(a) Fully Fraudulent Claims Reporting

When a claim has been ruled or declared to be fully fraudulent, the entire cost of the claim must be netted down to zero for unit statistical reporting.

- If the claim has been ruled or declared fully fraudulent prior to the 1st unit statistical report, the claim is considered noncompensable and is not to be reported.
- If the claim is ruled or declared to be fully fraudulent after the 1st reporting, but within one year after the 5th report due date of the report on which the claim appears, a correction report must be filed. Reduce the incurred cost on the claim to zero.
- If the claim is ruled or declared to be fully fraudulent as of the 6th report due date or subsequent, a correction report is not required. If the claim remains open, reduce the incurred cost on the claim to zero at the next valuation date.

The reporting of correction reports may impact experience modification(s) pursuant to the rules of the *Experience Rating Plan Manual*.

(b) Partially Fraudulent Claims Reporting

When a claim, or a portion of the claim, has been ruled or declared to be partially fraudulent, the cost of the claim must be netted down to reduce the net incurred loss by the declared fraudulent amount.

- If the claim, or a portion of the claim, has been ruled or declared partially fraudulent prior to the 1st unit statistical report, the net incurred cost of the claim on the 1st report must reflect the reduction of the claim by the partially fraudulent amount.
- If the claim, or a portion of the claim, is ruled or declared to be partially fraudulent subsequent to the 1st reporting, but within one year after the 5th report due date of the report on which the claim appears, a correction report must be filed. The cost of the claim must be netted down to reduce the net incurred loss by the declared fraudulent amount.
- If the claim, or a portion of the claim, is ruled or declared to be partially fraudulent as of the 6th report due date or subsequent, a correction report is not required. If the claim remains open, reduce the net incurred loss by the declared fraudulent amount at the next valuation date.

The "net incurred cost" is defined as the gross incurred loss (i.e., the gross evaluation of the claim whether the claim is still open or not) minus the amount declared to be partially fraudulent.

For example, consider a claim that has been reported as \$10,000 (1st report), \$40,000 (2nd report), and \$60,000 (3rd report). After the 3rd report, the claim was ruled partially fraudulent with the partially fraudulent amount set at \$25,000. The net incurred cost of the claim is the latest value minus the partially fraudulent amount: $\$60,000 - \$25,000 = \$35,000$. The net incurred cost (\$35,000) is less than the claim value reported at the 2nd and 3rd reports. Correction reports must be submitted for the 2nd and 3rd reports. As the net incurred cost is higher than the \$10,000 reported in the 1st report, no correction report is needed for the 1st report.

When the partially fraudulent amount has not been allocated into indemnity and medical components by the adjudicator, the net incurred loss must be divided between indemnity and medical losses in the same proportion as the original gross incurred indemnity and medical amount.

The reporting of correction reports may impact experience modification(s) pursuant to the rules of the *Experience Rating Plan Manual*.

(2) Fraudulent Claim Code

The Fraudulent Claim Code identifies whether the claim is not fraudulent, partially fraudulent, or fully fraudulent. Specific fraudulent claim codes are located in Part 6—Coding Values, Item P—Fraudulent Claim Code.

d. Noncompensable Claims

(1) Noncompensable Claims Definition

A noncompensable claim is a claim that does not generate payments or reserves due to one of the following:

- Official ruling denying benefits
- Claimant's failure to file for benefits
- Claimant's failure to prosecute claim following carrier's denial of the claim

(2) Noncompensable Claims Reporting

When a claim has been ruled or declared to be noncompensable, the entire cost of the claim must be net down for unit statistical reporting as follows:

- If noncompensable prior to the 1st unit statistical report, the claim is not to be reported.
- If noncompensable after the 1st reporting, but within one year after the 5th report due date of the report on which the claim appears, a correction report must be filed. Reduce the incurred cost on the claim to zero.
- If noncompensable as of the 6th report due date or subsequent, a correction report is not required. If the claim remains open, reduce the incurred cost on the claim to zero at the next valuation date.

The reporting of correction reports may impact experience modification(s) pursuant to the rules of the *Experience Rating Plan Manual*.

2. Expenses Incurred for the Benefit of the Claimant

Medical or legal court expenses incurred for the benefit of the claimant, or that the carrier is required to produce for the benefit of the claimant, must be reported as either an indemnity or medical loss depending upon the nature of the expense.

3. Deductible Reimbursement Amount

a. Deductible Reimbursement Amount Definition

Under deductible programs, the receipt of the deductible amount by the insurer is referred to as deductible reimbursement.

b. Net Deductible Programs

For policies written in states subject to a net deductible program, report the applicable deductible reimbursement in the Deductible Reimbursement field pursuant to the deductible program rules.

c. Reimbursement Received Between Valuations

When the deductible reimbursement is received between unit report valuations (i.e., between the 1st and 2nd report levels), report the deductible reimbursement on the next unit report valuation.

d. Gross Deductible Programs

For policies written in states subject to a gross deductible program, report zero in the Deductible Reimbursement field.

For further information on deductible programs refer to NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance (Basic Manual)*, *Experience Rating Plan Manual*, and *Unit Statistical Reporting Guidebook*.

B. MEDICAL LOSSES**1. Incurred Medical Losses**

Incurred medical is the total of all paid and outstanding medical amounts as of the valuation date, which includes:

- Reserves for future payments
- All payments to doctors and hospitals
- Physical Rehabilitation (Item B-3)
- Impartial Examinations (Item B-4)
- Clinical Medical (Item B-5)
- Medical loss items, such as transportation expenses associated with medical treatment
- Bonuses or return-to-work incentives paid by the carrier to the medical care provider when the policy is written with contract medical
- Expenses Incurred for the Benefit of the Claimant (Item A-2)

The gross incurred medical loss is defined as the full value of the claim, whether the claim is still open or not. Losses reimbursed by the insured for a deductible program must not reduce the incurred medical amount. Refer to Item A-3 for rules on reporting the deductible reimbursement amount.

When special conditions apply, as defined in Items A-1-a—Subrogation Amount, A-1-b—Assessments and Special Funds, and A-1-c—Fraudulent Claims, the gross incurred medical loss must be reduced by:

- Subrogation recovery
- Special funds reimbursement
- Fraudulent claims amount

Based on these requirements, report the appropriate incurred medical in the **Incurred Medical Amount** field.

For claim expenses not included in incurred indemnity, refer to Item D—Expenses Excluded From Losses.

2. Paid Medical Losses

Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date. When special conditions apply, as defined in Items A-1-a—Subrogation Amount, A-1-b—Assessments and Special Funds, and A-1-c—Fraudulent Claims, the paid medical loss must be reduced by:

- Subrogation recovery
- Special funds reimbursement
- Fraudulent claims amount

3. Physical Rehabilitation

Physical rehabilitation concerns all medical activities performed and/or services rendered in the treatment of an industrial injury or disease to achieve maximum recovery, relief and/or cure. Physical rehabilitation costs incurred due to the purchase of physical rehabilitation services from outside vendors must be reported as part of the incurred medical loss and paid medical loss as appropriate.

The following physical rehabilitation activities must be reported as medical losses. These activities are conducted by medically trained persons, including registered nurses, and performed by outside vendors:

- Various necessary evaluations and therapies including physical, occupational, speech and hearing
- Coordination of services such as necessary medical equipment or special nursing care in a facility or the home
- Necessary consultation(s) with physician(s)

- Monitoring the treatment and progress of the claimant's medical condition
- Coordination of family, agency, and community services to provide optimal recovery

Additionally, expenses associated with the above activities performed by carrier personnel (other than claims supervisors' or claims adjusters' efforts to return an injured worker to gainful employment) who are medically trained in one of the fields listed below may also be reported as part of medical losses:

- Physicians
- Licensed registered nurses
- Licensed speech therapists
- Registered physical therapists
- Dentists and dental technicians
- Occupational therapists
- Chiropractors
- Podiatrists
- Licensed physician assistants
- Licensed cardiopulmonary technicians

4. Impartial Examinations

Expenses for impartial examinations ordered by an industrial board are reported as part of the incurred medical loss and paid medical loss as appropriate.

5. Clinical Medical

If a carrier maintains a medical clinic, the cost of each treatment given must be charged against the individual risk according to a fixed schedule of charges per treatment. These costs must be assigned to the proper manual class codes. The schedule of charges, which may distinguish between types of treatment, must apply without exception to all risks with cases treated by the clinic. The schedule of charges must be frequently revised and adjusted if necessary so the total charges for a given period will be equivalent to the total cost of maintaining the clinic, including such costs as salaries, rent, light, heat, depreciation of equipment, and cost of supplies.

C. INDEMNITY LOSSES

1. Incurred Indemnity Losses

Incurred indemnity is the total of all paid and outstanding indemnity amounts as of the valuation date, which include:

- Reserves for future payments
- All paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, and payments to the state or to special funds, employee's lost wages or inability to work, and claimant's attorney fees.
- Vocational Rehabilitation (Item C-3)
- Employers Liability Losses (Item C-4)
- Awards (Item C-5)
- Penalties for delays in making compensation payments for reasons beyond the carrier's control (Item C-6-a)
- Expenses Incurred for the Benefit of the Claimant (Item A-2)

The gross incurred indemnity loss is defined as the full value of the claim, whether the claim is still open or not. Losses reimbursed by the insured for a deductible program must not reduce the incurred indemnity amount. Refer to Item A-3 for rules on reporting deductible reimbursement.

When special conditions apply, as defined in Items A-1-a—Subrogation Amount, A-1-b—Assessments and Special Funds, and A-1-c—Fraudulent Claims, the gross incurred indemnity loss must be reduced by:

- Subrogation recovery
- Special funds reimbursement
- Fraudulent claims amount

Based on these requirements, report the appropriate incurred indemnity in the **Incurred Indemnity Amount** field.

For claim expenses not included in incurred indemnity, refer to Item D—Expenses Excluded From Losses.

2. Paid Indemnity Losses

Report the whole dollar amount of indemnity losses paid for the claim as of the loss valuation date. When special conditions apply, as defined in Items A-1-a—Subrogation Amount, A-1-b—Assessments and Special Funds, and A-1-c—Fraudulent Claims, the paid indemnity loss must be reduced by:

- Subrogation recovery
- Special funds reimbursement
- Fraudulent claims amount

3. Vocational Rehabilitation

a. Vocational Rehabilitation Definition

Vocational rehabilitation is concerned with the prospect of returning an injured worker to gainful employment. Vocational rehabilitation concerns all activities performed when acquiring reemployment of a disabled person, such as evaluation, testing, training, job placement, schooling, job modification, and part-time employment.

b. Vocational Rehabilitation Expenses

Vocational rehabilitation costs, including evaluation and testing, incurred due to the purchase of vocational rehabilitation services from outside vendors, must be reported as part of incurred indemnity losses. "Evaluation and testing expenses" are defined as costs incurred in testing and evaluating the claimant's ability, aptitude, or attitude in determining suitability for vocational rehabilitation or placement.

The cost of the schooling is a vocational rehabilitation cost and is reported as part of the incurred indemnity loss and paid indemnity loss as appropriate. For example, a laborer who is found to have a permanent total disability preventing him or her from being able to return to previous employment is sent to school to learn accounting in order to attain a job in the accounting profession.

Vocational rehabilitation expenses for evaluation and testing resulting from the activities of carrier personnel (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) may be reported as incurred loss if carrier personnel engaged in these activities meet, at a minimum, qualifications established by the state having jurisdiction over the particular claim.

c. Vocational Rehabilitation Indicator

Claims that include and do not include vocational rehabilitation costs must be identified using the Vocational Rehabilitation Indicator as follows:

(Y) The claim includes vocational rehabilitation costs. The indemnity losses include nonmedical services to restore a disabled employee to suitable employment. These services may include vocational evaluation, counseling, education, workplace modification and retraining, including on-the-job training for alternative employment with the same employer and job placement assistance. It must also include reasonably necessary, related expenses such as tuition, books, tools, transportation, and additional living expenses.

(N) The claim does not include vocational rehabilitation costs.

Specific vocational rehabilitation indicator coding is located in Part 6—Coding Values, Item N—Vocational Rehabilitation Indicator.

4. Employers Liability Losses

Employers Liability losses including Allocated Loss Adjustment Expenses (ALAE) must be reported as part of the incurred indemnity loss and paid indemnity loss as appropriate. Employers Liability ALAE represents the expenses of a carrier in connection with claim settlements, which can be directly allocated to a particular claim.

Employers Liability ALAE should not be reported in the ALAE incurred amount or ALAE paid amount.

5. Awards

- a. When an award to a claimant includes the cost of witness fees, attorney fees, and other court costs, the amount awarded must be considered part of the cost of benefits and must be included as part of the incurred indemnity loss and paid indemnity loss as appropriate.
- b. With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs must be reported as an indemnity loss whether or not a recovery is made against the third party by the employee.

6. Penalties for Delays in Making Compensation Payments**a. Included in Indemnity Loss**

If the carrier is liable for penalties for reasons beyond its control that accrue as benefits to the injured worker or to his or her dependents, the penalties must be reported as part of the incurred indemnity loss and paid indemnity loss as appropriate, e.g., for interest on awards or penalties imposed upon the employer for improper controversion of awards.

b. Excluded From Indemnity Loss

If the carrier is liable for penalties for any reason within its control that accrue as benefits to the injured worker or to his or her dependents, the penalties must be considered an unallocated claim expense, not included in the indemnity loss.

D. EXPENSES EXCLUDED FROM LOSSES

Medical or legal expenses incurred for the benefit of the carrier must be treated as loss adjustment expense, and are to be excluded from the claims paid loss and incurred loss amounts.

1. Allocated Loss Adjustment Expense (ALAE)**a. ALAE Paid Amount**

Report the whole dollar amount of Allocated Loss Adjustment Expense (ALAE) that has been allocated and paid for each claim as of the loss valuation date. ALAE encompasses the following costs to a carrier, which can be directly allocated to a particular claim:

- (1) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives.
- (2) Court, Alternate Dispute Resolution, and other specific items of expense such as:
 - Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency, or length of disability
 - Expert medical or other testimony
 - Autopsy
 - Witnesses and summonses
 - Copies of documents such as birth and death certificates, and medical treatment records
 - Arbitration fees
 - Surveillance
 - Appeal bond costs and appeal filing fees
- (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:
 - Bill-auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, and medical or vocational rehabilitation vendor bills
 - Hospital and other treatment utilization reviews, including precertification/preadmission, and concurrent or retrospective reviews
 - Preferred provider network/organization expenses
 - Medical fee review panel expenses
- (4) Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

b. ALAE Incurred Amount (Optional)

Report the whole dollar amount of ALAE paid and reserved for this claim as of the loss valuation date.

2. Unallocated Loss Adjustment Expense (ULAE)

Unallocated Loss Adjustment Expense (ULAE) is also excluded from incurred losses, paid losses, and ALAE. ULAE includes, but is not limited to:

- Carrier employees' salaries, overhead, and traveling expenses that are considered loss adjustment expenses and are not incurred while doing activities listed as allocated expenses.
- Fees paid to independent claims professionals or attorneys hired to perform the function of claim investigation normally performed by claim adjusters. Fees are paid for developing and investigating a claim so that a determination can be made of the cause or extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

3. Other Expenses

Expenses, any general allowances for contingencies and any supplemental nonstatutory benefits not otherwise provided for in this Plan must be excluded from the amount of losses. Reserves in excess of the amount shown on the final settlement receipt must not be included in the amount of losses reported under this Plan. At the completion of all payments, losses may only include settlement amounts filed with the Industrial Commission or other body having jurisdiction over workers compensation claims.

E. CLAIM COMPONENTS**1. Required Claim Components****a. Claim Counting Rules**

- (1) Cases counted as claims must be those in connection with which a payment has been made or a reserve has been established in connection with an indemnity and/or medical loss.
- (2) All claims must be reported but are not counted if the only component reported is ALAE, since ALAE is currently excluded from NCCI ratemaking and experience rating processes.
- (3) A case closed without loss payment must not be counted as a claim or reported unless the claim reopens as of a subsequent valuation.
- (4) A claim on which more than one payment is made must be counted only once.
- (5) An accident resulting in two or more reported claims must have each claim counted separately.
- (6) An accident resulting in an injury to one worker, but on which payments are made under different coverages of the policy (e.g., Workers Compensation Including Employers Liability), must be reported as one claim and be identified with the appropriate loss condition code. Loss condition codes are listed in Part 6—Coding Values.
- (7) Subrogation, fraud, and other recoveries (other than reinsurance or deductibles) must net down the claim count only if the recovery is equal to or greater than the total cost of the claim. In this instance, the claim must be removed from previously filed reports.
- (8) Claims involving contract or capitated medical cannot be counted with grouped contract medical claims. Count each claim once (grouped or individual).

b. Number of Claims**(1) Single Claim**

Report the single claim as a number one (1). This includes a single claim that has been netted down pursuant to the rules in Item E-1-A—Claim Counting Rules.

(2) Grouped Claims

Report the number of grouped claims as a numeric of two (2) or more pursuant to the rules in Item E-3-d—Claim Grouping. Report the number of claims within each group. If any claim within the group is open, the entire group must be considered open and subsequent data must be submitted according to Part 4.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for more information.

c. Claim Number**(1) Single Claim**

Report an alphanumeric code that uniquely identifies the specific claim and that will make it possible to locate the claim records in the company files. If a claim number changes during the life of the claim, correction reports are required for all previously submitted unit statistical reporting levels.

(2) Grouped Claims

The claim number is not reported if the claims are grouped according to the procedures provided in Item E-3-d—Claim Grouping.

d. Accident Date**(1) Single Claim**

Report the month, day, and year on which the accident occurred. The accident date must fall within the policy period (e.g., accident date of 06/20/98 would be valid for a policy with effective date of 01/1/98 and expiration date of 01/1/99).

(2) Grouped Claims

The accident date is not reported if the claims are grouped according to the procedures provided in Item E-3-d—Claim Grouping.

e. Jurisdiction State Code

Report the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state is different from the exposure state. Refer to Part 6—Coding Values, Item B—Exposure State/Jurisdiction State.

f. Classification Code**(1) Classification Code Loss Reporting**

Report the classification code that corresponds to the injured employee's payroll or other exposure assigned in accordance with Part 1, Item Q—Classification Code. No claim may be assigned to any classification code unless payroll or other exposure also has been reported for that classification code.

Medical-only claims may be coded to the governing classification code on the policy regardless of the original classification code to which the injured employee's payroll was assigned. Any medical-only claim coded to the governing classification code, which subsequently develops into an indemnity case, must be reported with the insured employee's payroll classification code.

(2) Additional Classification Code Loss Reporting

Additional classification code reporting rules apply as follows:

(a) Aircraft Operation Losses

Losses related to employees of the risk, other than members of the flying crew, arising out of the operation of an aircraft must be reported under the designated aircraft operation class code.

(b) Losses With Non-Payroll-Based Exposure

Losses must also be reported for volunteer fire fighters, per capita workers, circus car/truck drivers, coal miners, and workers with supplemental disease experience under the designated statistical code.

(c) Contract Medical

A class code is not required for grouped contract medical claims.

Note: Grouped contract medical claims are medical-only claims covered entirely by a medical contract.

g. Injury Type Code**(1) Injury Type Code Overview**

The injury type is defined under each jurisdiction's law corresponding to the carrier's estimate, as of the valuation date, of the ultimate injury type of the claim. The injury type does not have to correspond to the type of benefit being paid as of the valuation date, e.g., if temporary total payments have been made on a claim with permanent partial reserves, report the claim as a permanent partial claim. Specific injury type codes are located in Part 6—Coding Values of this Plan.

(2) Injury Type Codes and Descriptions

Code	Description
01	Death
02	Permanent Total Disability
03	Supplemental Earnings Benefits and No Permanent Partial Disability Benefits (LA only)
03	Impairment Benefits (FL only)
04	Supplemental Benefits (FL only)
04	Supplemental Earnings Benefits and Permanent Partial Disability Benefits (LA only)
05	Temporary Injury
06	Medical Only
07	Contract Medical
09	Permanent Partial Disability (not applicable in FL and LA)
09	Permanent Partial Disability Benefit and No Supplemental Earnings Benefit (LA only)

(3) Injury Type Definitions

(a) Death

Report each death claim unless the carrier has incurred no liability. If compensation is paid prior to the death of a claimant and there is later found to be no liability on the death claim, the loss is to be reported on the basis of the injury for which payments have previously been made.

The amount reported as incurred indemnity must include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, payments to the state, and reserves calculated according to reserve procedures noted below.

The outstanding costs will be the carrier's individual claim estimates of future payments, with the following exceptions:

- The surviving spouse's benefits that are not limited by duration or aggregate amount but are payable to the surviving spouse until death or remarriage must be calculated using Table I-A, I-B, or I-C in Part 7—Pension Tables of this Plan.
- The portion of the reserve representing the lump-sum dowry payable to the surviving spouse upon remarriage in death claims where benefits are not limited by duration or aggregate amount must be calculated using Table II-A or II-B in Part 7—Pension Tables of this Plan.

Exceptions: The following states provide remarriage dowries of two years of benefits in a lump sum (unless otherwise noted):

Alaska	Kansas (100 weeks of benefits in lump sum)
Arizona	Kentucky
Arkansas	Louisiana
Colorado (if no dependent children)	Maryland (if no dependent children)
District of Columbia	Missouri
Hawaii	Nebraska
Illinois	Oregon
Iowa (if no dependent children)	South Dakota

Note: Claims covered under the US Longshore and Harbor Workers' Compensation Act (USL&HW) are also provided remarriage dowries of two years of benefits in a lump sum.

- The portion of the reserve where there is no surviving spouse but a parent, brother, or sister receives lifetime benefits, must be calculated using Table III-M-A, III-M-B, III-M-C, III-M-D, III-F-A, III-F-B, III-F-C, or III-F-D in Part 7—Pension Tables of this Plan.

For USL&HW claims, use Table I-A or I-B when valuing a surviving spouse's benefits when benefits are payable to the surviving spouse (widow or widower) until death or remarriage and are not limited by duration or aggregate. Use Table II-B when a lump-sum dowry is payable to the surviving spouse upon remarriage and the benefits are not limited by duration or aggregate. Use Table III-M-A, III-M-C, III-F-A, or III-F-C when benefits are payable for life and there is no surviving spouse but there is a parent, brother, or sister.

(b) Permanent Total Disability

Report as permanent total each claim that constitutes permanent total disability, as defined under the law, or that in the judgment of the carrier will result in permanent total disability.

The outstanding costs shall be the carrier's individual claim estimates of future payments, with the following exceptions:

- The disabled life portion of the reserve where benefits are payable for life must be calculated using Table III-M-A, III-M-B, III-M-C, III-F-A, III-F-B, or III-F-C in Part 7—Pension Tables of this Plan.
- The reserves calculated in accordance with these tables must be reduced to recognize the effects of the social security offset.
- Exceptions: For the USL&HW Act, use Table IV-A in conjunction with Table III-M-C or III-F-C to provide for survivorship benefits. Use Table IV-A when valuing the disabled life portion of the reserve for a permanent total claim when survivorship benefits are payable.
- Exceptions: For the District of Columbia, use Table IV-A in conjunction with Table III-M-C or III-F-C to provide for survivorship benefits. Use Table IV-A when valuing the disabled life portion of the reserve for a permanent total claim when survivorship benefits are payable.

(c) Supplemental Earnings Benefits and No Permanent Partial Disability Benefits

This Injury Type applies to Louisiana only.

(d) Impairment Benefits

This Injury Type applies to Florida only.

(e) Supplemental Benefits

This Injury Type applies to Florida only.

(f) Supplemental Earnings Benefits and Permanent Partial Disability Benefits

This Injury Type applies to Louisiana only.

(g) Temporary Injury

Report as a Temporary Injury every case that involves or is expected to involve indemnity benefits, but does not constitute a death, permanent total disability, or permanent partial disability.

(h) Medical Only

Report claims involving medical losses only, with the medical amount and the appropriate injury type code. Also refer to the procedures for reporting contract medical in Contract Medical or Hospital Allowance below and in Part 4, Item B-1 for Incurred Medical Losses.

(i) Contract Medical or Hospital Allowance

Contract medical refers to medical costs that have a predetermined total price and are not directly related to services rendered for medical services performed. This may occur when a medical care provider (MCP) and a carrier agree that the MCP will directly treat injured workers for a predetermined fee and amount of time. The contract price is the same regardless of the number of claims that actually occur. The contract price may be determined on a per person or capitated basis, a percentage of premium, or on some other basis. If the medical contract covers more than one policy, report the contract amount allocated to each policyholder, deriving the contract amount in the same manner as the contract is priced.

Contract medical costs that cannot be allocated to individual claims should be reported in the aggregate as paid and incurred medical. These medical costs must be designated by the appropriate injury type. Medical costs allocated to individual claims must be reported in connection with these claims and must not be included in the amount reported as contract medical. The amount reported as contract medical must be the contract amount and the actual incurred cost to the carrier (if any) for these medical contracts, including payments to physicians and hospitals under contract. Bonus or return-to-work incentives paid by the carrier to the MCP must also be reported as medical loss by claim, if available; otherwise, report the contract amount.

(j) Permanent Partial Disability

A permanent partial loss is defined as:

- Any permanent injury that does not involve permanent total disability
- Any temporary injury that satisfies any one of the following criteria:
 - The duration of disability benefits exceeds or is expected to exceed one full year. No loss is to be reported as temporary total if the duration of total disability exceeds or is expected to exceed 52 weeks.
 - A lump-sum settlement is made or, in the judgment of the carrier, will be required to settle future benefits.
 - The extent of liability for future payments cannot be determined.

The amount entered as incurred indemnity must include specific benefits and compensation for temporary disability as well as loss of earning capacity. At the option of the carrier, losses on lifetime permanent partial claims may be calculated using Table III-M-A, III-M-B, III-M-C, III-F-A, III-F-B, or III-F-C in Part 7—Pension Tables.

(k) Permanent Partial Disability Benefit and No Supplemental Earnings Benefit

This Injury Type applies to Louisiana only.

h. Loss Condition Code

Report the Loss Condition Code that includes the Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement for individual and grouped claims.

General definitions and specific loss condition codes are located in Part 6—Coding Values, Item K—Loss Condition Code.

i. Lump-Sum Claims

(1) Lump-Sum Settlement Amounts

When a claim involves a lump sum representing the discounted or commuted value of a specific award or benefit, report the actual lump-sum amount subdivided according to indemnity and medical.

(2) Lump-Sum (Indicator)

Indicate one of the following:

(Y) The claim has been settled by an agreement of the insurer and claimant to redeem the liability for compensation by payment from insurer to the claimant for a specified amount representing a discounted or commuted value of a specific award or benefit.

(N) The claim is not settled or the claim was settled by other than a lump-sum agreement.

Specific lump-sum indicator coding is located in Part 6—Coding Values, Item O—Lump-Sum Indicator.

j. Injury Description Code (Part, Nature, Cause)

Report the Injury Description codes that represent the Part of Body, Nature of Injury, and Cause of Injury for a given claim.

Identify the following:

- Part of Body: The part of the body to which the injury occurred.
- Nature of Injury: The nature of the injury sustained by the claimant.
- Cause of Injury: The cause of the injury.

Specific injury description codes are located in Part 6—Coding Values, Item M—Injury Description Code.

The Injury Description Code is not reported for grouped claims according to the procedures provided in Item E-3-D—Claim Grouping.

k. Claim Status Code

Report the status of the claim (open, reopened, or closed at the date of valuation).

Report claims covered entirely by contract medical with a closed claim status unless more payments are expected in addition to the contract amount.

Specific claim status codes are located in Part 6—Coding Values, Item I—Claim Status Code.

(1) Open

Open means that the carrier still expects to make further indemnity and/or medical payments on that claim (the exact nature of these payments is not known), or may not have determined as of yet whether payments will be made in the future.

(2) Reopened

Reopened means that subsequent indemnity and/or medical payments are expected on a claim previously closed by the carrier or a reserve has been established for a claim previously closed by the carrier.

(3) Closed

Closed means that the carrier does not expect to make any further indemnity and/or medical payment on that resolved claim.

l. Update Type Code

Report the code that identifies the activity of the loss data on subsequent and correction reports.

Specific update type codes are located in Part 6—Coding Values, Item F—Update Type Code. In addition, refer to Part 5—Correction Information for additional information.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

2. Conditional Claim Components

a. Catastrophe Number

(1) Nonextraordinary Loss Event Claims

A Nonextraordinary Loss Event catastrophe is defined as any accident (one occurrence) resulting in two or more reportable claims. If there is more than one catastrophe under the policy, each succeeding catastrophe number must be increased by one. A separate series of catastrophe numbers (01–10) must be used for each state under a policy on which a catastrophe occurred.

(2) Extraordinary Loss Event Claims

An Extraordinary Loss Event (ELE) catastrophe is a significant loss event from a workers compensation (WC) perspective, which is determined by NCCI on a case-by-case basis. When an ELE catastrophe code has been established and identified by NCCI, report the specific catastrophe number for each claim. The series of ELE catastrophe numbers are 11–99.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional information.

b. Managed Care Organization (MCO) Type Code

Report the type of organization, if any, that will provide services for the applicable medical losses. If a claimant is receiving treatment from more than one physician, report the MCO of the primary care physician.

Specific coding is located in Part 6—Coding Values, Item L—Managed Care Organization (MCO) Type Code.

3. Optional Claim Components

a. Occupation Description

Report the narrative description of the regular occupation of the claimant.

b. Claimant Attorney Fees Incurred Amount

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

c. Employer Attorney Fees Incurred Amount

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

d. Claim Grouping

(1) Policies Effective July 1, 1999 and Subsequent

(a) Claims Not Eligible for Grouping

The following claims may not be grouped:

- Medical-only claims with a total loss greater than \$2,000
- All claims that involve an indemnity incurred loss, regardless of amount (these claims must be listed individually with the appropriate claim number and accident date)
- All claims partially covered by contract or capitated medical (these claims must be listed separately)
- Medical-only claims that do not contain the same loss conditions (act, type of loss, type of recovery, type of claim, type of settlement), fraudulent claim code, lump-sum settlement status, or managed care organization status

(b) Claims Eligible for Grouping

The following claims may be grouped:

- Medical-only claims with a total loss up to \$2,000
- The number of claims must be reported instead of the claim number and accident date
- If any claim within the group is open, the entire group shall be considered open and subsequent reports must be submitted in accordance with Item F—Subsequent Reports
- Eligible claims may be coded to the governing classification

(c) Claim Grouping Rules

If any of the following events occur to a claim within a group, the claim must be removed from the group at the next valuation and reported individually with the full statistical detail, according to the instructions in this section of the Plan:

- The incurred medical for any claim in the group exceeds the state-specified limit (see table above).
- A grouped medical-only claim that subsequently develops into an indemnity case.
- A grouped medical-only claim coded to the governing classification, which subsequently develops into an indemnity case. Include the injured employee's payroll classification when reporting individually.

(2) Policies Effective Prior to July 1, 1999

(a) Each claim that involves a total incurred loss (indemnity and medical combined) of greater than \$2,000 must be listed individually with the appropriate claim number and accident date.

(b) All claims partially covered by contract or capitated medical must be listed separately. Fraudulent claims, vocational rehabilitation claims, deductible claims, claims with lump-sum settlements, or claims handled by a managed care organization must be grouped together within injury type and loss condition. At the option of the carrier, all other claims may be reported individually or grouped by class within injury type and loss condition. Medical-only claims covered entirely by contract or capitated medical may be grouped under the appropriate injury type and loss condition. Claims may be grouped together if the class codes and loss condition codes are identical.

(c) Medical-only claims may be coded to the governing class code.

(d) Any grouped medical-only claim coded to the governing class code, which subsequently develops into an indemnity case, must be removed from the grouping and reported with the injured employee's payroll class code at the next valuation. If the incurred loss becomes greater than \$2,000, the claim must be reported individually with full statistical detail.

(e) Under the grouping option, the number of claims must be reported instead of the claim number and accident date.

e. Totals

Report the totals for Number of Claims, Incurred Indemnity Amount, Incurred Medical Amount, Paid Indemnity Amount, Paid Medical Amount, Claimant Attorney Fees, Employer Attorney Fees, ALAE Paid Amount, and ALAE Incurred Amount.

F. SUBSEQUENT REPORTS**1. Reporting Rules**

Subsequent reports (2nd–10th reports) must be filed when:

- There are open or reopened claims as of the last report submitted, regardless of whether or not there are changes to the loss data.
- There are claims indicated as closed on a previous report that are reopened.
- There are claims that were previously not reported, or the claim did not exist at the time of the previous reporting.
- There are changes in losses valued from the prior to the current valuation period, yet claims were closed in both valuation periods.

Losses are valued 12 months after the valuation date of the preceding report level. Refer to Part 1 for additional instructions on valuation and filing.

Affiliate Self-Insurers: 6th–10th subsequent reports are to be reported in accordance with the scope of this Plan.

2. Revaluation of Losses

If a claim is closed and there is no change in the loss in that valuation period, it should not be reported in the next valuation period. If a change occurs, report the revised values for each open, reopened, or closed claim on the 2nd–10th report. The cumulative total may be reported for the following fields:

- Number of claims
- Paid indemnity
- Incurred indemnity
- Paid medical
- Incurred medical
- ALAE paid
- ALAE incurred (optional)

3. 6th–10th Reports

Unit statistical data with policies effective December 31, 1998 and prior, which meet the requirements for subsequent reporting, require only 2nd–5th subsequent reports. For policies effective January 1, 1999 and subsequent, 6th–10th reports are required.

PART 5—CORRECTION INFORMATION**A. CORRECTION REPORTS****1. When Correction Reports Are Required**

Correction reports must be filed without delay when any of the conditions outlined below occur:

- a. An error of any kind is made on a previously filed report.
- b. When the exposure previously reported has been changed by reason of an audit, a reaudit, or any other adjustment affecting class codes, exposure, or premiums, a correction report must be filed. Revised premium discounts, if any, must also be corrected.
- c. It is necessary to submit a correction report for premium discounts and expense constant corrections.
- d. Corrections to the type of injury are required as defined in Part 4, Item E-1-g—Injury Type Code.
- e. Loss values are found to have been included or excluded through clerical errors.
- f. The claim, or any part thereof, is declared noncompensable as defined in Part 4, Item A-1-D—Noncompensable Claims.
- g. If the claim number changes during the life of the claim as described in Part 4, Item E-1-c—Claim Number.
- h. If the carrier performs a final audit on an insured subsequent to performing an estimated audit.
 - i. If the carrier performs a revised final audit on an insured subsequent to performing a final audit.
 - j. If the header/policy information was reported incorrectly.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for correction report examples.

2. When Correction Reports Are Not Required

Correction reports are not permissible under the following conditions:

- a. Any change in loss due to development from one report to the next
- b. Any change in injury type of a claim due to development from one report to the next

3. Reporting Corrections for Fraudulent Claims

Correction reports must be filed without delay when any of the conditions outlined below occur:

- a. A claim is ruled or declared to be fully fraudulent subsequent to the 1st reporting, but within one year after the 5th report due date of the report on which the claim appears. Reduce the incurred cost of the claim to zero. This must be done for reports impacting the current and up to two prior modifications. If the claim is ruled or declared to be fully fraudulent as of the 6th report due date or subsequent, a correction report is not required. If the claim remains open, reduce the incurred cost on the claim to zero at the next valuation date. For further information, refer to Part 4, Item A-1-c—Fraudulent Claims.
- b. A claim, or a portion of the claim, is ruled or declared to be partially fraudulent subsequent to the 1st reporting, but within one year after the 5th report due date of the report on which the claim appears. The cost of the claim must be netted down to reduce the net incurred loss by the declared fraudulent amount. This must be done for reports impacting the current and up to two prior modifications. If the claim, or a portion of the claim, is ruled or declared to be partially fraudulent as of the 6th report due date or subsequent, a correction report is not required. If the claim remains open, reduce the net incurred loss by the declared fraudulent amount at the next valuation date. For further information, refer to Part 4, Item A-1-c—Fraudulent Claims.
- c. A carrier recovers paid indemnity or medical on a partially fraudulent or fully fraudulent claim under the applicable state law. For further information, please refer to Part 4, Item 1-A-3—Fraudulent Claims and Part 6 for specific fraud reporting codes.

Refer to NCCI's *Experience Rating Plan Manual* for time frames of modification revisions.

4. Reporting Corrections for Assessments, Special Funds, and Subrogation

Correction reports must be filed without delay when any of the conditions outlined below occur:

a. Assessments and Special Funds

The carrier or claimant has received or anticipates receiving reimbursement from a second injury fund or similar type of fund. When such a recovery is received by the carrier after reporting the claim

(between valuation dates), but within one year after the 5th report due date, correction reports must be filed revising the paid and incurred loss on the claim as described in Part 4, Item E-1-k. If an anticipated recovery becomes known by the carrier, or a recovery is paid to the carrier as of the 6th report due date or subsequent, a correction report is not required; all adjustments are reported at the next valuation date if the claim is open. Correction reports are required only for prior reports that reflected an amount higher than the net incurred cost. Refer to the *Experience Rating Plan Manual* for time frames of modification revisions.

b. Subrogation

The carrier or claimant has obtained a subrogation recovery in an action against a third party. When such a recovery is received by the carrier after reporting the claim (between valuation dates), but within one year after the 5th report due date, correction reports must be filed revising the paid and incurred loss on the claim. If an anticipated recovery becomes known by the carrier, or a recovery is paid to the carrier as of the 6th report due date or subsequent, a correction report is not required; all adjustments are reported at the next valuation date if the claim is open. Correction reports are required only for prior reports that reflected an amount higher than the net incurred cost.

Refer to NCCI's *Experience Rating Plan Manual* for time frames of modification revisions.

c. Recovery Amount for Assessments, Special Funds, and Subrogation

If the total recovery amount is less than 10% of the gross incurred cost of the claim, do not file a correction report.

5. Reporting Corrections for 1st–10th Reports

Correction reports submitted in connection with 1st–10th reports must be identified with a correction type and sequence number. Please refer to Part 6—Coding Values for specific correction type codes.

Note: Unit statistical data with policies effective December 31, 1998 and prior, which meet the requirements for subsequent reporting, require only corrections to 2nd–5th reports.

Exceptions for Affiliate Self-Insurers: 6th–10th subsequent reports are to be reported in accordance with the scope of this Plan. Refer to Scope and Effective Date of the Plan for the minimum reporting requirement.

B. PROCEDURE FOR CORRECTION OF CLAIMS AFTER SUBSEQUENT REPORTS HAVE BEEN FILED

In order to correct a claim that has already had a subsequent report applied to it, it is necessary to replace the previously submitted data for all reports filed to date with revised information.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for reporting examples.

PART 6—CODING VALUES**A. CORRECTION TYPE CODE**

Correction type is an alphabetic code that identifies the type of correction report being submitted and is applicable only to correction reports. Report one of the following indicators:

Code	Description
H	Header Record Correction (including link data)
E	Exposure Record Correction (1st Reports Only)
L	Loss Record Correction
T	Total Record Correction
M	Corrections to Multiple Record Types
A	Loss Record Correction due to Aggravated Inequity

B. EXPOSURE STATE/JURISDICTION STATE

Exposure State is a two-digit code corresponding to policy coverage provided for all class codes and payroll. Jurisdiction State is a two-digit state code for the governing jurisdiction that would administer the claims and whose statutes will apply to the claim adjustment process when that state differs from the Exposure State.

STATE	CODE	STATE	CODE	STATE	CODE
Alabama (AL)	01	Louisiana (LA)	17	Ohio (OH)	34
Alaska (AK)	54	Maine (ME)	18	Oklahoma (OK)	35
Arizona (AZ)	02	Maryland (MD)	19	Oregon (OR)	36
Arkansas (AR)	03	Massachusetts (MA)	20	Pennsylvania (PA)	37
California (CA)	04	Michigan (MI)	21	Puerto Rico (PR)	58
Colorado (CO)	05	Minnesota (MN)	22	Rhode Island (RI)	38
Connecticut (CT)	06	Mississippi (MS)	23	South Carolina (SC)	39
Delaware (DE)	07	Missouri (MO)	24	South Dakota (SD)	40
District of Columbia (DC)	08	Montana (MT)	25	Tennessee (TN)	41
Florida (FL)	09	Nebraska (NE)	26	Texas (TX)	42
Georgia (GA)	10	Nevada (NV)	27	Utah (UT)	43
Hawaii (HI)	52	New Hampshire (NH)	28	Vermont (VT)	44
Idaho (ID)	11	New Jersey (NJ)	29	Virginia (VA)	45
Illinois (IL)	12	New Mexico (NM)	30	Washington (WA)	46
Indiana (IN)	13	New York (NY)	31	West Virginia (WV)	47
Iowa (IA)	14	North Carolina (NC)	32	Wisconsin (WI)	48
Kansas (KS)	15	North Dakota (ND)	33	Wyoming (WY)	49
Kentucky (KY)	16				

C. POLICY CONDITION INDICATORS

The policy conditions have seven data elements consisting of one byte each, totaling seven bytes. Report one or more of the following conditions that apply; report **Y (Yes)** if the condition applies, or **N (No)** if the condition does not apply.

- Three-Year Fixed-Rate Policy Indicator
- Multistate Policy Indicator
- Interstate Rated Policy Indicator
- Estimated Exposure Indicator
- Retrospective Rated Policy Indicator
- Cancelled Midterm Policy Indicator
- Managed Care Organization (MCO) Indicator

D. POLICY TYPE CODE

This is a six-digit code that corresponds to the Type of Coverage, Type of Plan, and Type of Nonstandard provisions of the policy.

1. Type of Coverage

The first component of the Policy Type Code consists of two digits for the Type of Coverage.

Code	Type of Coverage
------	------------------

- | | |
|----|--|
| 01 | Standard Workers Compensation Policy: Coverage determined by the manual rate and classification code to which exposure has been assigned under the provisions of the Workers Compensation and Employers Liability Policy. |
| 02 | Alternative Workers Compensation Coverage: Coverage similar to state and federal workers compensation coverage and benefits but written as a 24-hour coverage policy or as an alternative to the Standard Workers Compensation Policy. Alternative compensation coverage supersedes standard and nonstandard indicators, even if these coverages apply. |

Florida Exception: Alternative workers compensation is not allowed until there is a 24-hour pilot project.

2. Type of Plan

The second component of the Policy Type ID Code consists of two digits for the Type of Plan.

Code	Type of Coverage
------	------------------

- | | |
|----|---|
| 01 | Voluntary Policy: The policy was written voluntarily by the data provider. |
| 02 | Normal Assigned Risk Policy: The insured was unable to secure workers compensation insurance in the voluntary market and obtains coverage under a state Workers Compensation Insurance Plan. The Plan assigned the policy to a servicing carrier (data provider) that issued the policy and administers the claims. The policy is reinsured by the member companies under the state Workers Compensation Insurance Plan. |

West Virginia Exception: Type of Coverage Code 02 is not applicable.

3. Type of Nonstandard Provisions

The third component of the Policy Type ID Code consists of two digits for the Nonstandard Provisions.

Code	Type of Nonstandard Provisions
------	--------------------------------

- | | |
|----|--|
| 01 | Nonstandard Code Does Not Apply: Coverages as described under the Standard Workers Compensation Including Employers Liability Policy without nonstandard exclusions, endorsements, or exceptions. |
|----|--|

Code	Type of Nonstandard Provisions
05	<p>Excess Policy</p> <p>Rhode Island Exception: Type of Nonstandard Provisions Code 05 is not applicable.</p>
08	<p>Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors, or others (optional).</p>
09	<p>Voluntary Coverage Not Mandated by State Act: Coverage as described under the Standard Workers Compensation Including Employers Liability Policy except coverage that was endorsed by Voluntary Special Endorsement. This endorsement affords the benefits of a designated compensation law as if the affected employees were subject to that law, even though the law does not require payment of benefits to these employees.</p> <p>Hawaii Exception: Type of Nonstandard Provisions Code 09 is not applicable.</p>

E. DEDUCTIBLE TYPE CODE

This is a four-digit code that identifies the type of deductible being reported through “Type of Deductible” and “Type of Plan.”

1. Type of Deductible

The first component of the Deductible Type consists of a two-digit code for the Type of Deductible indicator.

Code	Description
00	No Deductible: No deductible applies.
01	Medical Losses Only: The deductible applies only to the medical portion of the loss.
02	Indemnity Losses Only: The deductible applies only to the indemnity portion of the loss.
03	Medical and Indemnity Losses: The deductible applies to the total loss (medical plus indemnity portions).

2. Type of Plan

The second component of Deductible Type consists of a two-digit code for Type of Plan indicator.

Code	Description
00	No Deductible: There is no applicable deductible program for this policy/state.
01	Per Claim:: The deductible amount applies to each claim arising for the policy/state.
02	Per Accident: The deductible amount applies to each accident arising for the policy/state. If multiple claims arise from one accident, apply the deductible amount only once (to one claim). If the use of one claim is less than the deductible reimbursement, use more than one claim and proportionately distribute the deductible amount as a method.
03	Per Policy (Aggregate): The insured is responsible for losses up to the aggregate limit.
04	Percentage of Claim Cost: The insured is responsible for a predefined percentage of claim costs arising for the policy/state.
05	Percentage of Premium: The insured is responsible for losses up to a percentage of premium as determined by the insurance company.
06	Coinsurance Only: The insured is responsible for 20% of the claim and the insurance company is responsible for the remaining 80% of the claim. (Percentages may vary.)

Code	Description
07	Benefit Coinsurance: The deductible amount applies to each claim. For the remainder of the claim, the insured is responsible for 20% and the insurance company is responsible for 80%. (Percentages may vary.)
08	Per Accident Coinsurance: The deductible amount applies to each accident. For the remainder of the claim, the insured is responsible for 20% and the insurance company is responsible for 80%. (Percentages may vary.)
09	Per Policy and Accident (Aggregate): The deductible amount applies to each accident up to an aggregate limit.
10	Per Claim and Policy Aggregate: The deductible amount applies to each claim accident up to an aggregate limit.
11	Coinsurance Percentage With per Claim and Policy Aggregate Limit: The insured is responsible for a percentage of the claim, both a per claim and a policy aggregated deductible amount applicable to each claim and policy.
12	Variable: Carrier program not described above.

F. UPDATE TYPE CODE

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

Note: On original 1st Reports, this field is always R or A.

Method 1		Method 2	
Coding	Description	Coding Optional to Data Providers and Bureaus	Description
P	Previously Reported	A	Add Record
R	Revised	C	Change Record
		D	Delete Record

Refer to NCCI's *Unit Statistical Reporting Guidebook* for additional instructions.

G. EXPOSURE ACT/EXPOSURE COVERAGE CODE

This is a two-digit code that identifies the type of exposure coverage.

Code	Type of Exposure Coverage
00	For Use With Statistical Codes Only
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act: Coverage for benefits paid to employees injured as the result of a workplace accident under the state workers compensation law or federal compensation laws, excluding coverage under the United States Longshore and Harbor Workers' Compensation Act and the Federal Coal Mine Health and Safety Act.
02	USL&HW F-Classes or USL&HW Coverage on Non-F-Classes: <ul style="list-style-type: none"> • Coverage for benefits paid to employees injured as the result of a workplace accident under the USL&HW Act. • Extension of the USL&HW Act to non-F-class operations, which involve some employees subject to the USL&HW Act for an additional premium charge.

Code	Type of Exposure Coverage
03	<p>Coverage Under the Federal Coal Mine Health and Safety Act Only:</p> <ul style="list-style-type: none"> • Coverage by endorsement for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act excluding the state act for coal mine class codes. Disease is covered under the Federal Coal Mine Health and Safety Act only. • Coverage by endorsement for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act for non-coal mine class codes.
04	<p>Coverage Under the Federal Coal Mine Health and Safety Act and the State Act:</p> <ul style="list-style-type: none"> • Coverage by endorsement for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act in addition to the state act for coal mine class codes. Coverage for disease is provided under both the state act and the Federal Coal Mine Health and Safety Act. • Coverage by endorsement for benefits paid to employees injured as the result of a workplace accident under the Federal Coal Mine Health and Safety Act in addition to the state act for non-coal mine class codes.
06	<p>Coverage Under State Act Excluding Medical Coverage: Coverage described under the Standard Workers Compensation Including Employers Liability Policy, except that the insured pays for all medical and hospital services as required by workers compensation law.</p>
07	<p>Excess Benefits Coverage: Coverage described under the Standard Workers Compensation Including Employers Liability Policy, except coverage that was endorsed by the Excess Special Endorsement. When excess benefits coverage is provided in Maryland, the following rules govern the reporting of loss data:</p> <ul style="list-style-type: none"> • Each loss must be valued separately under the Maryland Workers Compensation Law. • The valuation on the basis of the Maryland law must be reported according to the rules of this Plan. • The valuation under the excess benefits (e.g., Maryland law subcontracted from the valuation under the District of Columbia law) must be reported. <p>Maryland Exception: Code 07 for Excess Benefits Coverage applies in Maryland only.</p>
08	<p>Reserved for Future Use</p>
09	<p>Endorsed Maritime Coverage: Coverage described under the Standard Workers Compensation Including Employers Liability Policy, which is endorsed to provide coverage for bodily injury to a master or member of the crew of any vessel.</p> <p>Louisiana Exception: Code 09 for Endorsed Maritime Coverage applies in Louisiana only.</p>

H. STATISTICAL CODES

Statistical codes are grouped in three separate tables, based on how the amount associated with the statistical code applies to the premium.

- Premium Amount Subject to Experience Modification Factor
- Premium Amount Not Subject to Experience Modification Factor
- Premium Amount Not Part of Standard Premium

1. Premium Amount Subject to Experience Modification Factor

Premium Amount *Subject to Experience Modification Factor*

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Additional Medical Coverage Flat Charge	0068	+	All States	12/43	01/90
Claims Deductible Coverage—\$500 Deductible	9758	-	RI	05/94	
Claims Deductible Coverage—\$15,000 Deductible	9770	-	MO	01/93	
Claims Deductible Coverage—\$20,000 Deductible	9771	-	MO	01/93	
Claims Deductible Coverage (Net Loss Reported)—\$2,000 Deductible	9796	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$2,500 Deductible	9797	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$5,000 Deductible	9798	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$10,000 Deductible	9799	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$15,000 Deductible	9772	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$20,000 Deductible	9773	-	MO	10/95	
Claims Deductible Coverage—\$15,000	9780	-	FL	07/95	
			MO	10/95	
Claims Deductible Coverage—\$20,000	9781	-	FL	07/95	
			MO	10/95	
Coinsurance Coverage—\$4,200 Limit	9948	-	IN	01/92	
Deductible Coverage (per Accident)—\$2,000 Deductible	9981	-	NH	03/92	
Deductible Reporting—Subject to Experience Modification Factor	9664	-	All States Except WV	01/96	
			WV ⁽²⁾	07/08	
Disease Experience: Abrasive/Sandblasting	0059	+	All States	01/78	
Disease Experience of Incidental Foundries—Iron	0067	+	All States	06/44	
Disease Experience of Incidental Foundries—Nonferrous Metals	0066	+	All States	06/44	
Disease Experience of Incidental Foundries—Steel	0065	+	All States	06/44	

Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Drug-Free Workplace	9841	-	AL, FL	07/96	
			MS	08/97	
			SC	10/97	
			TN	04/98	
Flat Charge for Employers Liability/Voluntary Compensation	9139	+	Monopolistic Fund Jurisdictions Only	01/84	
Increased Limits for Admiralty or FELA Risks (in 000s)—		+	All States	04/84	
\$50,000	9817				
\$100,000	9818				
\$200,000	9819				
\$300,000	9820				
\$400,000	9821				
\$500,000	9822				
Over \$500,000	9840				
Increased Limits With Workers Compensation Coverage (in 000s)—		+	All States	04/84	
\$100/100/1,000	9803				
\$100/100/2,500	9804				
\$100/100/5,000	9805				
\$100/100/10,000	9806				
\$500/500/500	9807				
\$500/500/1,000	9808				
\$500/500/2,500	9809				
\$500/500/5,000	9810				
\$500/500/10,000	9811				
\$1,000/1,000/1,000	9812				
\$1,000/1,000/2,500	9813				
\$1,000/1,000/5,000	9814				
\$1,000/1,000/10,000	9815				
Over \$1,000/1,000/10,000	9816				
Increased Limits Without Workers Compensation Coverage (in 000s)—		+	All States	04/84	
\$100/100/1,000	9823				
\$100/100/2,500	9824				
\$100/100/5,000	9825				
\$100/100/10,000	9826				
\$500/500/500	9827				
\$500/500/1,000	9828				
\$500/500/2,500	9829				
\$500/500/5,000	9830				
\$500/500/10,000	9831				
\$1,000/1,000/1,000	9832				
\$1,000/1,000/2,500	9833				
\$1,000/1,000/5,000	9834				
\$1,000/1,000/10,000	9835				
Over \$1,000/1,000/10,000	9836				

Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Increased Limits—All Other Limits of Liability	9837	+	All States	04/79	
	9838	+	FL	04/79	
Independent Carrier Filing—Premium Credit Applied Before Experience Modification	9721	-	All States	01/96	
Independent Carrier Filing—Premium Debit Applied Before Experience Modification	9723	+	All States	01/96	
Large Deductible Coverage (Gross Loss Reported)—\$25,000	9956	-	All States	01/90	
Large Deductible Coverage (Gross Loss Reported)—\$50,000	9957	-	FL	01/90	
Large Deductible Coverage (Gross Loss Reported)—\$75,000	9958	-	FL	01/90	
Managed Care	9843	-	AR	10/97	
			FL	07/96	01/97
			OK	09/96	
Minimum Premium for Employers Liability (Balance to)	9848	+	All States Except Those Listed Below	07/85	
			RI	12/97	
No Exposure Developed	1111		All States	01/91	
Rate Decreases (Flat)	0994	-	All States	10/84	
Rate Increases (Flat)	0998	+	All States	10/84	
Rate Deviation Premium Adjustment	9037	-	All States	10/56	
	9039	+	All States	04/79	
Retro Surcharge	0048	+	All States	10/84	
Safety Certification Premium Credit	9891	-	HI	11/96	
	9842	-	HI	11/96	
Second Injury Fund Premium (Return of Excess)	9119	-	MO	01/89	
Short Rate Penalty Premium	0931	+	All States	10/56	

Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Strike Duty	0111	+	All States Except Those Listed Below	10/84	09/92
			CO	10/84	
			IN	10/84	
			NH	10/84	
	0112	+	All States Except Those Listed Below	10/84	01/92
			HI		04/92
			MO		04/92
			MT		12/95
			NH		
			VT		01/93
Waiver of Subrogation	0930	+	All States Except Those Listed Below		
			KY		11/99
			NH		03/04
			NM		08/31/04 Assigned Risk only
Workplace Safety	9765	-	FL	07/96	

(1) Premium programs apply to all states listed unless otherwise noted.

(2) WV—If an insurer uses an independently filed deductible program, the program must be filed with the Offices of Insurance Commissioner (OIC) on or before the date that the insurer uses it. If an insurer adopts NCCI's small deductible program without modification, a separate filing is not required.

2. Premium Amount *Not Subject* to Experience

Premium Amount *Not Subject* to Experience Modification Factor

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Aircraft Operation—Passenger Seat Surcharge ⁽²⁾	9108	+	All States Except AZ	07/86	
Alternate Preferred Plan	9852	-	AR	09/90	

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Assigned Risk Adjustment Program (ARAP)	0277	+	All States Except Those Listed Below	01/90	
			AL	01/96	
			AR	09/90	
			CT	01/92	
			DC	11/02	
			FL	01/92	01/94
			HI	06/92	07/97
			IA	07/92	
			ID	01/03	
			IL	01/04	
			KS	09/93	
			MD	08/90	01/95
			MO	09/90	
			NE	12/90	01/96
			NM	03/91	
			NH	01/03	
			NV	01/04	
			OR	01/93	07/97 (see 0278)
			RI	07/92	
			SC	01/91	
SD	10/02				
VA	05/91				
VT	07/92				
Assigned Risk Flat Charge	9038	+	FL	01/90	01/94
Assigned Risk Surcharge	0077	+	AK	07/88	
			AL	04/91	10/91
			CT	01/01	
			FL	01/90	
			ID	09/91	
			IN	01/90	
			KS	07/93	
			LA	02/89	
			ME	01/87	01/93
			MO	09/91	
MS	11/90	08/92			

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
			NM	01/91	
			SD	02/89	10/02
			TN	01/90	06/91
Assigned Risk Tabular Surcharge	0277	+	TN	07/91	
	9665	-	AR	03/94	
	9666	+	AR	03/94	
	9666	+	GA	03/95	
Atomic Energy	9985	+	All States	06/53	
Claims Deductible Coverage (Net Loss Reported)—\$100 Deductible	9789	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$200 Deductible	9790	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$300 Deductible	9791	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$400 Deductible	9792	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$500 Deductible	9793	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$1,000 Deductible	9794	-	MO	10/95	
Claims Deductible Coverage (Net Loss Reported)—\$1,500 Deductible	9795	-	MO	10/95	
Contracting/Construction Class Code Program—Premium Debit Offset to Experience Rating	9990	+	NM	07/93	
Contracting/Construction Premium Adjustment Program	9046	-	AK	01/96	
			CT	07/96	
			FL	04/79	
			HI	01/96	
			IL	09/92	
			MD	07/93	
			MO	01/90	
			MT	07/92	
			NE	01/95	
			NM	07/92	
			OK	07/96	
			OR	03/91	

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Deductible Reporting—Not Subject to Experience Modification Factor	9663	-	All States Except WV	01/96	
			WV ⁽³⁾	07/08	
Disease Experience—Supplemental	0179	+	All States	01/94	
			OR	01/94	01/03
Drug-Free Workplace	9846	-	AZ	01/01	01/01/06
			AZ	07/17/07	
			FL	01/94	07/96
			ID	07/99	
Employee Leasing Rating Adjustment	9775	+	IL	06/99	
Expense Modification Deviation Premium Credit	9839	-	CT	10/84	10/01
Flexible Rating Adjustment—Premium Credit	9658	-	NE	09/04/05	
Flexible Rating Adjustment—Premium Debit	9659	+	NE	09/04/05	
Group Supplemental Rating Plan	9995	-	OR	10/93	
	9996	+	OR	10/93	
Increased Limits for Admiralty and/or FELA Coverage—Balance to Minimum Premium	9849	+	All States	07/87	
Independent Carrier Filing—Premium Credit Applied After Experience Modification	9722	-	All States	01/96	
Independent Carrier Filing—Premium Debit Applied After Experience Modification	9724	+	All States	01/96	
Injury Management Program	9744	-	MO	07/95	
Injury Management Program (Failure to Enroll)	9745	+	MO	07/95	
Large Deductible Coverage (Gross Loss Reported)—\$25,000	9856	-	All States	01/90	
Large Deductible Coverage (Gross Loss Reported)—\$50,000	9857	-	All States	01/90	
Large Deductible Coverage (Gross Loss Reported)—\$75,000	9858	-	All States	01/90	
Loss Constant	0032	+	All States	04/59	

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Managed Care	9874	-	CO	03/93	
			FL	06/94	07/96
			MO	01/93	
			NH	01/94	
Merit Rating Debits	9896	+	SD	07/92	
Merit Rating Program	9884	-	AL	01/93	
			SD	01/96	
	9885	-	AL	11/92	
			AR	03/94	
			CO	10/90	01/93
			HI	03/87	
			ME	01/87	
			OK	10/93	
			OR	01/88	
			SD	07/92	
	9886	+	AL	11/92	
			AR	03/94	
			CO	10/90	01/93
			ME	01/87	
			OK	10/93	
			OR	01/88	
			SD	07/92	
			VT	04/03	
Minimum Premium (Balance to)	0990	+	All States	04/59	
Non-Ratable Portion of Class Code Rate	0758	+	UT	01/87	
	0759		UT	01/87	
	0761		CO, OK, TN	01/87	
	0763		All States	01/87	
	0766		AL, AZ, ID, IN	01/87	
	0767		CT	01/87	
	0771		All States Except NV	07/98	
	0779		All States Except LA, RI	01/87	
	0790		AZ, MO	01/86	

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
	0799		All States Except LA, NV, RI	01/87	
	7445		All States	01/87	
	7453		All States Except LA	01/87	
Non-Rated Premium Credit	9041	-	OR	07/90	
Premium Transition Program—Credit	9778	-	NV	07/99	07/02
Premium Transition Program—Debit	9779	+	NV	07/99	07/02
Pulpwood Transition Program—Credit	0147	-	All States	11/77	
Pulpwood Transition Program—Debit	0148	+	All States	11/77	
Rate Deviation Premium Adjustment	9034	-	All States	04/79	
	9036	+	All States	04/79	
Rehiring Employees With Permanent Partial Disabilities	9899	-	CO	03/93	
Risk Management Premium Credit Program	9883	-	CO	01/92	
	9893	-	CO	01/92	
Safety Certification Premium Credit	9875	-	LA	01/93	
			MO	09/93	01/95
	9876	-	LA	01/93	
			MO	09/93	01/95
Schedule Rating Program	9887	-	All States Except Those Listed Below	03/82	
			AL	07/97	
			AZ	07/82	
			CO	07/83	
			CT	10/01	
			DC	02/83	
			FL	(4)	
			IA	04/97	
			ID	01/98	
			IN	09/89	
			KY	01/03	
			MD	10/98	
			ME	(5)	

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
			MS	11/83	
			MT	07/94	
			NH	10/91	
			NM	04/97	
			NV	07/00	
			OK	09/95	
			RI	03/83	
			SC	04/83	
			SD	06/92	
			TN	05/83	
			UT	01/83	
			VT	07/90	
			WV ⁽⁶⁾	01/08	
	9889	+	All States Except Those Listed Below	03/82	
			AL	06/83	
			AR	07/82	
			AZ	07/82	
			CO	07/83	
			CT	10/01	
			DC	02/83	
			FL	⁽⁴⁾	
			IA	04/97	
			ID	01/98	
			IN	09/89	
			KY	01/03	
			MD	10/98	
			ME	⁽⁵⁾	
			MS	11/83	
			MT	07/94	
			NH	10/91	
			NM	01/85	
			NV	07/00	
			OK	09/95	
RI	03/83				
SC	04/83				

Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
			SD	06/92	
			TN	05/83	
			UT	01/83	
			VT	07/90	
			WV ⁽⁶⁾	01/08	
Simplified Assigned Risk Adjustment Program (SARAP)—Premium Credit	0278	-	NV	07/99	12/31/03
			OR	07/97	
Small Employer Loss-Free Credit Program	9851	-	AL	09/97	
Small New Employer Credit	9851	-	OR	01/94	
Subplan D (Depopulation of the FWCJUA) 10% Surcharge	9607	+	FL	Voluntary 04/1/04	06/30/04 ⁽⁷⁾
Subplan D (Depopulation of the FWCJUA) 25% Surcharge	9608	+	FL	Voluntary 04/1/04	06/30/04 ⁽⁷⁾
Supplemental Disease Experience—in Connection With Asbestos Exposure	0133	+	All States	No Date Available	
Supplemental Experience Rating Plan Credit Premium Adjustments	9124	-	All States		
Transition Program	0076	-	All States Except NV	09/57	
Waiver of Subrogation	9115	+	LA	01/90	
			NM	09/01/04 Assigned Risk Only	
Workplace Safety—Credit	9880	-	AL	09/97	
			AK	01/98	
			FL	01/94	07/96
			NH	01/95	
			OK	11/88	
Workplace Safety—Debit	9879	+	UT	01/93	

(1) Premium programs apply to all states listed unless otherwise noted.

(2) Reported with the number of seats in the exposure field.

(3) WV—If an insurer uses an independently filed deductible program, the program must be filed with the Offices of Insurance Commissioner (OIC) on or before the date that the insurer uses it.

(4) FL—Scheduled rating would be available for use in Florida only if prior approval is obtained for a schedule rating plan from the Florida Office of Insurance Regulation.

(5) ME—Schedule Rating would be available for use in Maine only if prior approval is obtained for a schedule rating plan from the Maine Bureau of Insurance.

(6) WV—If an insurer uses an independently filed schedule rating plan, the plan must be filed with the Offices of Insurance Commissioner (OIC) on or before the date that the insurer uses it. If an insurer adopts NCCI's schedule rating plan without modification, a separate filing is not required.

(7) Refers to policy effective date; the last effective date that the Subplan D statistical codes would be used is 6/30/04.

3. Premium Amount *Not Part* of Standard PremiumPremium Amount *Not Part* of Standard Premium

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Catastrophe Provisions for Domestic Terrorism, Earthquakes, and Industrial Accidents	9741	+	All States Except AK, AR, FL, HI, MO, NM, TN, VA, WV	01/05	
			AR	07/05	
			TN	07/05	
			WV	07/06	
Catastrophe Provisions for Foreign Terrorism—Not Subject to Experience Rating	9740	+	All States Except WV	01/06	
			AK	01/06	01/06/08
			FL	01/06	12/31/07
			HI	01/06	12/31/07
			MO	01/06	12/31/07
			NM	01/06	12/31/07
			VA	01/06	12/31/07
			WV	07/06	
Deductible Reporting—Not Part of Standard Premium	9657		All States Except WV	09/01/08	
			WV ⁽²⁾	07/08	
Disease Experience in Connection With Code 1005—Coal Mining Risks—State and Federal Benefits	0156	+	All States	10/84	
Disease Experience in Connection With Code 1009—Coal Mining Risks—State and Federal Benefits	0157	+	All States	10/84	
Disease Experience in Connection With Code 1016—Coal Mining Risks—State and Federal Benefits	0158	+	All States	10/84	
Disease Experience in Connection With Any Classification Other Than Coal Mine Code—Coal Mining Risks—State and Federal Benefits	0164	+	All States	10/84	
Disease Experience—Underground Coal Mining Risks—State Benefits Only	0150	+	WV	07/06	
Disease Experience—Surface Coal Mining Risks—State Benefits Only	0151	+	WV	07/06	
Disease Experience—Non-Coal Mining Risks—State Benefits Only	0163	+	WV	07/06	

Premium Amount *Not Part of Standard Premium* (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Disease Experience—Underground Coal Mining Risks—Federal Benefits Only	0185	+	WV	07/06	
Disease Experience—Surface Coal Mining Risks—Federal Benefits Only	0186	+	WV	07/06	
Disease Experience—Non-Coal Mining Risks—Federal Benefits Only	0187	+	WV	07/06	
Employee Leasing Client Fee	9725	+	OR	07/94	
Expense Constant	0900	+	All States	04/80	
Independent Carrier Filing—Premium Credit Not Part of Standard Premium	9655	-	All States Except WV	09/01/08	
			WV	07/08	
Independent Carrier Filing—Premium Debit Not Part of Standard Premium	9656	+	All States Except WV	09/01/08	
			WV	07/08	
Premium Discount: Stock Company or Type A	0063	-	All States	10/43	
Nonstock or Type B	0064	-	All States	10/43	
Premium Transition Program Credit for Previously A-Rated Code 8837	0178	-	GA	11/99	
Second Injury Fund Surcharge	0935	+	IN	07/99	
			MT	07/00	
Terrorism—Not Subject to Experience Rating	9752	+	AK	01/07/08	
			FL	01/01/08	
			HI	01/01/08	
			MO	01/01/08	
			NM	01/01/08	
			VA	01/01/08	

Premium Amount *Not Part* of Standard Premium (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Terrorism Risk Insurance Act of 2002—Certified Losses	9740	+	All States Except Those Listed Below	Voluntary 12/20/02 Assigned Risk 01/01/03	12/31/05
			AZ	Voluntary 02/24/03 Assigned Risk 01/01/03	12/31/05
			CO	Voluntary 01/20/03	12/31/05
			FL	04/01/03	12/31/05
			NV	Voluntary and Assigned Risk 03/01/03	12/31/05
Tier One—25% Surcharge, Three-Tier Rating Structure (depopulation of the FWCJUA)	9621	+	FL	Voluntary 07/01/04	06/30/07
Tier Two—50% Surcharge, Three-Tier Rating Structure (depopulation of the FWCJUA)	9622	+	FL	Voluntary 07/01/04	06/30/07
Tier Three—Other Surcharge, Three-Tier Rating Structure (depopulation of the FWCJUA)	9623	+	FL	Voluntary 07/01/04	06/30/07
Volunteer Firefighter—Head Count	9219	+	All States Except FL, MT, OR, WV	09/01/08	
			WV	07/08	
Workers Compensation Regulatory Assessment Surcharge	0939	+	MT	07/00	

(1) Premium programs apply to all states listed unless otherwise noted.

(2) WV—If an insurer uses an independently filed deductible program, the program must be filed with the Offices of Insurance Commissioner (OIC) on or before the date that the insurer uses it.

I. CLAIM STATUS CODE (OPEN/CLOSED)

Open/Closed has been renamed Claim Status Code. The claim status code is a one-digit code that indicates whether the reported claim is open, closed, or reopened at the time of **valuation**.

Code	Claim Status	Claim Status Description
0	Open	Final payment not made
1	Closed	Company does not expect to make further payments

Code	Claim Status	Claim Status Description
2	Reopened	Claim previously reported as closed; now company expects to make additional payments

J. INJURY TYPE CODE

Injury Type is a two-digit numeric code. This is a key field for grouped claims. Injury types are defined in Part 4, Item E-1-G—Injury Type Code.

Code	Description
01	Death
02	Permanent Total Disability
03	Supplemental Earnings Benefits and No Permanent Partial Disability Benefits (LA only)
03	Impairment Benefits (FL only)
04	Supplemental Benefits (FL only)
04	Supplemental Earnings Benefits and Permanent Partial Disability Benefits (LA only)
05	Temporary Injury
06	Medical Only
07	Contract Medical
09	Permanent Partial Disability (not applicable in FL and LA)
09	Permanent Partial Disability Benefit and No Supplemental Earnings Benefit (LA only)

K. LOSS CONDITION CODE

This is a 10-digit field consisting of five components of the following loss conditions: Act, Type of Loss, Type of Recovery, Type of Claim, and Type of Settlement.

1. Act—Loss Conditions

The first component of Loss Conditions consists of two digits for the Act.

Code	Description
01	State Act or Federal Act excluding USL&HW and Federal Coal Mine Health and Safety Act: A claim with benefits determined according to the workers compensation law or federal compensation laws, excluding United States Longshore and Harbor Workers' Compensation Act and excluding coverage under the Federal Coal Mine Health and Safety Act.
02	USL&HW F-Classes and USL&HW coverage on Non-F-Classes: A claim with benefits determined according to the United States Longshore and Harbor Workers' Compensation Act.
03	Federal Coal Mine Health and Safety Act Only: A claim with benefits determined according to the Federal Coal Mine Health and Safety Act
04	Federal Coal Mine Health and Safety Act and the State Act: A claim with benefits determined according to the Federal Coal Mine Health and Safety Act and state workers compensation law.

2. Type of Loss—Loss Conditions

The second component of Loss Conditions consists of two digits for the Type of Loss.

Code	Description
01	Trauma: An injury resulting in disability or death that is traceable to a definite compensable accident occurring during the employee's present or past employment. A traumatic injury cannot be classified as either a Cumulative Injury or an Occupational Disease Loss as defined below.
02	Occupational Disease: Any abnormal condition or disorder other than a workplace injury resulting in a disability or death that is not traceable to a definite compensable accident occurring during the employee's present or past employment. Any injury caused by repetitive exposure extending over time to a disease-producing agent or agents present in the worker's occupational environment. For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica. In order for a claim to be coded as an occupational disease case, it must have resulted from repetitive exposure extending over time. Claims that arise from single identifiable incidents should be coded as Trauma even though they may have been caused by inhalation, absorption, ingestion, or other environmental factors.
03	Cumulative Injury Other Than Disease: An injury that results in a disability or death and is not traceable to a definite compensable accident occurring during the employee's present and past employment. The injury is understood to have occurred from, and has been aggravated by, a repetitive employment-related activity. For example, a cement mason or carpet or tile installer presents a claim for injury to the knee caused by repetitive bending and kneeling on the job.

3. Type of Recovery—Loss Conditions

The third component of Loss Conditions consists of two digits for the Type of Recovery.

Code	Description
01	No Recovery
02	Second Injury Fund Only: The second injury fund is a trust established to reimburse carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment, previous accident, disease, or congenital condition.
03	Subrogation Only (Third Party): A recovery due to subrogation that occurs when the carrier has received reimbursements from an entity other than the employer, with legal liability due to circumstances for the injury. Louisiana Exception: When a recovery is received from a finding of fraud in accordance with the applicable state law, this code is used in combination with the Fraudulent Claim Code coded for a partially or fully fraudulent claim. See Fraudulent Claims, Part 4, Item A-1-c and Fraudulent Claim Code in Part 6, Item P.
04	Subrogation With Second Injury Fund (Third Party) A subrogation with a second injury fund that occurs when the carrier receives reimbursement from both a second injury fund and a third party.

4. Type of Claim—Loss Conditions

The fourth component of Loss Conditions consists of two digits for the Type of Claim.

Code	Description
01	Workers Compensation Only: The entire loss is incurred under the provisions of Part One of the Workers Compensation and Employers Liability Insurance policy.

Code	Description
02	Employers Liability Only: The entire loss is incurred under the provisions of Part Two of the Workers Compensation and Employers Liability Insurance policy.
03	Workers Compensation Including Employers Liability: The loss is incurred under the provisions of Parts One and Two of the Workers Compensation and Employers Liability Insurance policy.
04	Liability Over: A particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer on the grounds of negligence, or like theory.
05	Excess Benefits: The loss is incurred under the provisions of excess coverage. Maryland Exception: Type of Recovery—Loss Conditions Code 05 for Excess Benefits applies in Maryland only.
06	Excess Special Compensation: The loss is incurred under the provisions of excess coverage.

An accident resulting in an injury to one worker with payments made under different coverages of the policy must be reported as one claim with all of the incurred combined. For example, if the entire loss is incurred under the provisions of Part One of the Workers Compensation and Employers Liability Insurance policy, the claim would be coded to Type of Claim—Workers Compensation.

5. Type of Settlement—Loss Conditions

The fifth component of Loss Conditions consists of two digits for the Type of Settlement.

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Data Provider/Claimant Settlement): An award that has been agreed to between the carrier and claimant and submitted for approval to the applicable state workers compensation authority having jurisdiction over claim settlements.
04	Findings and Award (Judicial Award): An award that has been issued by a judge based on evidence presented in the process of litigation.
05	Dismissal or Take Nothing (Noncompensable): The claim will generate no payments or reserves due to one of the following: <ul style="list-style-type: none"> • Official ruling denying benefits • Claimant's failure to file for benefits • Claimant's failure to prosecute claim following carrier's denial of the claim
06	Compromise Settlement: Compromise and release. A settlement over the issues of applicability, extent of injury and future benefits.
07	No Safety Devices: A type of liability resulting from the employer's failure to provide safety devices as required by the New Mexico Compensation Act. New Mexico Exception: Type of Settlement—Loss Conditions—Code 07 for No Safety Devices applies in New Mexico only.
09	All Other Settlements

L. MANAGED CARE ORGANIZATION (MCO) TYPE CODE

Managed Care Organization is a two-digit code that corresponds to the type of organization that will administer the applicable medical losses of this claim.

Code	Description
00	The claim is not administered by an approved/certified managed care organization.
01	The claims' medical losses are administered by an approved managed care organization not specifically listed in Codes 02–05 below such as a Preferred Maintenance Organization (PMO).
02	Healthcare Maintenance Organization (HMO): The claim's medical losses are administered by an approved Health Maintenance Organization.
03	Preferred Provider Organization (PPO): The claim's medical losses are administered by an approved Preferred Provider Organization.
04	Exclusive Provider Organization (EPO): The claim's medical losses are administered by an approved Exclusive Provider Organization.
05	Independent Practice Association (IPA): The claim's medical losses are administered by an approved Independent Practice Association.
06	Managed Care Organization (MCO): The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.

M. INJURY DESCRIPTION CODE (PART, NATURE, CAUSE)

Injury Description is a six-digit field consisting of three components of the following injury descriptions: Part of Body, Nature of Injury, and Cause of Injury. These are defined in Part 4, Item E-1-j—Injury Description Code (Part, Nature, Cause).

1. Part of Body Codes

Part of Body Codes

Code	Part of Body	Narrative Description
a.	Head	
10	Multiple Head Injury	Any combination of below parts injury
11	Skull	
12	Brain	
13	Ear(s)	Includes: Hearing, Inside Eardrum
14	Eyes	Includes: Optic Nerves, Vision, Eyelids
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
b.	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"

Part of Body Codes (Cont'd)

Code	Part of Body	Narrative Description
24	Larynx	Includes: Cartilage and Vocal Cords
25	Soft Tissue	Other than Larynx or Trachea
26	Trachea	
c.	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
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)	
d.	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	Excluding Injury to Internal Organs Including Groin
62	Buttocks	Soft Tissue
63	Lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk)	Bone Portion of the Spinal Column

Part of Body Codes (Cont'd)

Code	Part of Body	Narrative Description
e.	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	
f.	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 and 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 when 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 that includes damage to the Nerves of the Spinal Cord
99	Whole Body	

2. Nature of Injury Codes

Nature of Injury Codes

Code	Nature of Injury	Narrative Description
a.	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

Nature of Injury Codes (Cont'd)

Code	Nature of Injury	Narrative Description
54	Asphyxiation	Strangulation, Drowning
04	Burn	(Heat) Burns or Scald; the effect of contact with Hot Substances; (Chemical) Burns; Tissue Damage resulting from the Corrosive Action Chemicals, Fumes, 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, Medical Doctor 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
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

Nature of Injury Codes (Cont'd)

Code	Nature of Injury	Narrative Description
49	Sprain	Internal Derangement, a Trauma or Wrenching of a Joint, producing pain and disability depending upon degree of injury to ligaments
52	Strain	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
55	Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC; excludes Heart and Hemorrhoids; includes Strokes, Varicose Veins—Nontoxic
58	Vision Loss	
59	All Other Specific Injuries, NOC	
b.	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, Nontoxic 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	

Nature of Injury Codes (Cont'd)

Code	Nature of Injury	Narrative Description
72	Loss of Hearing	
73	Contagious Disease	
74	Cancer	
75	AIDS	
76	VDT-Related Disease	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	
c. Multiple Injuries		
90	Multiple Physical Injuries Only	
91	Multiple Injuries Including Both Physical and Psychological	

3. Cause of Injury Codes

Cause of Injury Codes

Code	Cause of Injury	Narrative Description
a. Burn or Scald—Heat or Cold Exposures—Contact With		
01	Chemicals	
02	Hot Objects or Substances	
11	Cold Objects or Substances	
03	Temperature Extremes	
04	Fire or Flame	
05	Steam or Hot Fluids	
06	Dust, Gases, Fumes, or Vapors	
07	Welding Operation	
08	Radiation	

Cause of Injury Codes (Cont'd)

Code	Cause of Injury	Narrative Description
14	Abnormal Air Pressure	
84	Electrical Current	
09	Contact With, NOC	
b.	Caught In, Under, or Between	
10	Machine or Machinery	
12	Object Handled	
20	Collapsing Materials (Slides of Earth)	Either Man-made or Natural
13	Caught In, Under, or Between, NOC	
c.	Cut, Puncture, Scrape—Injured By	
15	Broken Glass	
16	Hand Tool, Utensil; Not Powered	
17	Object Being Lifted or Handled	
18	Powered Hand Tool, Appliance	
19	Cut, Puncture, Scrape, NOC	
d.	Fall, Slip, or Trip Injury	
25	From Different Level (Elevation)	Off Wall, Catwalk, Bridge, etc.
26	From Ladder or Scaffolding	
27	From Liquid or Grease Spills	
28	Into Openings	Shafts, Excavations, Floor Openings, etc.
29	On Same Level	
30	Slipped, Did Not Fall	
32	On Ice or Snow	
33	On Stairs	
31	Fall, Slip, or Trip, NOC	
e.	Motor Vehicle	

Cause of Injury Codes (Cont'd)

Code	Cause of Injury	Narrative Description
40	Crash of Water Vehicle	
41	Crash of Rail Vehicle	
45	Collision or Sideswipe With Another Vehicle	Both Vehicles in Motion
46	Collision With a Fixed Object	Standing Vehicle or Stationary Object
47	Crash of Airplane	
48	Vehicle Upset	Overturned or Jackknifed
50	Motor Vehicle, NOC	
f. Strain or Injury By		
52	Continual Noise	
53	Twisting	
54	Jumping	
55	Holding or Carrying	
56	Lifting	
57	Pushing or Pulling	
58	Reaching	
59	Using Tool or Machinery	
61	Welding or Throwing	
97	Repetitive Motion	Carpal tunnel syndrome
60	Strain or Injury by, NOC	
g. Striking Against or Stepping On		
65	Moving Part of Machine	
66	Object Being Lifted or Handled	
67	Sanding, Scraping, Cleaning Operation	
68	Stationary Object	
69	Stepping on Sharp Object	
70	Striking Against or Stepping On, NOC	
h. Stuck or Injured By		
		Includes Kicked, Stabbed, Bit, etc.
74	Fellow Worker; Patient	Not in Act of a Crime
75	Falling or Flying Object	

Cause of Injury Codes (Cont'd)

Code	Cause of Injury	Narrative Description
76	Hand Tool or Machine in Use	
77	Motor Vehicle	
78	Moving Parts of Machine	
79	Object Being Lifted or Handled	
80	Object Handled by Others	
85	Animal or Insect	
86	Explosion or Flare Back	
81	Struck or Injured, NOC	Includes Kicked, Stabbed, Bit, etc.
i. Rubbed or Abraded By		
94	Repetitive Motion	Callous, Blister, etc.
95	Rubbed or Abraded, NOC	
j. Miscellaneous Causes		
82	Absorption, Ingestion or Inhalation, NOC	
87	Foreign Matter (Body) in Eye(s)	
88	Natural Disasters	Earthquake, Hurricane, Tornado, etc.
89	Person in Act of a Crime	Robbery or Criminal Assault
90	Other Than Physical Cause of Injury	
91	Mold	
96	Terrorism (for use with an assigned Catastrophe Code only)	
98	Cumulative, NOC	All Other
99	Other—Miscellaneous, NOC	

N. VOCATIONAL REHABILITATION INDICATOR

This is a one-position indicator indicating the inclusion of vocational rehabilitation costs in the losses. The reporting requirements for Vocational Rehabilitation is contained in Part 4, Item C-3—Vocational Rehabilitation.

Indicator	Description
Y	Claim includes Vocational Rehabilitation costs.
N	Claim does not include Vocational Rehabilitation costs.

O. LUMP-SUM INDICATOR

Lump-Sum Indicator is required for policies effective January 1, 1997 and subsequent, and optional for policies effective January 1, 1996 and prior. This field is not applicable for grouped claims.

Indicator Description

- Y** Claim has been settled by an agreement to a lump-sum amount.
- N** Claim has not been settled with a lump-sum agreement.

P. FRAUDULENT CLAIM CODE

All states except Louisiana:

This code identifies the involvement of fraud in a claim.

Code Description

- 00 Not Fraudulent:** The claim does not involve fraud.
- 01 Partially Fraudulent:** The claim, or a portion of the claim, has been deemed partially fraudulent by a court decision.
- 02 Fully Fraudulent:** The claim has been ruled (or officially declared) fully fraudulent by a court decision.

Nevada Exception: Partially and fully fraudulent claims are further defined to also include the ruling of the authorized state workers compensation agency or other authorized adjudicator.

Louisiana Exception: Fraudulent claim code descriptions are as follows:

Code Description

- 00 Not Fraudulent:** The claim does not involve fraud.
- 01 Partially Fraudulent:** A portion of the claim cost is deemed invalid, unnecessary, or excessive in accordance with the law of the jurisdiction state, if applicable.
- 02 Fully Fraudulent:** A claim where all claim costs are found to have arisen from a falsely reported injury in accordance with the law of the jurisdiction state, if applicable.

PART 7—PENSION TABLES**A. SCOPE AND EFFECTIVE DATE OF THE PENSION TABLES**

The *URE Workers Compensation Statistical Plan* Pension Tables, effective January 1, 2004, were presented to NCCI states via Item Filing U-1386, and were further amended via Item Filing U-1386A.

The hard copy manual pages have been updated to reflect the amended 2004 Pension Tables based on this amended item filing. The changes from this filing are displayed in gray shading.

The amended 2004 Pension Tables (based on Item U-1386A), effective January 1, 2004*, apply to the reporting of statistics for the states indicated below:

Alabama	Illinois	New Mexico
Alaska*	Kansas	Oklahoma*
Arizona*	Kentucky	Oregon
Arkansas	Louisiana*	Rhode Island
Colorado	Maine	South Carolina
Connecticut	Maryland*	South Dakota
District of Columbia	Mississippi	Tennessee*
Florida	Missouri*	Utah
Georgia	Montana	Vermont
Idaho	Nebraska	West Virginia*
Indiana	Nevada	
Iowa	New Hampshire	

* The states indicated above approved the Amended 2004 Pension Tables with effective dates as follows: Alaska, effective 02/22/04; Arizona, effective 04/01/04; Louisiana, effective 04/27/04; Maryland, effective 02/09/04; Missouri and Oklahoma, effective 02/05/04; Tennessee, effective 02/11/04; West Virginia, effective 07/01/06.

The approval of Item U-1386A is still pending for Hawaii.

B. PENSION TABLE GUIDE**1. Surviving Spouse Pension Table**

Table	State/Act Applicability	Notes	Page
I-A	All states excluding Connecticut, District of Columbia, Maine, Rhode Island, Vermont, Virginia, and USL&HW Act		3
I-B	Connecticut		6
	District of Columbia	Accidents on or after 07/26/82	
	Maine	Accidents prior to 01/01/93	
	Rhode Island		
	USL&HW Act	Accidents on or after 10/01/72	
	Vermont	Accidents on or after 07/01/83 Lifetime Benefits only	

Table	State/Act Applicability	Notes	Page
I-C	Virginia	Accidents on or after 07/01/75, if the workers compensation benefit plus Social Security Benefit is less than 80% of the employee's average monthly wage	9

2. Present Value of Remarriage Dowry Table

Table	State/Act Applicability	Notes	Page
II-A	All states with provisions for remarriage dowry excluding District of Columbia and USL&HW Act		12
II-B	District of Columbia	Accidents on or after 07/26/82	14
	USL&HW Act	Accidents on or after 10/01/72	

3. Pension Table (Other Than Surviving Spouse)

Table	State/Act Applicability	Notes	Page
III-M-A & III-F-A	All states excluding Connecticut, District of Columbia, Hawaii, Idaho, Maine, Maryland, Montana, New Hampshire, Rhode Island, South Dakota, Vermont, Virginia, and USL&HW Act. For Florida, see Tables V-A and V-B.		16 & 20
III-M-B & III-F-B	Hawaii	Accidents prior to 01/01/92 Permanent Total (PT) injuries only	17 & 21
	Montana	Accidents on or after 07/01/87 Permanent Total (PT) injuries only	
	South Dakota	Accidents on or after 07/01/88 Permanent Total (PT) injuries only	
III-M-C & III-F-C	Connecticut	Permanent Total (PT) injuries only	18 & 22
	District of Columbia	Accidents on or after 07/26/82	
	Idaho	Accidents on or after 04/03/74 Permanent Total (PT) injuries only	
	Maine	Accidents prior to 01/01/93	

Table	State/Act Applicability	Notes	Page
	Maryland	Accidents on or after 01/01/88	
	New Hampshire	Accidents on or after 07/01/63 Permanent Total (PT) injuries only Only if employee is not entitled to benefits under the federal Social Security Act	
	Rhode Island	Permanent Total (PT) injuries only	
	USL&HW Act	Accidents on or after 10/01/72	
	Vermont	Accidents on or after 07/01/83 Lifetime Benefits only	
III-M-D & III-F-D	Virginia	Accidents on or after 07/01/75 Permanent Total (PT) injuries only	19 & 23

4. Present Value of Survivorship Benefits

Table	State/Act Applicability	Notes	Page
IV-A	Oregon	Permanent Total (PT) injuries only	24
IV-B	District of Columbia	Accidents on or after 07/26/82	26
	USL&HW Act	Accidents on or after 10/01/72	

5. Basic and Supplemental Benefits for Florida

Table	State/Act Applicability	Notes	Page
V-A	Florida	Accidents on or after 07/01/84	28
V-B	Florida	Accidents on or after 10/01/03	30

6. Examples

	Notes	Page
Example I	Usage of: Surviving Spouse Pension Table (I-A) and Present Value of Remarriage Dowry (II-A)	31
Example II	Usage of: Pension Table—Other Than Surviving Spouse (III-M-A and III-F-A)	32
Example III	Usage of: Surviving Spouse Pension Table (I-B and I-C) and Present Value of Remarriage Dowry (II-B)	33
Example IV	Usage of: Pension Table—Other Than Surviving Spouse (III-M-B, III-M-C, III-M-D, III-F-B, III-F-C, and III-F-D) and Present Value of Survivorship Benefits (IV-B)	34

Table I-A
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age ^{**} (X + 5)
16	11.510	11.837	13.022	13.691	14.240	14.742	21
17	11.579	11.915	13.115	13.796	14.358	14.873	22
18	11.654	12.000	13.216	13.911	14.486	15.015	23
19	11.735	12.091	13.324	14.034	14.624	15.168	24
20	11.823	12.189	13.442	14.167	14.772	15.334	25
21	12.012	12.365	13.611	14.330	14.941	15.512	26
22	12.224	12.551	13.781	14.489	15.108	15.691	27
23	12.453	12.746	13.952	14.643	15.269	15.866	28
24	12.688	12.955	14.140	14.825	15.446	16.036	29
25	12.924	13.166	14.328	15.015	15.626	16.204	30
26	13.157	13.371	14.507	15.199	15.804	16.374	31
27	13.387	13.568	14.675	15.370	15.977	16.548	32
28	13.616	13.758	14.835	15.532	16.149	16.729	33
29	13.851	13.952	14.997	15.694	16.324	16.920	34
30	14.101	14.162	15.177	15.872	16.512	17.120	35
31	14.376	14.404	15.393	16.086	16.722	17.326	36
32	14.685	14.692	15.660	16.353	16.961	17.534	37
33	15.049	15.052	15.982	16.677	17.226	17.735	38
34	15.450	15.461	16.347	17.041	17.505	17.920	39
35	15.863	15.888	16.721	17.408	17.771	18.079	40
36	16.255	16.286	17.059	17.725	17.993	18.204	41
37	16.602	16.623	17.327	17.952	18.150	18.291	42
38	16.879	16.867	17.495	18.060	18.215	18.338	43
39	17.107	17.046	17.593	18.083	18.221	18.344	44
40	17.291	17.174	17.640	18.047	18.186	18.309	45
41	17.442	17.272	17.655	17.979	18.115	18.234	46
42	17.556	17.356	17.655	17.904	18.021	18.121	47
43	17.646	17.440	17.657	17.841	17.920	17.972	48
44	17.721	17.516	17.652	17.781	17.809	17.791	49
45	17.776	17.570	17.629	17.708	17.679	17.583	50
46	17.790	17.580	17.570	17.602	17.518	17.350	51
47	17.751	17.534	17.464	17.449	17.319	17.097	52
48	17.643	17.414	17.295	17.233	17.066	16.827	53

Table I-A (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age ^{**} (X + 5)
49	17.503	17.257	17.099	16.992	16.797	16.544	54
50	17.333	17.067	16.880	16.733	16.517	16.252	55
51	17.134	16.852	16.642	16.460	16.228	15.954	56
52	16.907	16.615	16.388	16.177	15.932	15.650	57
53	16.656	16.356	16.119	15.887	15.631	15.342	58
54	16.389	16.082	15.836	15.590	15.325	15.029	59
55	16.109	15.796	15.543	15.286	15.014	14.711	60
56	15.821	15.502	15.242	14.976	14.696	14.388	61
57	15.525	15.201	14.934	14.660	14.374	14.060	62
58	15.223	14.893	14.620	14.338	14.047	13.729	63
59	14.914	14.579	14.299	14.011	13.715	13.392	64
60	14.599	14.258	13.974	13.679	13.377	13.051	65
61	14.279	13.934	13.645	13.344	13.035	12.704	66
62	13.956	13.607	13.312	13.004	12.688	12.351	67
63	13.634	13.279	12.977	12.661	12.336	11.992	68
64	13.310	12.948	12.637	12.312	11.978	11.628	69
65	12.980	12.611	12.290	11.958	11.616	11.259	70
66	12.638	12.264	11.937	11.598	11.248	10.884	71
67	12.294	11.916	11.578	11.231	10.873	10.502	72
68	11.939	11.559	11.213	10.859	10.492	10.116	73
69	11.579	11.197	10.842	10.480	10.107	9.727	74
70	11.214	10.829	10.466	10.097	9.720	9.338	75
71	10.844	10.456	10.086	9.712	9.332	8.949	76
72	10.467	10.077	9.703	9.326	8.944	8.559	77
73	10.086	9.696	9.319	8.939	8.555	8.170	78
74	9.702	9.312	8.933	8.551	8.167	7.783	79
75	9.316	8.927	8.546	8.163	7.780	7.401	80
76	8.930	8.540	8.159	7.778	7.399	7.026	81
77	8.543	8.153	7.773	7.397	7.025	6.659	82
78	8.156	7.769	7.393	7.022	6.658	6.303	83
79	7.771	7.389	7.019	6.656	6.303	5.963	84
80	7.391	7.016	6.654	6.301	5.962	5.639	85

Table I-A (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age ^{**} (X + 5)
81	7.019	6.652	6.299	5.961	5.639	5.330	86
82	6.654	6.299	5.960	5.638	5.330	5.036	87
83	6.301	5.960	5.638	5.330	5.035	4.756	88
84	5.961	5.638	5.330	5.035	4.755	4.489	89
85	5.638	5.329	5.035	4.755	4.489	4.238	90
86	5.329	5.035	4.755	4.489	4.238	4.000	91
87	5.035	4.755	4.489	4.238	4.000	3.775	92
88	4.755	4.489	4.237	4.000	3.775	3.564	93
89	4.489	4.237	3.999	3.775	3.563	3.364	94
90	4.237	3.999	3.775	3.563	3.364	3.176	95
91	3.999	3.775	3.563	3.364	3.176	2.998	96
92	3.775	3.563	3.364	3.176	2.998	2.828	97
93	3.563	3.364	3.175	2.997	2.828	2.665	98
94	3.364	3.175	2.997	2.828	2.665	2.506	99
95	3.175	2.997	2.828	2.665	2.506	2.345	100
96	2.997	2.828	2.665	2.506	2.345	2.215	101
97	2.828	2.665	2.505	2.345	2.214	2.088	102
98	2.665	2.505	2.345	2.214	2.088	1.962	103
99	2.505	2.345	2.214	2.088	1.962	1.840	104
100	2.345	2.214	2.088	1.962	1.840	1.719	105
101	2.213	2.086	1.960	1.837	1.715	1.584	106
102	2.086	1.960	1.837	1.715	1.584	1.433	107
103	1.960	1.837	1.715	1.584	1.433	1.250	108
104	1.837	1.715	1.584	1.433	1.250	0.955	109
105	1.715	1.584	1.433	1.250	0.955	0.500	110
106	1.584	1.433	1.250	0.955	0.500		111
107	1.433	1.250	0.955	0.500			112
108	1.250	0.955	0.500				113
109	0.955	0.500					114
110	0.500						115

* 1999 United States Life Table for Female Population

Table I-A (Cont'd)

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

For State/Act Applicability, refer to the Pension Table Guide.

** For durations beyond five years from death of claimant, use the annuity value in the column for age (X + 5) corresponding to the beneficiary's attained age.

Table I-B
Surviving Spouse Pension Table *

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age** (X + 5)
16	26.047	27.027	29.921	31.560	32.873	34.031	21
17	26.221	27.215	30.137	31.796	33.127	34.302	22
18	26.402	27.411	30.362	32.041	33.390	34.584	23
19	26.591	27.615	30.596	32.296	33.664	34.876	24
20	26.787	27.826	30.838	32.561	33.949	35.180	25
21	27.222	28.214	31.192	32.880	34.263	35.496	26
22	27.697	28.611	31.531	33.175	34.553	35.791	27
23	28.196	29.012	31.855	33.437	34.813	36.059	28
24	28.701	29.435	32.202	33.749	35.087	36.296	29
25	29.193	29.847	32.534	34.060	35.350	36.507	30
26	29.659	30.227	32.827	34.337	35.588	36.700	31
27	30.098	30.567	33.074	34.567	35.796	36.883	32
28	30.516	30.875	33.282	34.753	35.978	37.059	33
29	30.929	31.171	33.477	34.919	36.146	37.232	34
30	31.360	31.487	33.692	35.100	36.319	37.400	35
31	31.834	31.861	33.968	35.340	36.517	37.556	36
32	32.372	32.323	34.341	35.674	36.751	37.688	37
33	33.021	32.926	34.814	36.106	37.016	37.779	38
34	33.732	33.615	35.355	36.598	37.281	37.809	39
35	34.440	34.312	35.886	37.063	37.491	37.761	40
36	35.063	34.909	36.301	37.386	37.580	37.621	41
37	35.541	35.329	36.528	37.490	37.508	37.385	42
38	35.819	35.510	36.511	37.316	37.228	37.053	43
39	35.957	35.520	36.323	36.949	36.815	36.630	44
40	35.974	35.404	36.012	36.450	36.311	36.120	45
41	35.902	35.208	35.624	35.881	35.730	35.529	46
42	35.740	34.974	35.204	35.299	35.107	34.865	47

Table I-B (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age [†] (X + 5)
43	35.525	34.737	34.785	34.743	34.474	34.140	48
44	35.274	34.480	34.354	34.193	33.826	33.363	49
45	34.976	34.173	33.887	33.626	33.149	32.545	50
46	34.593	33.779	33.354	33.000	32.424	31.696	51
47	34.098	33.272	32.732	32.293	31.639	30.826	52
48	33.467	32.625	31.997	31.478	30.769	29.943	53
49	32.781	31.915	31.225	30.633	29.889	29.054	54
50	32.048	31.157	30.424	29.771	29.005	28.167	55
51	31.272	30.365	29.604	28.902	28.125	27.287	56
52	30.458	29.549	28.771	28.034	27.250	26.418	57
53	29.615	28.708	27.928	27.171	26.385	25.559	58
54	28.761	27.859	27.080	26.314	25.531	24.711	59
55	27.901	27.007	26.232	25.464	24.685	23.872	60
56	27.043	26.157	25.387	24.621	23.848	23.044	61
57	26.191	25.314	24.550	23.787	23.022	22.227	62
58	25.346	24.478	23.719	22.962	22.205	21.420	63
59	24.507	23.648	22.897	22.147	21.398	20.625	64
60	23.676	22.827	22.086	21.342	20.602	19.839	65
61	22.856	22.019	21.286	20.548	19.815	19.063	66
62	22.049	21.223	20.498	19.767	19.038	18.295	67
63	21.261	20.443	19.723	18.997	18.272	17.537	68
64	20.488	19.676	18.959	18.237	17.516	16.788	69
65	19.722	18.918	18.203	17.486	16.770	16.049	70
66	18.956	18.161	17.454	16.743	16.033	15.319	71
67	18.204	17.421	16.713	16.009	15.304	14.598	72
68	17.453	16.683	15.981	15.283	14.584	13.887	73
69	16.711	15.957	15.259	14.567	13.876	13.191	74
70	15.980	15.240	14.547	13.861	13.181	12.511	75
71	15.259	14.532	13.846	13.170	12.503	11.847	76
72	14.547	13.833	13.157	12.494	11.841	11.199	77
73	13.844	13.147	12.484	11.834	11.194	10.567	78
74	13.155	12.475	11.826	11.189	10.563	9.954	79

Table I-B (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age ^{**} (X + 5)
75	12.480	11.817	11.181	10.559	9.950	9.362	80
76	11.821	11.173	10.552	9.947	9.359	8.792	81
77	11.177	10.545	9.941	9.356	8.791	8.247	82
78	10.548	9.935	9.351	8.788	8.246	7.728	83
79	9.937	9.346	8.784	8.243	7.727	7.240	84
80	9.349	8.780	8.240	7.725	7.239	6.784	85
81	8.783	8.238	7.723	7.237	6.783	6.354	86
82	8.241	7.723	7.236	6.782	6.354	5.951	87
83	7.725	7.236	6.782	6.353	5.951	5.573	88
84	7.238	6.782	6.353	5.950	5.573	5.219	89
85	6.782	6.353	5.950	5.573	5.219	4.889	90
86	6.353	5.950	5.572	5.219	4.889	4.580	91
87	5.950	5.572	5.219	4.889	4.580	4.293	92
88	5.572	5.218	4.888	4.580	4.293	4.025	93
89	5.218	4.888	4.580	4.292	4.025	3.775	94
90	4.888	4.580	4.292	4.024	3.774	3.541	95
91	4.580	4.292	4.024	3.774	3.541	3.322	96
92	4.292	4.024	3.774	3.541	3.322	3.116	97
93	4.024	3.774	3.540	3.322	3.116	2.920	98
94	3.774	3.540	3.322	3.116	2.919	2.730	99
95	3.540	3.322	3.116	2.919	2.730	2.542	100
96	3.322	3.116	2.919	2.729	2.542	2.387	101
97	3.116	2.919	2.729	2.541	2.387	2.240	102
98	2.919	2.729	2.541	2.387	2.240	2.093	103
99	2.729	2.541	2.387	2.240	2.093	1.951	104
100	2.541	2.387	2.239	2.093	1.951	1.812	105
101	2.387	2.240	2.093	1.951	1.812	1.662	106
102	2.240	2.093	1.951	1.812	1.662	1.487	107
103	2.093	1.951	1.812	1.662	1.487	1.275	108
104	1.951	1.812	1.662	1.487	1.275	0.964	109
105	1.812	1.662	1.487	1.275	0.964	0.500	110

Table I-B (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age** (X + 5)
106	1.662	1.487	1.275	0.964	0.500		111
107	1.487	1.275	0.964	0.500			112
108	1.275	0.964	0.500				113
109	0.964	0.500					114
110	0.500						115

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

For State/Act Applicability, refer to the Pension Table Guide.

** For durations beyond five years from death of claimant, use the annuity value in the column for age (X + 5) corresponding to the beneficiary's attained age.

Table I-C
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age** (X + 5)
16	34.918	36.232	40.087	42.227	43.907	45.360	21
17	35.090	36.417	40.298	42.455	44.150	45.617	22
18	35.269	36.608	40.515	42.690	44.400	45.882	23
19	35.453	36.805	40.739	42.931	44.658	46.154	24
20	35.643	37.007	40.969	43.180	44.923	46.435	25
21	36.149	37.441	41.342	43.496	45.219	46.724	26
22	36.701	37.881	41.687	43.770	45.478	46.978	27
23	37.279	38.317	42.005	43.996	45.689	47.189	28
24	37.859	38.778	42.349	44.281	45.912	47.352	29
25	38.412	39.216	42.665	44.556	46.114	47.476	30
26	38.924	39.605	42.923	44.782	46.278	47.571	31
27	39.393	39.935	43.114	44.938	46.395	47.646	32
28	39.825	40.214	43.249	45.032	46.473	47.707	33
29	40.244	40.473	43.359	45.094	46.527	47.758	34
30	40.679	40.751	43.490	45.170	46.583	47.796	35
31	41.166	41.098	43.696	45.317	46.663	47.813	36
32	41.730	41.555	44.020	45.578	46.785	47.794	37
33	42.430	42.186	44.467	45.957	46.939	47.718	38
34	43.202	42.920	44.992	46.404	47.087	47.560	39

Table I-C (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age ^{**} (X + 5)
35	43.961	43.653	45.495	46.808	47.159	47.301	40
36	44.597	44.246	45.842	47.025	47.074	46.926	41
37	45.036	44.604	45.942	46.960	46.783	46.429	42
38	45.209	44.649	45.728	46.543	46.235	45.816	43
39	45.197	44.475	45.298	45.885	45.520	45.093	44
40	45.028	44.139	44.715	45.066	44.699	44.267	45
41	44.746	43.703	44.038	44.166	43.788	43.348	46
42	44.352	43.223	43.325	43.256	42.832	42.347	47
43	43.894	42.742	42.620	42.384	41.871	41.280	48
44	43.396	42.239	41.905	41.528	40.900	40.159	49
45	42.843	41.680	41.152	40.656	39.902	39.000	50
46	42.188	41.017	40.324	39.721	38.854	37.813	51
47	41.402	40.222	39.396	38.697	37.744	36.612	52
48	40.455	39.264	38.340	37.551	36.543	35.405	53
49	39.449	38.239	37.248	36.381	35.341	34.203	54
50	38.395	37.164	36.131	35.201	34.146	33.014	55
51	37.299	36.059	35.003	34.024	32.965	31.845	56
52	36.168	34.935	33.868	32.858	31.802	30.697	57
53	35.012	33.793	32.733	31.709	30.660	29.573	58
54	33.853	32.650	31.601	30.576	29.540	28.471	59
55	32.699	31.515	30.480	29.462	28.440	27.389	60
56	31.556	30.392	29.372	28.367	27.361	26.328	61
57	30.430	29.287	28.283	27.291	26.303	25.290	62
58	29.322	28.200	27.212	26.234	25.265	24.272	63
59	28.232	27.130	26.160	25.198	24.247	23.276	64
60	27.160	26.079	25.128	24.183	23.250	22.300	65
61	26.110	25.051	24.119	23.189	22.272	21.342	66
62	25.084	24.047	23.132	22.218	21.314	20.401	67
63	24.088	23.070	22.168	21.267	20.376	19.480	68
64	23.119	22.115	21.224	20.336	19.457	18.576	69
65	22.166	21.178	20.298	19.423	18.556	17.691	70

Table I-C (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age [†] (X + 5)
66	21.220	20.251	19.387	18.527	17.673	16.823	71
67	20.298	19.350	18.492	17.647	16.807	15.972	72
68	19.385	18.459	17.615	16.783	15.957	15.139	73
69	18.489	17.588	16.756	15.937	15.126	14.328	74
70	17.614	16.735	15.915	15.110	14.317	13.542	75
71	16.756	15.898	15.093	14.305	13.534	12.779	76
72	15.915	15.079	14.291	13.524	12.773	12.039	77
73	15.091	14.280	13.513	12.765	12.034	11.323	78
74	14.288	13.502	12.756	12.028	11.318	10.631	79
75	13.508	12.746	12.020	11.314	10.628	9.968	80
76	12.751	12.011	11.307	10.624	9.965	9.333	81
77	12.015	11.299	10.618	9.962	9.332	8.729	82
78	11.302	10.611	9.957	9.329	8.728	8.157	83
79	10.614	9.951	9.324	8.725	8.156	7.621	84
80	9.954	9.320	8.722	8.154	7.620	7.122	85
81	9.323	8.719	8.152	7.618	7.121	6.655	86
82	8.722	8.151	7.617	7.120	6.654	6.217	87
83	8.154	7.617	7.120	6.653	6.217	5.809	88
84	7.619	7.120	6.654	6.217	5.809	5.429	89
85	7.120	6.653	6.216	5.809	5.428	5.074	90
86	6.653	6.216	5.809	5.428	5.074	4.745	91
87	6.216	5.808	5.428	5.074	4.745	4.438	92
88	5.808	5.428	5.074	4.744	4.438	4.153	93
89	5.428	5.073	4.744	4.438	4.153	3.888	94
90	5.074	4.744	4.438	4.153	3.888	3.641	95
91	4.744	4.437	4.153	3.888	3.641	3.411	96
92	4.437	4.153	3.888	3.641	3.411	3.194	97
93	4.153	3.888	3.641	3.411	3.194	2.989	98
94	3.888	3.641	3.411	3.194	2.988	2.790	99
95	3.641	3.411	3.194	2.988	2.790	2.594	100
96	3.411	3.194	2.988	2.790	2.594	2.434	101
97	3.194	2.988	2.790	2.594	2.434	2.280	102

Table I-C (Cont'd)
Surviving Spouse Pension Table*

Age at Widowhood (X)	$\bar{a}_{[X]}$	$\bar{a}_{[X] + 1}$	$\bar{a}_{[X] + 2}$	$\bar{a}_{[X] + 3}$	$\bar{a}_{[X] + 4}$	$\bar{a}_{[X] + 5}$	Attained Age** (X + 5)
98	2.988	2.790	2.594	2.433	2.280	2.128	103
99	2.790	2.594	2.433	2.280	2.128	1.981	104
100	2.594	2.433	2.280	2.128	1.981	1.837	105
101	2.433	2.280	2.128	1.981	1.837	1.682	106
102	2.280	2.128	1.981	1.837	1.682	1.502	107
103	2.128	1.981	1.837	1.682	1.502	1.284	108
104	1.981	1.837	1.682	1.502	1.284	0.969	109
105	1.837	1.682	1.502	1.284	0.969	0.500	110
106	1.682	1.502	1.284	0.969	0.500		111
107	1.502	1.284	0.969	0.500			112
108	1.284	0.969	0.500				113
109	0.969	0.500					114
110	0.500						115

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 5.0%

For State/Act Applicability, refer to the Pension Table Guide.

** For durations beyond five years from death of claimant, use the annuity value in the column for age (X + 5) corresponding to the beneficiary's attained age.

Table II-A
Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	$A'_{[X]}$	$A'_{[X] + 1}$	$A'_{[X] + 2}$	$A'_{[X] + 3}$	$A'_{[X] + 4}$	$A'_{[X] + 5}$	Attained Age** (X + 5)
16	0.5698	0.5548	0.5072	0.4787	0.4544	0.4315	21
17	0.5650	0.5495	0.5009	0.4715	0.4464	0.4226	22
18	0.5599	0.5437	0.4940	0.4638	0.4377	0.4130	23
19	0.5543	0.5375	0.4866	0.4554	0.4284	0.4027	24
20	0.5484	0.5309	0.4787	0.4464	0.4183	0.3915	25
21	0.5383	0.5209	0.4684	0.4359	0.4071	0.3794	26
22	0.5270	0.5103	0.4578	0.4253	0.3957	0.3671	27
23	0.5148	0.4991	0.4469	0.4145	0.3841	0.3544	28
24	0.5020	0.4870	0.4350	0.4022	0.3716	0.3416	29
25	0.4888	0.4744	0.4227	0.3893	0.3585	0.3284	30

Table II-A (Cont'd)

Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	[X]	$A'_{[X]+1}$	$A'_{[X]+2}$	$A'_{[X]+3}$	$A'_{[X]+4}$	$A'_{[X]+5}$	Attained Age (X + 5)
26	0.4755	0.4618	0.4103	0.3762	0.3451	0.3147	31
27	0.4619	0.4491	0.3981	0.3633	0.3314	0.3004	32
28	0.4479	0.4364	0.3858	0.3503	0.3174	0.2854	33
29	0.4333	0.4231	0.3731	0.3369	0.3028	0.2695	34
30	0.4177	0.4087	0.3592	0.3224	0.2872	0.2527	35
31	0.4005	0.3925	0.3433	0.3058	0.2701	0.2351	36
32	0.3813	0.3738	0.3246	0.2865	0.2513	0.2169	37
33	0.3591	0.3514	0.3030	0.2641	0.2308	0.1986	38
34	0.3347	0.3262	0.2789	0.2392	0.2090	0.1803	39
35	0.3091	0.2995	0.2537	0.2135	0.1872	0.1627	40
36	0.2837	0.2734	0.2294	0.1894	0.1667	0.1462	41
37	0.2597	0.2495	0.2077	0.1687	0.1487	0.1308	42
38	0.2384	0.2292	0.1901	0.1530	0.1344	0.1168	43
39	0.2188	0.2114	0.1752	0.1408	0.1225	0.1043	44
40	0.2006	0.1954	0.1622	0.1310	0.1120	0.0932	45
41	0.1834	0.1803	0.1503	0.1223	0.1029	0.0836	46
42	0.1674	0.1652	0.1385	0.1135	0.0944	0.0754	47
43	0.1517	0.1495	0.1261	0.1036	0.0857	0.0685	48
44	0.1361	0.1335	0.1134	0.0930	0.0770	0.0628	49
45	0.1208	0.1178	0.1009	0.0824	0.0688	0.0582	50
46	0.1069	0.1037	0.0897	0.0729	0.0616	0.0543	51
47	0.0951	0.0918	0.0804	0.0654	0.0560	0.0512	52
48	0.0864	0.0832	0.0739	0.0608	0.0529	0.0485	53
49	0.0788	0.0761	0.0683	0.0571	0.0502	0.0461	54
50	0.0722	0.0702	0.0634	0.0539	0.0477	0.0439	55
51	0.0667	0.0652	0.0592	0.0511	0.0453	0.0417	56
52	0.0623	0.0609	0.0554	0.0484	0.0430	0.0395	57
53	0.0587	0.0574	0.0520	0.0458	0.0406	0.0371	58
54	0.0556	0.0543	0.0489	0.0432	0.0382	0.0347	59
55	0.0528	0.0515	0.0462	0.0407	0.0357	0.0323	60
56	0.0502	0.0489	0.0436	0.0382	0.0332	0.0297	61
57	0.0476	0.0463	0.0410	0.0357	0.0307	0.0272	62

Table II-A (Cont'd)
Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	[X]	$A'_{[X]+1}$	$A'_{[X]+2}$	$A'_{[X]+3}$	$A'_{[X]+4}$	$A'_{[X]+5}$	Attained Age (X + 5)
58	0.0451	0.0438	0.0384	0.0332	0.0281	0.0246	63
59	0.0426	0.0413	0.0359	0.0307	0.0256	0.0220	64
60	0.0402	0.0388	0.0333	0.0282	0.0231	0.0194	65
61	0.0377	0.0363	0.0307	0.0256	0.0206	0.0169	66
62	0.0350	0.0336	0.0280	0.0230	0.0181	0.0145	67
63	0.0319	0.0306	0.0252	0.0203	0.0157	0.0122	68
64	0.0285	0.0275	0.0223	0.0176	0.0134	0.0101	69
65	0.0253	0.0244	0.0195	0.0151	0.0112	0.0084	70
66	0.0225	0.0218	0.0169	0.0128	0.0094	0.0069	71
67	0.0195	0.0188	0.0146	0.0109	0.0079	0.0057	72
68	0.0171	0.0164	0.0127	0.0093	0.0066	0.0048	73
69	0.0148	0.0142	0.0109	0.0079	0.0056	0.0040	74
70	0.0128	0.0122	0.0093	0.0067	0.0048	0.0034	75
71	0.0110	0.0104	0.0078	0.0056	0.0040	0.0028	76
72	0.0094	0.0088	0.0066	0.0047	0.0033	0.0023	77
73	0.0080	0.0075	0.0056	0.0039	0.0028	0.0019	78
74	0.0069	0.0064	0.0047	0.0033	0.0023	0.0015	79
75	0.0060	0.0055	0.0040	0.0027	0.0018	0.0012	80
76	0.0051	0.0047	0.0033	0.0022	0.0015	0.0010	81
77	0.0044	0.0041	0.0028	0.0018	0.0012	0.0008	82
78	0.0038	0.0035	0.0024	0.0015	0.0010	0.0007	83
79	0.0033	0.0030	0.0020	0.0013	0.0008	0.0005	84
80	0.0027	0.0025	0.0017	0.0011	0.0007	0.0005	85
81	0.0022	0.0020	0.0014	0.0009	0.0006	0.0004	86
82	0.0016	0.0015	0.0010	0.0007	0.0005	0.0003	87
83	0.0011	0.0010	0.0008	0.0006	0.0004	0.0003	88
84	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	89
85	0.0007	0.0007	0.0005	0.0004	0.0003	0.0002	90
86	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	91
87	0.0006	0.0005	0.0004	0.0003	0.0002	0.0001	92
88	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	93
89	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	94

Table II-A (Cont'd)

Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	[X]	A' _{[X] + 1}	A' _{[X] + 2}	A' _{[X] + 3}	A' _{[X] + 4}	A' _{[X] + 5}	Attained Age** (X + 5)
90	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	95
91	0.0004	0.0003	0.0003	0.0002	0.0001	0.0001	96
92	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	97
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	98
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99
95	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	100
96	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	101
97	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	102
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104
100	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	105
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0001	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

* 1999 United States Life Table for Female Population
 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 0.0%

For State/Act Applicability, refer to the Pension Table Guide.

** For durations beyond five years from death of claimant, use the annuity value in the column for age (X + 5) corresponding to the beneficiary's attained age.

Table II-B

Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	A' _[X]	A' _{[X] + 1}	A' _{[X] + 2}	A' _{[X] + 3}	A' _{[X] + 4}	A' _{[X] + 5}	Attained Age** (X + 5)
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	21
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	22
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	23
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	24
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	25
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	26

Table II-B (Cont'd)
Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	$A'_{[X]}$	$A'_{[X] + 1}$	$A'_{[X] + 2}$	$A'_{[X] + 3}$	$A'_{[X] + 4}$	$A'_{[X] + 5}$	Attained Age (X + 5)
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	27
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	28
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	29
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	30
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	31
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	32
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	33
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	34
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	35
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	36
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	37
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	38
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	39
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	40
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	41
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	42
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	43
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	44
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	45
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	46
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	47
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	48
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	49
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	50
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	51
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	52
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	53
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	54
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	55
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	56
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	57
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	58

Table II-B (Cont'd)

Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	$A'_{[X]}$	$A'_{[X] + 1}$	$A'_{[X] + 2}$	$A'_{[X] + 3}$	$A'_{[X] + 4}$	$A'_{[X] + 5}$	Attained Age (X + 5)
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	59
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	60
56	0.0654	0.0622	0.0552	0.0483	0.0420	0.0374	61
57	0.0613	0.0582	0.0513	0.0446	0.0383	0.0338	62
58	0.0574	0.0544	0.0475	0.0409	0.0347	0.0302	63
59	0.0536	0.0506	0.0438	0.0373	0.0312	0.0267	64
60	0.0499	0.0470	0.0402	0.0339	0.0279	0.0234	65
61	0.0462	0.0434	0.0366	0.0305	0.0246	0.0202	66
62	0.0424	0.0398	0.0331	0.0271	0.0215	0.0172	67
63	0.0384	0.0359	0.0294	0.0237	0.0185	0.0145	68
64	0.0341	0.0320	0.0259	0.0205	0.0156	0.0120	69
65	0.0300	0.0282	0.0225	0.0174	0.0131	0.0099	70
66	0.0265	0.0250	0.0194	0.0147	0.0109	0.0081	71
67	0.0229	0.0215	0.0167	0.0125	0.0091	0.0067	72
68	0.0200	0.0187	0.0144	0.0106	0.0077	0.0056	73
69	0.0173	0.0161	0.0123	0.0090	0.0065	0.0047	74
70	0.0149	0.0138	0.0105	0.0076	0.0055	0.0039	75
71	0.0127	0.0117	0.0088	0.0064	0.0045	0.0032	76
72	0.0108	0.0099	0.0074	0.0053	0.0038	0.0027	77
73	0.0092	0.0083	0.0062	0.0044	0.0031	0.0022	78
74	0.0078	0.0071	0.0052	0.0037	0.0026	0.0018	79
75	0.0068	0.0061	0.0044	0.0030	0.0021	0.0014	80
76	0.0058	0.0052	0.0037	0.0025	0.0017	0.0011	81
77	0.0050	0.0045	0.0031	0.0020	0.0013	0.0009	82
78	0.0043	0.0039	0.0026	0.0017	0.0011	0.0008	83
79	0.0037	0.0033	0.0022	0.0014	0.0009	0.0006	84
80	0.0030	0.0027	0.0018	0.0012	0.0008	0.0005	85
81	0.0024	0.0022	0.0015	0.0010	0.0007	0.0004	86
82	0.0018	0.0016	0.0011	0.0008	0.0005	0.0004	87
83	0.0013	0.0012	0.0008	0.0006	0.0004	0.0003	88
84	0.0009	0.0008	0.0006	0.0004	0.0003	0.0003	89
85	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	90

Table II-B (Cont'd)
Present Value of Remarriage Dowry Table*

Age at Widowhood (X)	A' _[X]	A' _{[X] + 1}	A' _{[X] + 2}	A' _{[X] + 3}	A' _{[X] + 4}	A' _{[X] + 5}	Attained Age** (X + 5)
86	0.0007	0.0006	0.0005	0.0003	0.0002	0.0002	91
87	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	92
88	0.0005	0.0005	0.0004	0.0003	0.0002	0.0001	93
89	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	94
90	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	95
91	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	96
92	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	97
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	98
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99
95	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	100
96	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	101
97	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	102
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104
100	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	105
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

* 1999 United States Life Table for Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

For State/Act Applicability, refer to the Pension Table Guide.

** For durations beyond five years from death of claimant, use the annuity value in the column for age (X + 5) corresponding to the beneficiary's attained age.

Table III-M-A
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male					
Age	Present Value	Age	Present Value	Age	Present Value
11	25.203	41	19.632	71	9.426
12	25.071	42	19.357	72	9.069

Table III-M-A (Cont'd)
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male					
Age	Present Value	Age	Present Value	Age	Present Value
13	24.935	43	19.076	73	8.713
14	24.799	44	18.789	74	8.359
15	24.662	45	18.496	75	8.008
16	24.524	46	18.198	76	7.660
17	24.386	47	17.896	77	7.312
18	24.247	48	17.587	78	6.966
19	24.106	49	17.273	79	6.623
20	23.961	50	16.952	80	6.286
21	23.813	51	16.624	81	5.960
22	23.662	52	16.289	82	5.647
23	23.506	53	15.948	83	5.351
24	23.345	54	15.602	84	5.067
25	23.178	55	15.252	85	4.796
26	23.005	56	14.899	86	4.538
27	22.824	57	14.544	87	4.293
28	22.637	58	14.186	88	4.061
29	22.444	59	13.826	89	3.843
30	22.244	60	13.463	90	3.636
31	22.038	61	13.097	91	3.442
32	21.826	62	12.729	92	3.260
33	21.608	63	12.360	93	3.088
34	21.383	64	11.991	94	2.927
35	21.152	65	11.622	95	2.776
36	20.915	66	11.252	96	2.633
37	20.671	67	10.883	97	2.497
38	20.421	68	10.514	98	2.365
39	20.164	69	10.148	99	2.238
40	19.901	70	9.785	100	2.108

* 1999 United States Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

For State/Act Applicability, refer to the Pension Table Guide.

Table III-M-B
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male

Age	Present Value	Age	Present Value
11	54.372	56	21.290
12	53.641	57	20.589
13	52.908	58	19.896
14	52.180	59	19.211
15	51.456	60	18.534
16	50.738	61	17.865
17	50.025	62	17.205
18	49.316	63	16.556
19	48.607	64	15.917
20	47.898	65	15.290
21	47.189	66	14.673
22	46.479	67	14.067
23	45.768	68	13.473
24	45.052	69	12.892
25	44.332	70	12.326
26	43.606	71	11.774
27	42.874	72	11.234
28	42.138	73	10.705
29	41.398	74	10.187
30	40.655	75	9.682
31	39.910	76	9.188
32	39.162	77	8.703
33	38.411	78	8.228
34	37.659	79	7.766
35	36.906	80	7.318
36	36.150	81	6.891
37	35.394	82	6.486
38	34.636	83	6.106
39	33.879	84	5.747
40	33.121	85	5.406
41	32.365	86	5.086
42	31.609	87	4.785

Table III-M-B (Cont'd)
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male

Age	Present Value	Age	Present Value
43	30.854	88	4.503
44	30.101	89	4.239
45	29.350	90	3.992
46	28.603	91	3.762
47	27.859	92	3.547
48	27.118	93	3.346
49	26.380	94	3.159
50	25.643	95	2.984
51	24.908	96	2.819
52	24.175	97	2.664
53	23.445	98	2.515
54	22.720	99	2.372
55	22.001	100	2.226

* 1999 United States Life Table for Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 3.0%

For State/Act Applicability, refer to the Pension Table Guide.

Table III-M-C
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male

Age	Present Value	Age	Present Value
11	75.314	56	24.303
12	73.964	57	23.412
13	72.624	58	22.538
14	71.301	59	21.681
15	69.995	60	20.840
16	68.708	61	20.014
17	67.438	62	19.205
18	66.183	63	18.414
19	64.940	64	17.641
20	63.706	65	16.887

Table III-M-C (Cont'd)

Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male

Age	Present Value	Age	Present Value
21	62.482	66	16.150
22	61.268	67	15.430
23	60.061	68	14.728
24	58.860	69	14.047
25	57.661	70	13.387
26	56.465	71	12.747
27	55.273	72	12.123
28	54.083	73	11.516
29	52.900	74	10.926
30	51.722	75	10.353
31	50.551	76	9.796
32	49.387	77	9.253
33	48.229	78	8.724
34	47.080	79	8.211
35	45.937	80	7.718
36	44.803	81	7.249
37	43.677	82	6.806
38	42.559	83	6.392
39	41.450	84	6.003
40	40.351	85	5.635
41	39.262	86	5.290
42	38.184	87	4.968
43	37.115	88	4.666
44	36.059	89	4.385
45	35.013	90	4.122
46	33.981	91	3.878
47	32.961	92	3.651
48	31.954	93	3.439
49	30.957	94	3.242
50	29.971	95	3.058
51	28.995	96	2.885

Table III-M-C (Cont'd)
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)
Male

Age	Present Value	Age	Present Value
52	28.030	97	2.723
53	27.076	98	2.568
54	26.136	99	2.419
55	25.211	100	2.268

* 1999 United States Life Table for Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%
For State/Act Applicability, refer to the Pension Table Guide.

Table III-M-D
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)
Male

Age	Present Value	Age	Present Value
11	108.285	56	27.938
12	105.759	57	26.801
13	103.275	58	25.695
14	100.839	59	24.617
15	98.455	60	23.565
16	96.121	61	22.541
17	93.835	62	21.545
18	91.594	63	20.578
19	89.392	64	19.639
20	87.226	65	18.728
21	85.096	66	17.844
22	83.001	67	16.987
23	80.938	68	16.156
24	78.902	69	15.354
25	76.891	70	14.582
26	74.904	71	13.837
27	72.942	72	13.116
28	71.004	73	12.419
29	69.093	74	11.745
30	67.209	75	11.094

Table III-M-D (Cont'd)
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Male			
Age	Present Value	Age	Present Value
31	65.354	76	10.465
32	63.525	77	9.855
33	61.724	78	9.264
34	59.950	79	8.695
35	58.205	80	8.150
36	56.486	81	7.634
37	54.795	82	7.150
38	53.131	83	6.699
39	51.495	84	6.276
40	49.887	85	5.878
41	48.308	86	5.507
42	46.756	87	5.161
43	45.233	88	4.838
44	43.738	89	4.538
45	42.272	90	4.259
46	40.835	91	4.000
47	39.427	92	3.759
48	38.048	93	3.536
49	36.694	94	3.328
50	35.366	95	3.135
51	34.062	96	2.954
52	32.783	97	2.784
53	31.529	98	2.622
54	30.303	99	2.467
55	29.105	100	2.310

* 1999 United States Life Table for Male Population
 Annual Rate of Interest = 3.5%
 Annual Rate of Escalation = 5.0%
For State/Act Applicability, refer to the Pension Table Guide.

Table III-F-A
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)
Female

Age	Present Value	Age	Present Value
11	25.950	56	16.536
12	25.844	57	16.191
13	25.734	58	15.841
14	25.623	59	15.487
15	25.509	60	15.128
16	25.392	61	14.764
17	25.274	62	14.396
18	25.152	63	14.025
19	25.027	64	13.651
20	24.897	65	13.273
21	24.763	66	12.892
22	24.623	67	12.507
23	24.480	68	12.119
24	24.331	69	11.730
25	24.178	70	11.340
26	24.019	71	10.947
27	23.855	72	10.552
28	23.686	73	10.156
29	23.512	74	9.759
30	23.332	75	9.364
31	23.147	76	8.970
32	22.955	77	8.575
33	22.759	78	8.182
34	22.557	79	7.792
35	22.349	80	7.408
36	22.136	81	7.031
37	21.917	82	6.663
38	21.693	83	6.307
39	21.461	84	5.965
40	21.224	85	5.641
41	20.981	86	5.332
42	20.731	87	5.037

Table III-F-A (Cont'd)

Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Female

Age	Present Value	Age	Present Value
43	20.474	88	4.756
44	20.211	89	4.490
45	19.941	90	4.238
46	19.664	91	4.000
47	19.381	92	3.775
48	19.091	93	3.563
49	18.794	94	3.364
50	18.491	95	3.175
51	18.181	96	2.996
52	17.864	97	2.827
53	17.541	98	2.663
54	17.211	99	2.502
55	16.876	100	2.341

* 1999 United States Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 0.0%

For State/Act Applicability, refer to the Pension Table Guide.

Table III-F-B

Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Female

Age	Present Value	Age	Present Value
11	58.350	56	24.561
12	57.637	57	23.815
13	56.923	58	23.074
14	56.208	59	22.339
15	55.493	60	21.610
16	54.778	61	20.886
17	54.063	62	20.170
18	53.346	63	19.461
19	52.627	64	18.761
20	51.905	65	18.068

Table III-F-B (Cont'd)

Pension Table*
 (Other Than Surviving Spouse)
 (Present Value of \$1.00 per Annum Payable Until Death)

Female

Age	Present Value	Age	Present Value
21	51.178	66	17.382
22	50.448	67	16.704
23	49.715	68	16.034
24	48.978	69	15.375
25	48.237	70	14.725
26	47.494	71	14.085
27	46.747	72	13.454
28	45.998	73	12.831
29	45.246	74	12.220
30	44.491	75	11.622
31	43.733	76	11.036
32	42.973	77	10.461
33	42.211	78	9.897
34	41.448	79	9.348
35	40.684	80	8.816
36	39.918	81	8.302
37	39.152	82	7.807
38	38.384	83	7.335
39	37.616	84	6.889
40	36.846	85	6.470
41	36.075	86	6.075
42	35.304	87	5.702
43	34.532	88	5.351
44	33.759	89	5.022
45	32.987	90	4.713
46	32.214	91	4.424
47	31.442	92	4.154
48	30.670	93	3.901
49	29.899	94	3.665
50	29.130	95	3.443
51	28.362	96	3.235

Table III-F-B (Cont'd)

Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Female

Age	Present Value	Age	Present Value
52	27.596	97	3.038
53	26.832	98	2.850
54	26.071	99	2.667
55	25.314	100	2.485

* 1999 United States Life Table for Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 3.0%

For State/Act Applicability, refer to the Pension Table Guide.

Table III-F-C

Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)

Female

Age	Present Value	Age	Present Value
11	82.580	56	28.472
12	81.196	57	27.495
13	79.819	58	26.533
14	78.453	59	25.585
15	77.098	60	24.651
16	75.755	61	23.732
17	74.422	62	22.829
18	73.099	63	21.942
19	71.783	64	21.071
20	70.474	65	20.216
21	69.170	66	19.376
22	67.871	67	18.551
23	66.580	68	17.742
24	65.294	69	16.950
25	64.015	70	16.176
26	62.742	71	15.418
27	61.476	72	14.675
28	60.217	73	13.948
29	58.965	74	13.239
30	57.720	75	12.549

Table III-F-C (Cont'd)
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)
Female

Age	Present Value	Age	Present Value
31	56.482	76	11.877
32	55.251	77	11.222
33	54.029	78	10.585
34	52.815	79	9.967
35	51.611	80	9.372
36	50.415	81	8.800
37	49.228	82	8.252
38	48.049	83	7.733
39	46.880	84	7.243
40	45.719	85	6.786
41	44.566	86	6.356
42	43.423	87	5.952
43	42.289	88	5.574
44	41.164	89	5.220
45	40.048	90	4.889
46	38.942	91	4.580
47	37.845	92	4.292
48	36.760	93	4.024
49	35.684	94	3.774
50	34.619	95	3.539
51	33.564	96	3.320
52	32.521	97	3.113
53	31.490	98	2.916
54	30.470	99	2.725
55	29.464	100	2.535

* 1999 United States Life Table for Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%
For State/Act Applicability, refer to the Pension Table Guide.

Table III-F-D
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)
Female

Age	Present Value	Age	Present Value
11	121.773	56	33.281
12	119.055	57	31.995
13	116.378	58	30.739
14	113.744	59	29.511
15	111.156	60	28.311
16	108.610	61	27.139
17	106.108	62	25.995
18	103.644	63	24.880
19	101.218	64	23.793
20	98.825	65	22.734
21	96.466	66	21.700
22	94.139	67	20.693
23	91.846	68	19.712
24	89.585	69	18.759
25	87.356	70	17.834
26	85.160	71	16.934
27	82.995	72	16.058
28	80.862	73	15.207
29	78.761	74	14.382
30	76.690	75	13.584
31	74.651	76	12.812
32	72.642	77	12.065
33	70.664	78	11.342
34	68.719	79	10.646
35	66.805	80	9.979
36	64.922	81	9.341
37	63.069	82	8.735
38	61.247	83	8.162
39	59.453	84	7.624
40	57.689	85	7.124
41	55.954	86	6.656
42	54.247	87	6.219

Table III-F-D (Cont'd)
Pension Table*
(Other Than Surviving Spouse)
(Present Value of \$1.00 per Annum Payable Until Death)
Female

Age	Present Value	Age	Present Value
43	52.569	88	5.810
44	50.918	89	5.429
45	49.296	90	5.074
46	47.702	91	4.744
47	46.135	92	4.437
48	44.596	93	4.152
49	43.085	94	3.887
50	41.602	95	3.640
51	40.145	96	3.409
52	38.716	97	3.192
53	37.315	98	2.985
54	35.942	99	2.785
55	34.597	100	2.587

* 1999 United States Life Table for Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 5.0%
For State/Act Applicability, refer to the Pension Table Guide.

Table IV-A
Present Value of Survivorship Benefits Table*
Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
16						1.195
17					1.270	1.230
18				1.348	1.307	1.266
19			1.430	1.388	1.345	1.303
20		1.517	1.473	1.428	1.384	1.340
21	1.607	1.562	1.516	1.470	1.424	1.378
22	1.655	1.608	1.560	1.512	1.465	1.417
23	1.704	1.655	1.605	1.556	1.506	1.457
24	1.755	1.704	1.652	1.601	1.549	1.497
25	1.807	1.754	1.701	1.647	1.593	1.540

Table IV-A (Cont'd)

Present Value of Survivorship Benefits Table*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
26	1.861	1.806	1.751	1.695	1.639	1.583
27	1.918	1.860	1.802	1.744	1.686	1.628
28	1.976	1.916	1.856	1.795	1.735	1.675
29	2.035	1.973	1.910	1.848	1.785	1.722
30	2.096	2.032	1.967	1.901	1.836	1.771
31	2.159	2.092	2.024	1.956	1.889	1.821
32	2.223	2.154	2.083	2.013	1.942	1.871
33	2.289	2.217	2.143	2.070	1.996	1.923
34	2.356	2.281	2.205	2.128	2.052	1.975
35	2.424	2.346	2.267	2.187	2.107	2.028
36	2.494	2.412	2.330	2.247	2.164	2.080
37	2.565	2.479	2.393	2.307	2.220	2.133
38	2.636	2.547	2.458	2.367	2.277	2.187
39	2.708	2.616	2.522	2.428	2.334	2.240
40	2.781	2.685	2.587	2.489	2.391	2.293
41	2.854	2.753	2.651	2.549	2.447	2.346
42	2.927	2.822	2.716	2.610	2.504	2.398
43	3.00	2.891	2.780	2.670	2.560	2.450
44	3.073	2.959	2.844	2.730	2.615	2.501
45	3.146	3.027	2.908	2.788	2.670	2.551
46	3.217	3.094	2.970	2.846	2.723	2.600
47	3.288	3.160	3.031	2.902	2.774	2.647
48	3.357	3.224	3.090	2.956	2.824	2.692
49	3.426	3.287	3.148	3.010	2.872	2.737
50	3.493	3.349	3.205	3.062	2.920	2.780
51	3.559	3.410	3.261	3.113	2.966	2.822
52	3.624	3.469	3.315	3.162	3.011	2.862
53	3.687	3.527	3.368	3.210	3.054	2.901
54	3.747	3.582	3.418	3.255	3.095	2.937
55	3.805	3.634	3.465	3.298	3.133	2.971
56	3.858	3.683	3.509	3.337	3.168	3.002
57	3.908	3.727	3.548	3.372	3.198	3.028

Table IV-A (Cont'd)

Present Value of Survivorship Benefits Table*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
58	3.953	3.767	3.583	3.402	3.224	3.050
59	3.994	3.803	3.615	3.429	3.247	3.069
60	4.031	3.835	3.642	3.452	3.266	3.084
61	4.064	3.864	3.666	3.472	3.281	3.094
62	4.092	3.887	3.685	3.486	3.291	3.101
63	4.115	3.906	3.699	3.495	3.296	3.102
64	4.133	3.918	3.707	3.499	3.296	3.097
65	4.144	3.925	3.709	3.497	3.290	3.087
66	4.151	3.927	3.706	3.490	3.278	3.072
67	4.152	3.923	3.698	3.477	3.261	3.051
68	4.146	3.913	3.683	3.458	3.238	3.024
69	4.133	3.895	3.661	3.431	3.207	2.990
70	4.111	3.869	3.630	3.396	3.169	2.949
71	4.082	3.835	3.592	3.354	3.124	2.901
72	4.045	3.794	3.547	3.306	3.073	2.925
73	4.001	3.746	3.495	3.251	3.103	2.965
74	3.949	3.690	3.436	3.286	3.149	2.915
75	3.888	3.626	3.477	3.340	3.095	2.860
76	3.818	3.672	3.538	3.284	3.038	2.801
77	3.874	3.745	3.480	3.225	2.978	2.740
78	3.959	3.685	3.419	3.162	2.914	2.676
79	3.896	3.621	3.354	3.095	2.847	2.609
80	3.827	3.550	3.282	3.023	2.776	2.540
81	3.750	3.472	3.203	2.946	2.700	2.467
82	3.663	3.385	3.118	2.863	2.620	2.391
83	3.567	3.290	3.025	2.773	2.535	2.312
84	3.460	3.187	2.926	2.679	2.447	2.231
85	3.346	3.077	2.821	2.580	2.356	2.149
86	3.226	2.962	2.714	2.481	2.266	2.066
87	3.102	2.846	2.606	2.383	2.176	1.984
88	2.977	2.729	2.500	2.285	2.086	1.902
89	2.851	2.615	2.394	2.188	1.998	1.822

Table IV-A (Cont'd)

Present Value of Survivorship Benefits Table*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
90	2.728	2.501	2.289	2.093	1.911	1.743
91	2.607	2.389	2.187	1.999	1.826	1.666
92	2.487	2.279	2.086	1.908	1.742	1.590
93	2.370	2.172	1.989	1.819	1.662	1.517
94	2.257	2.068	1.894	1.732	1.584	1.446
95	2.147	1.968	1.802	1.649	1.508	1.377
96	2.041	1.871	1.714	1.569	1.435	1.310
97	1.940	1.779	1.630	1.492	1.364	1.245
98	1.845	1.692	1.551	1.419	1.296	1.181
99	1.757	1.612	1.477	1.351	1.232	1.119
100	1.679	1.540	1.411	1.289	1.172	1.062
101	1.591	1.459	1.334	1.215	1.101	1.006
102	1.507	1.380	1.258	1.141	1.044	0.952
103	1.426	1.302	1.182	1.083	0.989	0.897
104	1.345	1.223	1.122	1.025	0.931	0.840
105	1.266	1.162	1.063	0.967	0.873	0.781

* 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest applied prior to claimant's death = 3.5%
 Annual Rate of Interest applied after claimant's death = 3.5%
 Annual Rate of Escalation applied prior to claimant's death = 0.0%
 Annual Rate of Escalation applied after claimant's death = 0.0%
For State/Act Applicability, refer to the Pension Table Guide.

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

Table IV-B

Present Value of Survivorship Benefits Table*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
16						10.877
17					11.497	10.819
18				12.138	11.436	10.761
19			12.798	12.073	11.374	10.701
20		13.477	12.730	12.008	11.312	10.641

Table IV-B (Cont'd)

Present Value of Survivorship Benefits Table*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
21	14.172	13.406	12.663	11.943	11.249	10.581
22	14.098	13.336	12.595	11.878	11.186	10.519
23	14.025	13.265	12.527	11.812	11.122	10.457
24	13.952	13.195	12.458	11.745	11.057	10.395
25	13.879	13.124	12.390	11.679	10.993	10.332
26	13.806	13.053	12.321	11.612	10.928	10.269
27	13.733	12.983	12.253	11.546	10.864	10.207
28	13.660	12.912	12.184	11.479	10.799	10.144
29	13.587	12.840	12.115	11.412	10.734	10.081
30	13.512	12.768	12.045	11.344	10.669	10.018
31	13.438	12.696	11.974	11.276	10.602	9.953
32	13.362	12.622	11.903	11.207	10.535	9.888
33	13.285	12.548	11.831	11.136	10.466	9.821
34	13.208	12.472	11.757	11.064	10.396	9.752
35	13.128	12.395	11.682	10.991	10.324	9.682
36	13.048	12.316	11.604	10.915	10.250	9.609
37	12.965	12.235	11.525	10.837	10.174	9.534
38	12.881	12.152	11.444	10.757	10.095	9.457
39	12.794	12.066	11.359	10.674	10.014	9.378
40	12.704	11.978	11.272	10.589	9.930	9.296
41	12.611	11.886	11.181	10.500	9.843	9.211
42	12.514	11.791	11.088	10.408	9.753	9.123
43	12.414	11.692	10.991	10.313	9.660	9.032
44	12.310	11.590	10.891	10.215	9.564	8.938
45	12.202	11.484	10.787	10.113	9.465	8.841
46	12.090	11.374	10.679	10.007	9.361	8.740
47	11.974	11.259	10.566	9.897	9.253	8.634
48	11.852	11.140	10.449	9.782	9.141	8.525
49	11.727	11.017	10.329	9.664	9.026	8.414
50	11.598	10.890	10.204	9.543	8.908	8.300
51	11.465	10.759	10.077	9.419	8.788	8.184
52	11.327	10.625	9.946	9.292	8.665	8.065

Table IV-B (Cont'd)

Present Value of Survivorship Benefits Table*

Age Difference (Spouse's Age Minus Claimant's Age)**

Claimant's Age	-5	-4	-3	-2	-1	-0
53	11.186	10.487	9.812	9.163	8.540	7.944
54	11.039	10.345	9.674	9.029	8.411	7.820
55	10.888	10.198	9.532	8.891	8.278	7.693
56	10.730	10.045	9.383	8.748	8.141	7.561
57	10.565	9.886	9.230	8.600	7.999	7.425
58	10.395	9.720	9.070	8.447	7.852	7.284
59	10.219	9.551	8.907	8.291	7.702	7.140
60	10.039	9.378	8.741	8.131	7.548	6.992
61	9.856	9.201	8.571	7.967	7.391	6.841
62	9.668	9.020	8.397	7.800	7.230	6.687
63	9.475	8.834	8.218	7.628	7.065	6.529
64	9.277	8.643	8.034	7.451	6.896	6.367
65	9.074	8.448	7.847	7.271	6.723	6.200
66	8.868	8.250	7.656	7.088	6.546	6.031
67	8.659	8.048	7.462	6.901	6.367	5.859
68	8.445	7.842	7.263	6.710	6.183	5.683
69	8.226	7.631	7.060	6.514	5.996	5.504
70	8.001	7.414	6.851	6.314	5.804	5.321
71	7.771	7.193	6.638	6.110	5.609	5.135
72	7.538	6.969	6.424	5.905	5.413	5.013
73	7.303	6.743	6.207	5.698	5.291	4.906
74	7.064	6.514	5.988	5.577	5.186	4.724
75	6.822	6.282	5.868	5.473	4.994	4.542
76	6.577	6.164	5.768	5.271	4.802	4.361
77	6.464	6.071	5.558	5.072	4.614	4.183
78	6.381	5.851	5.349	4.875	4.427	4.007
79	6.150	5.633	5.142	4.679	4.242	3.834
80	5.919	5.414	4.934	4.482	4.059	3.664
81	5.686	5.192	4.725	4.286	3.876	3.496
82	5.448	4.967	4.514	4.090	3.695	3.330
83	5.206	4.740	4.302	3.894	3.515	3.167
84	4.962	4.511	4.090	3.699	3.338	3.007

Table IV-B (Cont'd)
Present Value of Survivorship Benefits Table*

Claimant's Age	Age Difference (Spouse's Age Minus Claimant's Age)**					
	-5	-4	-3	-2	-1	-0
85	4.716	4.283	3.879	3.506	3.164	2.853
86	4.472	4.057	3.673	3.320	2.998	2.704
87	4.232	3.838	3.474	3.142	2.838	2.560
88	3.999	3.626	3.285	2.971	2.684	2.423
89	3.775	3.425	3.102	2.807	2.537	2.291
90	3.562	3.232	2.928	2.650	2.396	2.165
91	3.358	3.047	2.761	2.500	2.262	2.045
92	3.163	2.871	2.603	2.358	2.135	1.931
93	2.978	2.703	2.452	2.223	2.014	1.824
94	2.802	2.545	2.310	2.095	1.899	1.721
95	2.635	2.395	2.175	1.974	1.791	1.623
96	2.479	2.254	2.048	1.860	1.688	1.530
97	2.332	2.122	1.929	1.752	1.590	1.440
98	2.196	1.999	1.818	1.652	1.498	1.354
99	2.071	1.886	1.716	1.558	1.411	1.273
100	1.960	1.786	1.624	1.473	1.331	1.197
101	1.842	1.677	1.523	1.378	1.241	1.127
102	1.730	1.573	1.425	1.285	1.168	1.058
103	1.624	1.473	1.329	1.210	1.097	0.988
104	1.520	1.373	1.252	1.136	1.025	0.918
105	1.420	1.295	1.178	1.063	0.953	0.845

* 1999 United States Life Tables for Total Population and Female Population
 Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
 Annual Rate of Interest applied prior to claimant's death = 3.5%
 Annual Rate of Interest applied after claimant's death = 3.5%
 Annual Rate of Escalation applied prior to claimant's death = 4.0%
 Annual Rate of Escalation applied after claimant's death = 4.0%
For State/Act Applicability, refer to the Pension Table Guide.

** When spouse's age exceeds claimant's age, the 0 age difference value is to be used. Where claimant's age exceeds spouse's age by more than 5, the -5 age difference value is to be used.

Table V-A
Annuity Values for Florida Basic and Supplemental Benefits
(Present Value of \$1.00 per Annum Payable Until Death)

Age	<u>Supplemental Benefits</u>			Basic Benefit Payable to Age 62
	Basic Benefit \bar{a}_x	Payable to Age 62 $.05(\bar{l}a)_{x:62-x}$	Payable for Life $.05(\bar{l}a)_x$	
11	25.580	21.844	28.105	23.544
12	25.461	21.393	27.768	23.354
13	25.339	20.937	27.427	23.158
14	25.215	20.477	27.083	22.957
15	25.090	20.013	26.736	22.751
16	24.963	19.546	26.387	22.542
17	24.835	19.075	26.035	22.328
18	24.706	18.601	25.679	22.108
19	24.573	18.123	25.320	21.882
20	24.436	17.639	24.955	21.649
21	24.296	17.151	24.586	21.409
22	24.151	16.659	24.211	21.160
23	24.002	16.162	23.831	20.904
24	23.849	15.661	23.446	20.638
25	23.689	15.156	23.055	20.363
26	23.524	14.647	22.657	20.078
27	23.352	14.134	22.254	19.783
28	23.175	13.618	21.845	19.477
29	22.991	13.099	21.432	19.160
30	22.802	12.579	21.013	18.833
31	22.607	12.057	20.591	18.495
32	22.406	11.535	20.164	18.145
33	22.199	11.013	19.733	17.784
34	21.987	10.491	19.299	17.411
35	21.768	9.970	18.861	17.026
36	21.544	9.452	18.421	16.629
37	21.313	8.935	17.978	16.219
38	21.077	8.422	17.533	15.795
39	20.834	7.913	17.085	15.358
40	20.585	7.409	16.636	14.907
41	20.330	6.911	16.186	14.441

Table V-A (Cont'd)

Annuity Values for Florida Basic and Supplemental Benefits
(Present Value of \$1.00 per Annum Payable Until Death)

Supplemental Benefits

Age	Basic Benefit	Payable to Age 62	Payable for Life	Basic Benefit Payable to Age 62
	\ddot{a}_x	$.05(\ddot{l}a)_{x:62-x}$	$.05(\ddot{l}a)_x$	$\ddot{a}_{x:62-x}$
42	20.068	6.420	15.734	13.960
43	19.801	5.936	15.282	13.464
44	19.527	5.461	14.830	12.952
45	19.247	4.995	14.378	12.423
46	18.961	4.541	13.927	11.877
47	18.670	4.098	13.477	11.314
48	18.372	3.669	13.028	10.732
49	18.069	3.255	12.581	10.131
50	17.758	2.856	12.136	9.509
51	17.441	2.475	11.693	8.865
52	17.117	2.112	11.253	8.199
53	16.787	1.771	10.817	7.510
54	16.452	1.453	10.384	6.796
55	16.111	1.159	9.957	6.056
56	15.767	0.892	9.536	5.289
57	15.419	0.654	9.122	4.494
58	15.069	0.448	8.714	3.668
59	14.714	0.277	8.313	2.808
60	14.356	0.142	7.920	1.912
61	13.994	0.049	7.534	0.978
62	13.630		7.156	
63	13.264		6.787	
64	12.896		6.427	
65	12.526		6.076	
66	12.155		5.735	
67	11.782		5.403	
68	11.408		5.081	
69	11.034		4.769	
70	10.662		4.469	
71	10.291		4.179	
72	9.919		3.900	

Table V-A (Cont'd)

**Annuity Values for Florida Basic and Supplemental Benefits
(Present Value of \$1.00 per Annum Payable Until Death)**

Supplemental Benefits

Age	Basic Benefit \bar{a}_x	Payable to Age 62 $.05(\bar{l}a)_{x:62-x}$	Payable for Life $.05(\bar{l}a)_x$	Basic Benefit Payable to Age 62 $\bar{a}_{x:62-x}$
73	9.547		3.631	
74	9.176		3.373	
75	8.807		3.126	
76	8.439		2.890	
77	8.073		2.665	
78	7.707		2.451	
79	7.345		2.248	
80	6.988		2.058	
81	6.640		1.880	
82	6.303		1.715	
83	5.978		1.563	
84	5.667		1.423	
85	5.371		1.295	
86	5.088		1.178	
87	4.818		1.070	
88	4.560		0.972	
89	4.315		0.882	
90	4.082		0.800	
91	3.861		0.726	
92	3.651		0.658	
93	3.453		0.597	
94	3.265		0.541	
95	3.087		0.490	
96	2.917		0.443	
97	2.755		0.401	
98	2.598		0.361	
99	2.444		0.325	

Table V-A (Cont'd)

**Annuity Values for Florida Basic and Supplemental Benefits
(Present Value of \$1.00 per Annum Payable Until Death)**

Supplemental Benefits

Age	Basic Benefit \bar{a}_x	Payable to Age 62 $.05(l\bar{a})_{x:62-x}$	Payable for Life $.05(l\bar{a})_x$	Basic Benefit Payable to Age 62 $\bar{a}_{x:62-x}$
100	2.289		0.290	

Note: Supplemental Benefits in Florida are 5% times the number of calendar years since the date of injury. For accident dates before July 1, 1990, Supplemental Benefits are payable for life. For accident dates on or after July 1, 1990, there have been several court cases dealing with Supplemental Benefits and whether or not they cease at age 62 if the individual is eligible for Social Security. Annuity values have been provided under both scenarios.

Supplemental Benefits for accident dates prior to 07/1/84 are payable from the Workers Compensation Trust Fund; for accident dates after 07/1/84, Supplemental Benefits are payable by the employer/carrier. The above present values are based on the 1999 United States Life Tables with an interest rate of 3.5%.

Basic benefits present value (PV) = \bar{a}_x . Supplemental benefits payable for life PV = $.05*(l\bar{a})_x$. Supplemental benefits payable to age 62 PV = $.05*(l\bar{a})_{x:62-x}$.

For cases where the evaluation year is not the same as the accident year and the supplemental benefits are payable for life, the present value of the Supplemental Benefit should be calculated as follows: $[(\text{evaluation year} - \text{accident year} - 1) * (.05) * (\bar{a})_x] + [(l\bar{a})_x * (.05)]$ where x is the age at evaluation.

For cases where the evaluation year is not the same as the accident year and the Supplemental Benefits are payable only until age 62, the present value of the Supplemental Benefit should be calculated as follows: $[(\text{evaluation year} - \text{accident year} - 1) * (.05) * (\bar{a})_{x:62-x}] + [(l\bar{a})_{x:62-x} * (.05)]$ where x is the age at evaluation.

Table V-B

**Annuity Values for Florida Basic and Supplemental Benefits
(Present Value of \$1.00 per Annum Payable Until Age 75)**

Age	Basic Benefit Payable to Age 75 $\bar{a}_{x:75-x}$	Age	Basic Benefit Payable to Age 75 $\bar{a}_{x:75-x}$	Age	Supplemental on or After 10/01/03 $.03(l\bar{a})_{x:62-x}$	Age	Supplemental on or After 10/01/03 $.03(l\bar{a})_{x:62-x}$
11	24.953	43	17.848	11	13.107	43	3.561
12	24.812	44	17.501	12	12.836	44	3.276
13	24.667	45	17.144	13	12.562	45	2.997
14	24.519	46	16.778	14	12.286	46	2.724
15	24.369	47	16.403	15	12.008	47	2.459
16	24.217	48	16.018	16	11.727	48	2.201
17	24.063	49	15.622	17	11.445	49	1.953
18	23.905	50	15.216	18	11.161	50	1.713
19	23.744	51	14.798	19	10.874	51	1.485
20	23.577	52	14.369	20	10.583	52	1.267
21	23.406	53	13.928	21	10.291	53	1.063
22	23.23	54	13.476	22	9.995	54	0.872
23	23.048	55	13.012	23	9.697	55	0.695
24	22.859	56	12.538	24	9.397	56	0.535
25	22.664	57	12.053	25	9.094	57	0.393
26	22.462	58	11.555	26	8.788	58	0.269

Table V-B (Cont'd)

**Annuity Values for Florida Basic and Supplemental Benefits
(Present Value of \$1.00 per Annum Payable Until Age 75)**

Age	Basic Benefit Payable to Age 75 $\bar{a}_{x:75-x}$	Age	Basic Benefit Payable to Age 75 $\bar{a}_{x:75-x}$	Age	Supplemental on or After 10/01/03 $.03(l\bar{a})_{x:62-x}$	Age	Supplemental on or After 10/01/03 $.03(l\bar{a})_{x:62-x}$
27	22.252	59	11.045	27	8.48	59	0.166
28	22.035	60	10.521	28	8.171	60	0.085
29	21.811	61	9.983	29	7.86	61	0.029
30	21.579	62	9.43	30	7.547		
31	21.34	63	8.861	31	7.234		
32	21.093	64	8.275	32	6.921		
33	20.839	65	7.67	33	6.608		
34	20.577	66	7.045	34	6.295		
35	20.307	67	6.397	35	5.982		
36	20.029	68	5.724	36	5.671		
37	19.743	69	5.024	37	5.361		
38	19.449	70	4.294	38	5.053		
39	19.146	71	3.528	39	4.748		
40	18.835	72	2.723	40	4.446		
41	18.515	73	1.871	41	4.147		
42	18.186	74	0.966	42	3.852		

Note: For accident dates on or after 10/1/03, the supplemental benefits in Florida are 3% times the number of calendar years since the date of injury and cease at age 62. Also, the basic benefits in Florida cease at age 75. Basic benefits present value (PV) = $\bar{a}_{x:75-x}$. Supplemental benefits PV = $.03(l\bar{a})_{x:62-x}$.

For cases where the evaluation year is not the same as the accident year, the PV of the supplemental benefit should be calculated as follows: $[(\text{evaluation year} - \text{accident year} - 1) * (.03) * (\bar{a})_{x:75-x}] + [(l\bar{a})_{x:62-x} * (.03)]$ where x is the age at evaluation.

The above present values are based on 1999 United States Life Tables with an interest rate of 3.5%.

Example I

**Usage of Surviving Spouse Pension Table
(Table I-A)
and
Present Value of Remarriage Dowry
(Table II-A)**

Find the incurred indemnity loss to be reported when benefits are payable to a surviving spouse until death or remarriage and when, upon remarriage, a lump-sum, two-year benefit is paid.

Date of Accident: 09/19/97 Policy Effective: 01/01/97–12/31/97
Weekly Benefit Payable: \$250.00 Spouse's Birth Date: 02/18/65

Calculations	1st Report	2nd Report	7th Report
1. Valuation Date.....	07/01/98	07/1/99	07/01/04

Calculations	1st Report	2nd Report	7th Report
2. Spouse's age nearest accident date	33	33	33
3. Duration since accident date (last whole year)	0	1	6
4. Annual Benefit (\$250.00 × 52 weeks)	\$13,000	\$13,000	\$13,000
5. Present Value of \$1.00 per year (from Table I-A).....	15.049	15.052	17.920
6. Present Value of future payments (4) × (5).....	\$195,637	\$195,676	\$232,960
7. Two-year lump-sum remarriage payment (4) × 2.....	\$26,000	\$26,000	\$26,000
8. Present Value of \$1.00 (from Table II-A).....	0.3591	0.3514	0.1803
9. Present Value of future remarriage payment (7) × (8)	\$9,337	\$9,136	\$4,688
10. Payments since 09/19/97 at \$250.00	\$10,000	\$23,000	\$88,250
11. Funeral Allowance	\$2,000	\$2,000	\$2,000
12. Total Incurred Indemnity Loss (6) + (9) + (10) + (11).....	\$216,974	\$229,812	\$327,898

Example II

**Usage of Pension Table—Other Than Surviving Spouse
(Table III-M-A and III-F-A)**

Find the incurred loss to be reported when benefits are payable for life to an injured male employee due to a permanent total disability.

Date of Accident: 06/01/97 Policy Effective: 01/01/97–12/31/97
 Weekly Benefit Payable: \$280.00 Employee's Birth Date: 10/21/63

Calculations	1st Report	2nd Report
1. Valuation Date	07/01/98	07/01/99
2. Employee's age nearest accident date	35	36
3. Annual Benefit (\$250.00 × 52 weeks).....	\$14,560	\$14,560
4. Present Value of \$1.00 per year (from Table II-MI-A).....	21.152	20.915
5. Present Value of future payments (3) × (4).....	\$307,973	\$304,522
6. Payments since 06/01/97 at \$280.00 per week.....	\$15,680	\$30,240
7. Total Incurred Indemnity Loss (5) + (6)	\$323,653	\$334,762

Note: This example is for a male employee and an escalation rate of 0.0%. If a different gender or escalation clause is to be used, the weekly and annual benefit amounts must be adjusted.

Example III
Usage of Surviving Spouse Pension Table
(Table I-B, I-C)
and
Present Value of Remarriage Dowry
(Table II-B)

Find the incurred loss to be reported when benefits escalated annually at a rate of 4.0% are payable to a surviving spouse until death or remarriage and when, upon remarriage, a lump-sum, two-year benefit (104 × current weekly benefit) is paid.

Date of Accident:	09/16/97	Policy Effective:	01/01/97–12/31/97
Weekly Benefit Payable:	\$250.00	Spouse's Birth Date:	02/18/65

Calculations	1st Report	2nd Report	7th Report
1. Valuation Date	07/01/98	07/01/99	07/01/04
2. Spouse's age nearest accident date	33	33	33
3. Duration since accident date (last whole year).....	0	1	6
4. Weekly Benefit (Current Weekly Benefit × 1.04).....	\$260	\$270	\$329
5. Annual Benefit (Weekly Benefit × 52 weeks).....	\$13,520	\$14,040	\$17,108
6. Present Value of \$1.00 per year (from Table I-B)	33.021	32.926	37.809
7. Present Value of future payments (5) × (6).....	\$446,444	\$462,281	\$646,836
8. Two-year lump-sum remarriage payment (5) × 2	\$27,040	\$28,080	\$34,216
9. Present Value of \$1.00 (from Table II-B).....	0.4617	0.4427	0.2442
10. Present Value of future remarriage payment (8) × (9).....	\$12,484	\$12,431	\$8,356
11. Payments since 09/17/97.....	\$10,510	\$24,290	\$102,204
12. Funeral Allowance	\$2,000	\$2,000	\$2,000
13. Total Incurred Indemnity Loss (7) + (10) + (11) + (12).....	\$471,438	\$501,002	\$759,396

Note: This example is based on an escalation rate of 4%. If a different rate of escalation is to be used, the weekly and annual benefit amounts must be adjusted. In addition, present values must be determined based on the tables at the desired escalation rate (e.g., use Table I-C for the present value of surviving spouse's benefits using an escalation rate of 5%).

Example IV
Usage of Pension Table—Other Than Surviving Spouse
(Table III-M-B, III-M-C, III-M-D, III-F-B, III-F-C, and III-F-D)
and
Present Value of Survivorship Benefits
(Table IV-B)

Find the incurred loss to be reported when benefits escalated annually at a rate of 4% are payable for life to a male injured employee due to a permanent total disability and when, upon the death of the employee, benefits are payable to the surviving spouse.

Employee's Wage Before Injury:	\$300.00
Date of Accident:	05/30/97
Rate of Compensation—Total Disability:	66 2/3%
Rate of Compensation—Death:	50%
Employee's Birth Date:	10/21/63
Spouse's Birth Date:	07/16/65

Calculations	1st Report	2nd Report
1. Valuation Date.....	07/01/98	07/01/99
2. Employee's age nearest accident date.....	35	36
3. Difference in ages (Spouse/Employee).....	-2	-2
4. Weekly Benefit (Current Weekly Benefit × 1.04).....	\$208	\$216
5. Annual Benefit (Weekly Benefit × 52 weeks).....	\$10,816	\$11,232
6. Present Value of \$1.00 per year escalated (from Table III-M-C).....	45.937	44.803
7. Present Value of future payments (5) × (6).....	\$496,855	\$503,227
8. Initial annual survivorship benefit (\$300.00 × 50% × 52 weeks).....	\$7,800	\$7,800
9. Present Value of \$1.00 per year escalated survivorship benefit (from Table IV-B)	10.991	10.915
10. Present Value of survivorship benefits (8) × (9).....	\$85,730	\$85,137
11. Payments since 05/30/97.....	\$11,408	\$22,432
12. Total Incurred Indemnity Loss (7) + (10) + (11).....	\$593,993	\$610,796

Note: This example is based on a male worker and an escalation rate of 4%. If a different gender or escalation rate is to be used, the weekly and annual benefit amounts must be adjusted. In addition, present values must be determined based on the tables at the desired gender and escalation rate (e.g., for a female worker and an escalation rate of 4%, use Table III-F-C).

SERFF Tracking Number: NCCI-125574128 State: Arkansas
Filing Company: NCCI State Tracking Number: EFT \$100
Company Tracking Number: U-1397-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: U-1397-Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/25/2008

Comments:

Attachment:

P&C Transmittal Form- Arkansas.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 03/25/2008

Bypass Reason: NA

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 03/25/2008

Bypass Reason: NA

Comments:

Satisfied -Name: Filing Memorandum **Review Status:** Approved 03/25/2008

Comments:

Attachment:

U-1397 Item Filing Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

FILING MEMORANDUM

ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

To be effective 12:01 a.m. on September 1, 2008 for new and renewal business only.

PURPOSE

This item implements NCCI's 2008 *Statistical Plan for Workers Compensation and Employers Liability Insurance (Statistical Plan)*. The 2008 *Statistical Plan* reflects a new outline and state page structure, similar to NCCI's 2001 *Basic Manual* and 2003 *Experience Rating Plan Manual*. NCCI's 2008 *Statistical Plan* will replace the current *URE Workers Compensation Statistical Plan* in its entirety.

BACKGROUND

NCCI's *URE Workers Compensation Statistical Plan* manual provides rules for reporting unit statistical data in NCCI states. In 2007, NCCI began working on identifying enhancements to this manual, with a focus on increasing the ease of use for all industry stakeholders—including state regulators and our data reporting carriers. Another objective was aligning the *Statistical Plan* with current NCCI regulatory manuals in terms of format, outline, and state exception pages.

The proposed changes were previewed with a group of carriers, and feedback was extremely positive.

PROPOSAL

This item proposes that NCCI's 2008 *Statistical Plan* be approved and implemented effective September 1, 2008 for new and renewal businesses, and replaces the current *URE Workers Compensation Statistical Plan* in its entirety.

The enhanced 2008 *Statistical Plan* includes:

A. Global Reformat

- Introduced new outline format modeled after regulatory manuals (e.g., *Basic Manual*)
- Renamed major parts of manual (e.g., Loss Information to Loss and Expense Information)
- Removed state exceptions from national rules and added state exception pages
- Moved Subsequent Reports rules into the Loss and Expense Information section
- Moved Correction Reports rules to its own section

B. Update Code Values

- Moved code values and definitions from Loss Information to Coding section, leaving the required reporting rules in the appropriate sections (e.g., Loss and Expense Information)
- Separated statistical codes into three categories:
 - Statistical Codes Subject to Experience Rating
 - Statistical Codes Not Subject to Experience Rating
 - Statistical Codes Not Part of Standard Premium

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FILING MEMORANDUM

ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

- Added three new statistical codes that apply after Standard Premium for use with carrier independently filed programs—two for premium credit/debit programs and one for deductible programs
- Added Managed Care Organization (MCO) Type Code 06 and Part of Body—Code 99—Whole Body

C. Rule Clarification

- Added reporting rules for noncompensable claims, similar to the existing rules for fully fraudulent claims
- Added descriptions to the Catastrophe Number reporting rules to distinguish between Nonextraordinary Loss Event claims and Extraordinary Loss Events claims such as Catastrophe Number 48

D. Reorganization of Loss and Expense Information

The 37 items in the current *URE Workers Compensation Statistical Plan* loss section were logically reorganized into six related groups as follows:

- A. General Incurred Loss Information
- B. Medical Losses
- C. Indemnity Losses
- D. Expenses Excluded From Losses
- E. Claim Components
- F. Subsequent Reports

Since the *URE Workers Compensation Statistical Plan* is also referenced in other filed NCCI manuals, it is also proposed that Exhibits 2 through 4 be approved to update the name reference to NCCI's *Statistical Plan*.

A summary of the exhibits are as follows:

Exhibit 1-A contains the national rules for NCCI's *Statistical Plan* in the new format and with the additional changes described above.

Exhibit 1-B provides the state special rules that apply in your state, if applicable.

Exhibits 2-A, 2-B, 2-C, and 2-D represent changes to NCCI's *Retrospective Rating Plan Manual* to update the name reference to *Statistical Plan*.

Exhibits 3-A, 3-B, and 3-C represent state Rule 4 changes, if applicable, to NCCI's *Basic Manual* to update the name reference to the *Statistical Plan*.

Exhibit 4 represents state-specific changes, if applicable, to NCCI's *Basic Manual* and *Forms Manual* to update the name reference to the *Statistical Plan*.

Exhibit 5 represents the state-specific change, if applicable, to NCCI's *URE Workers Compensation Statistical Plan*.

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FILING MEMORANDUM

ITEM U-1397—STATISTICAL PLAN FOR WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

IMPACT

There will be no impact on premium as a result of these changes.

IMPLEMENTATION

In order to implement this item filing, the attached exhibits detail the changes required in NCCI's *Statistical Plan*, *Basic Manual*, *Retrospective Rating Plan Manual*, *Forms Manual*, and *URE Workers Compensation Statistical Plan*.

In all states, except Florida, Hawaii, and West Virginia, this item will be implemented effective 12:01 a.m. on September 1, 2008, applicable to new and renewal businesses.

In Florida, this item will be implemented for all policies effective September 1, 2008 and subsequent. The *URE Workers Compensation Statistical Plan* will be applicable for all policies effective January 1, 2001 through August 31, 2008. The *1996 Workers Compensation Statistical Plan* is applicable to the reporting of statistical data for all policies effective January 1, 1998 through December 31, 2000.

In Hawaii, the effective date is determined upon regulatory approval of the individual carrier's election to adopt this change.

In West Virginia, this item is to be effective 12:01 a.m. on July 1, 2008 for new and renewal business only.

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