COAL MINE COMPENSATION RATING BUREAU
OF PENNSYLVANIA

COMMERCE BUILDING – SUITE 403
300 NORTH SECOND STREET
HARRISBURG, PENNSYLVANIA 17101

CHARLES A. ROMBERGER
EXECUTIVE DIRECTOR

TELEPHONE/FAX
717-238-5020

November 28, 2012
(Revised on December 17, 2012)

COMPENSATION CIRCULAR CM-447

To: All Coal Mine Compensation Insurance Carriers

From: Charles A. Romberger, Executive Director

RE: 1) **Revised Employers Liability Coverage Increased Limits Factors**
Effective: April 1, 2013
2) **Statistical Plan Revisions**
Effective: April 1, 2013 (some items January 1, 2014 on an optional basis)

On November 1, 2012, the CMCRB submitted a filing (i.e., Proposal CM-1-2012) to the Pennsylvania Insurance Department that proposed changes to the two subject matters listed above. The CMCRB submitted this proposal to maintain consistency with PCRB Filing No. 248 and with NCCI Item B-1425.

The Pennsylvania Insurance Department recently approved this filing as submitted. A complete copy of Proposal CM-1-2012 is attached to this circular. Revised Manual pages reflecting this approval will be posted on our web site for review and reference closer to the noted effective date.

Should you have any questions regarding this topic, please contact the Bureau.

CAR:car

Revision: In Table 1 of Rule VIII of Section One – Underwriting Rules, the factor for $1,000,000 per employee and $3,000,000 per policy was revised from 1.9 percent to 1.8 percent. This value appears on Page 22 of Section One (page 7 of this 18 page electronic PDF document) and has been highlighted for your convenient identification.

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November 1, 2012

The Honorable Michael F. Consedine
Insurance Commissioner
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Attention: Mark Lersch, Director Bureau of Property & Casualty

RE: Proposal CM-1-2012
1) Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Percentages and Factors – PCRB Filing No. 248 and NCCI Item B-1425 and Related Manual Rule Revisions – Proposed Effective April 1, 2013
2) Statistical Plan Revisions Related to PCRB Filing No. 248 and NCCI Item B-1425 and Additional Related Housekeeping Revisions – Proposed Effective April 1, 2013 with Specified Items Proposed Effective April 1, 2013 on an Optional Basis, January 1, 2014 on a Mandatory Basis

Dear Commissioner Consedine:

On behalf of the members of the Coal Mine Compensation Rating Bureau of Pennsylvania (Bureau), the Bureau submits for your review and approval proposed changes to the Pennsylvania Coal Mine Workers Compensation Manual: Section One – Underwriting Rules and Statistical Plan. The proposed changes were prepared to reflect the changes included in PCRB Filing No. 248 and NCCI Item B-1425 and to address some minor housekeeping issues.

1) Section One – Underwriting Rules
   - Rule VIII – Limits of Liability was revised by updating the Table for Increased Limits in A.2., by deleting the Table For Increased Limits in B.2. and by other minor related editorial changes.
   - The Bureau submits the four pages (i.e., pages 20 through 23) from Section One that contain Rule VIII with changes identified in tracked formatting.
   - All other portions of the Bureau's Manual remain unchanged.
   - These changes are proposed effective April 1, 2013.

   The Bureau is requesting the same percentages and factors as filed in PCRB Filing No. 248 for statewide consistency.

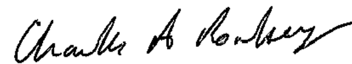
2) Statistical Plan
   - Housekeeping and editorial revisions were made to maintain consistency, where appropriate, with PCRB's Statistical Plan Manual.
   - The Bureau submits pages 9, 10, 15 and 23-28 of its Statistical Plan with changes identified in tracked formatting.
   - All other portions of the Bureau's Statistical Plan remain unchanged.
   - These changes are proposed April 1, 2013 on an optional basis.
   - These changes are proposed January 1, 2014 on a mandatory basis.

   Again, the Bureau is requesting the proposed changes to maintain consistency with the PCRB's current Statistical Plan Manual, where appropriate. In a few instances, the Bureau is not filing all of the Codes filed by PCRB.

   For example, under Loss Conditions – Type of Loss, PCRB uses three codes:
   01 Trauma,
   02 Occupational Disease (OD) and
   03 Cumulative Injury other than Disease.
   Since our Bureau collects Occupational Disease claim information on separate statistical data forms, we have chosen not to file Code 02 – Occupational Disease.

The Bureau respectfully asks for an expeditious review and approval of this filing.

Sincerely,



Charles A. Romberger
Executive Director

Enclosures

Section One

Underwriting Rules

Pages

(20-23)

B. The loss costs in Section Two of this Manual will be separately calculated and displayed for traumatic, state occupation disease and federal occupational disease for each classification.
C. Carriers may use the Bureau's published loss costs to determine the rates or premiums to be charged. Carriers have the option of filing for approval, their own loss costs by classification.
D. Unless the carrier has received approval of its own set of loss costs, each carrier that is a member of the Bureau must use the Bureau's loss costs by classification and by coverage.
E. EXPERIENCE RATING PLAN
   1. If the risk is subject to experience rating, the experience mod shall be multiplied times the carrier's manual rate for traumatic coverage only. The mod shall not be applied to the carrier's occupational disease rates.
   2. Copies of Experience Mod Calculations
      a. The insurance carrier of record at the time of mod issuance is furnished with two copies of the experience mod calculation.
      b. The Bureau shall furnish to any insured employer upon his written request, or to the Home Office or Branch Office of any member of the Bureau upon the written request of the employer, a copy of the experience mod calculation of his risk at a cost of $15.00. Notice of such request shall be furnished to the Insurance Carrier of record.
F. MERIT RATING PLAN
   1. If the risk does not qualify for experience rating, the risk may qualify for a Merit Rating Plan adjustment.
   2. The Bureau shall determine which risks are eligible and the amount of the adjustment.
   3. Any Merit Rating Plan adjustment will be noted on the employer cards issued by the Bureau. The Merit Rating Plan adjustment shall be applied to the carrier's manual rate for traumatic coverage only. The adjustment shall not be applied to the carrier's occupational disease rates.
   4. For additional details, refer to Section Six, the Merit Rating Plan section in this manual.

RULE VII – CARRIER'S RATE

A. This manual will not contain the rates for any carrier.
B. Each carrier may use the provisions for claim payment as published in Section Two of this Manual as the basis for their rates. Each carrier may file for approval by the Commissioner, their own provisions for claim payment.
C. The rate for each carrier shall be based upon the appropriate provision for claim payment and the carrier's loss cost modification filing in effect.
D. The minimum premium, if any, shall be determined by the carrier's approved filings. The minimum premium is the lowest premium amount for which a single risk can be written and carried for any period of time.
E. Premium discount, if any, shall be determined by the carrier's approved filings. Premium discount recognizes that the relative expense cost of issuing and servicing larger premium policies is less than for smaller premium policies.
F. Retrospective rating adjustment, if any, shall be determined by the carrier's approved filings.

RULE VIII – LIMITS OF LIABILITY

Item 3-B of the Information Page

A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
   1. Part One – Workers Compensation

There is no limit of liability in the standard policy for Part One – Workers Compensation. The policy provides all benefits required by the Pennsylvania Workers Compensation Law and Occupational Disease Act.

2. Part Two – Employers Liability
   a. Standard Limits
      The standard limits of liability under Part Two are:
      Bodily Injury by Accident: $100,000 – each accident
      Bodily Injury by Disease: $100,000 – each employee
      Bodily Injury by Disease: $500,000 – policy limit.
   b. Increased Limits
      The limits under Part Two may be increased subject to the following:
      (1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.
      (2) The additional premium for increased limits shall be determined by multiplying the total carrier premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed after the application of the experience mods, if any.

TABLE FOR INCREASED LIMITS

Limits of Liability ($000s omitted)	Percentage Charge	Statistical Codes	~~Minimum Premium For Increases*~~
$100/100/1,000	+~~0.70~~0.2%	9803	~~$150.00~~
~~100/100/2,500~~	~~+1.20%~~		~~$200.00~~
100/100/5,000	+~~1.70~~1.0%	9805	~~$250.00~~
100/100/10,000	+~~2.40~~2.0%	9806	~~$300.00~~
500/500/500	+~~1.90~~1.1%	9807	~~$100.00~~
500/500/1,000	+~~2.20~~1.3%	9808	~~$150.00~~
~~500/500/2,500~~	~~+2.70%~~		~~$200.00~~
500/500/5,000	+~~3.20~~2.1%	9810	~~$250.00~~
500/500/10,000	+~~3.90~~3.1%	9811	~~$300.00~~
1,000/1,000/1,000	+~~3.30~~1.4%	9812	~~$150.00~~
~~1,000/1,000/2,500~~	~~+3.80%~~		~~$200.00~~
1,000/1,000/5,000	+~~4.40~~2.2%	9814	~~$250.00~~
1,000/1,000/10,000	+~~5.00~~3.2%	9815	~~$300.00~~
Over 1,000/1,000/10,000	(a)	9816	
All other	Refer to Table 1	9837	

~~* Per policy in the case of interstate policies~~(a) Apply to Bureau for higher limit charges.

Table 1
Bodily Injury by Disease: Policy Limit ($000 Omitted)

	Loss Limit	500	1,000	2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
Bodily	100	0.0%	0.2%	0.4%	0.6%	0.8%	1.0%	1.2%	1.4%	1.6%	1.8%	2.0%
Injury by	200	0.4%	0.6%	0.8%	1.0%	1.2%	1.4%	1.6%	1.8%	2.0%	2.2%	2.4%
Accident	300	0.7%	0.9%	1.1%	1.3%	1.5%	1.7%	1.9%	2.1%	2.3%	2.5%	2.7%

Each	400	0.9%	1.1%	1.3%	1.5%	1.7%	1.9%	2.1%	2.3%	2.5%	2.7%	2.9%
Accident	500	1.1%	1.3%	1.5%	1.7%	1.9%	2.1%	2.3%	2.5%	2.7%	2.9%	3.1%
Limit and	1,000		1.4%	1.6%	1.8%	2.0%	2.2%	2.4%	2.6%	2.8%	3.0%	3.2%
Bodily	2,000			1.8%	2.0%	2.2%	2.4%	2.6%	2.8%	3.0%	3.2%	3.4%
Injury by	3,000				2.2%	2.4%	2.6%	2.8%	3.0%	3.2%	3.4%	3.6%
Disease	4,000					2.6%	2.8%	3.0%	3.2%	3.4%	3.6%	3.8%
Each	5,000						3.0%	3.2%	3.4%	3.6%	3.8%	4.0%
Employee	6,000							3.4%	3.6%	3.8%	4.0%	4.2%
Limit ($000	7,000								3.7%	3.9%	4.1%	4.3%
Omitted)	8,000									4.0%	4.2%	4.4%
	9,000										4.3%	4.5%
	10,000											4.6%

(3) The premium for increased limits shall be subject to any experience rating, merit rating, deductible credit, carrier's premium discount or retrospective rating, if applicable.

c. Accident Limit
The limit of liability under Part Two for Bodily Injury by Accident applies to all bodily injury arising out of any one accident.

d. Disease Limits
The limit of liability under Part Two for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

3. Show Limit on the Information Page
The limits of liability under Part Two must be stated in Item 3-B of the Information Page.

B. VOLUNTARY COMPENSATION INSURANCE

1. Standard Limits
The standard limits of liability under Part Two – Employers Liability Insurance for employees subject to voluntary compensation insurance are:
Bodily Injury by Accident: $100,000 – each accident
Bodily Injury by Disease: $100,000 – each employee
Bodily Injury by Disease: $500,000 – policy limit
The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident.
The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

2. Increased Limits
The standard limits under Part Two Employers Liability for employees subject to voluntary compensation insurance may be increased. The premium for the increased limits shall be determined ~~on the basis of~~by using the ~~factors~~ Table in ~~the following table~~Rule A.2.b.~~:~~

~~**TABLE FOR INCREASED LIMITS**~~

~~Employers Liability Insurance Only~~

~~Limits of Liability (000s omitted)~~	~~Factor~~
~~$100/100/1,000~~	~~1.04~~
~~100/100/2,500~~	~~1.08~~
~~100/100/5,000~~	~~1.13~~
~~100/100/10,000~~	~~1.15~~
~~500/500/500~~	~~1.10~~
~~500/500/1,000~~	~~1.12~~
~~500/500/2,500~~	~~1.16~~
~~500/500/5,000~~	~~1.20~~
~~500/500/10,000~~	~~1.22~~
~~1,000/1,000/1,000~~	~~1.17~~
~~1,000/1,000/2,500~~	~~1.21~~
~~1,000/1,000/5,000~~	~~1.25~~
~~1,000/1,000/10,000~~	~~1.28~~
~~over 1,000/1,000/10,000~~	~~(a)~~

~~(a) Apply to Bureau for higher limit factor.~~

3. Premium Determination
   Premium shall be determined on the basis of the workers compensation rules and classifications in this Manual and the carrier's rates for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

4. Payroll Records
   When voluntary compensation insurance is provided for a group of employees, separate payroll records shall be maintained by the insured for the designated group of employees.

RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE AND PREMIUM

A. EXECUTIVE OFFICERS
   1. Definition
      Executive Officers of a corporation are the President, Vice President, Secretary, Treasurer or any other officer appointed or elected in accordance with the charter or by-laws of the corporation.
   2. Law and Status
      Executive Officers of a corporation are covered under the Pennsylvania Workers' Compensation Law and have the same status as employees under the policy.
      Exceptions to 2. Above:
      a. Elected officers of Pennsylvania or its political subdivisions are not considered employees, therefore, they are not covered by the policy.
      b. An executive officer, who has ownership interest in a Subchapter "S" corporation or has at least 5% ownership interest in a Subchapter "C" corporation, may elect not to be covered for benefits provided by the PA Workers Compensation Act. Such individuals must be covered for benefits provided by the Federal Coal Mine Health and Safety Act, as amended. If the election is made, the named Executive Officer shall be excluded from benefits under the PA Workers Compensation Act, and their

Statistical

Plan

Pages

(9, 10, 15, 23-28)

p. Rate Effective Date. Report the Rate Effective Date only when different from the policy effective date. If the rating value changes in accordance with manual rules, report the effective date which applies to the reported class code(s) and exposure(s).

7. Policy Conditions
Report the 1-position code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicator, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

8. Policy Type ID Code
Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
09	Non-Standard Policy

Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
08	Exclusion of Executive Officers
~~02~~ 09	Voluntary Coverage Not Mandatory by State Act

9. Deductible Type
Report the 4-digit code that identifies the type of deductible being reported.

First Two Positions – Losses Subject to Deductible

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions – Basis of Deductible Calculation

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Limit
07	~~Benefits~~ Coinsurance Percent with Per Claim Amount and Coinsurance Limit
08	~~Per Accident~~ Coinsurance Percent with Per Accident Amount and Coinsurance Limit
09	Per ~~Policy &~~ Accident Amount with Per Policy Aggregate Limit
10	Per Claim Amount with Per Policy Aggregate Limit
11	Coinsurance Percent with Per Claim Amount Limit and Per Policy Aggregate Limit
12	Variable

10. Deductible Percent

Report the whole percent of the deductible to be paid by the insured, if applicable, as defined by the deductible program. Applicable only with deductible types 0104, 0105, 0204, 0205, 0304 and 0305.

11. Deductible Amount Per Claim/Accident
Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the deductible program.
12. Deductible Amount Aggregate
Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.
13. Carrier Use Field
Use this space to identify the calendar year portion of the policy period being reported.

B. Exposure Information
1. Update Type
Report the 1-position alphabetic code that identifies the activity of an exposure record.

Code	Description
P	Previously Reported
R	Revised

2. Exposure Coverage
Report the code indicating the Act (Law) under which the exposure for this record's class code is associated.

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
10	Voluntary Coverage Not Mandatory by State Act

3. Class Code
Report the code corresponding to the insured's classification determined according to classification rules of the Bureau and published in the Statistical Plan Manual.
4. Governing Classification
The governing classification for each Unit Report is determined on the basis of the payrolls developed in the policy period. The governing classification is defined as that classification, other than the Standard Exception Classifications – Codes 951 and 953 – which carrier the largest amount of payroll.
5. Exposure Amount
   a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Exposures should be marked with the symbol “Y”.
   b. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
   c. The total payroll is to be shown in the appropriate space provided on the line captioned Total Standard Exposures. In cases where more than one unit card is required for filing the experience under a given policy, it is important that the risk totals be shown on the last unit card.
   d. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.
6. Carrier’s Manual Rate
The carrier’s manual rates as shown in the compensation policy shall be shown against the classifications and payrolls to which they are applicable. The carrier’s manual rate is the Bureau manual loss cost times the carrier’s approved multiplier times the experience or

Report the 1-digit numeric code that indicates the status of the claim.

Code	Description
0	Open (final payment not made)
1	Closed (no outstanding reserves)

9. Loss Conditions

Report the 2-digit code for each loss condition.

Act

Code	Description
01	State or Federal Act, excl. USL & HW
02	USL & HW "F" or non "F" Coverage

Type of Loss

Code	Description
01	Trauma
03	Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

Type of Claim

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

Type of Settlement

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise Settlement
07	Lump Sum (Indemnity)
09	All Other Settlements

10. Jurisdiction State

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

11. Catastrophe Number (Cat. No.)

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc. A separate series of catastrophe numbers shall be used for each policy.

12. Managed Care Organization Type

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

f. Physician Paid. Not required.
g. Hospital Benefits Paid. Not required.
h. Applicants Medical Evaluation Paid. Not required.
i. Defense Medical Evaluation Paid. Not required.
j. Independent Medical Evaluation Paid. Not required.
k. Legal Expense Defense. Not required.
l. Annuity Purchased Amount. Not required.
m. Total Gross Incurred. Not required.
n. Temporary Disability Paid. Enter the total dollar amount paid as of the valuation date in temporary disability benefits.
o. Permanent Partial Disability Paid. Enter the total dollar amount paid as of the valuation date in permanent partial disability benefits.
p. Permanent Total Disability Paid. Enter the total dollar amount paid as of the valuation date in permanent total disability benefits.
q. Death Paid. Enter the total dollar amount paid as of the valuation date in death benefits.
r. Single Sum Paid. When a case involves complete or partial lump sum of future payments, report the actual loss payment. Enter the total dollar amount in indemnity benefits that have been paid as of the valuation date as a single amount.
s. Vocational Rehabilitation Paid. Not required.
t. Vocational Rehabilitation Indemnity Incurred. Not required.
u. Vocational Rehabilitation Training Incurred. Not required.
v. Vocational Rehabilitation Evaluation Incurred. Not required.

SECTION III – CODES

A. Codes Common to Premiums and Losses

1. Report Number and Valuation Date

Code	Description
01	First Reports on policies valued as of April 30 of current calendar year and reported by June 30 of same year.
02-Closure	Reports on policies from 2 to closure after valuation of first reports.

2. Correction Type

The alphabetic code that indicates the type of correction being submitted. Applicable only to correction reports.

Code	Description
H	Header Record Correction
E	Exposure Record Correction
L	Loss Record Correction
T	Total Record Correction
M	Multiple Record Corrections

3. Exposure State

The following state code number must be used.

Pennsylvania -- 37

4. Policy Type ID Code

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

Type of Coverage

Code	Description
01	Standard Workers Compensation Policy
09	Non-Standard Policy

Plan Type

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
08	Exclusion of Executive Officers
~~02~~ 09	Voluntary Coverage Not Mandatory by State Act

5. Deductible Type

   Identifies the type of deductible being reported.

   First Two Positions

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

   Second Two Positions

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Limit
07	Coinsurance Percent with Per Claim Amount and Coinsurance Limit
08	Coinsurance Percent with Per Accident Amount and Coinsurance Limit
09	Per Accident Amount with Per Policy Aggregate Limit
10	Per Claim Amount with Per Policy Aggregate Limit
11	Coinsurance Percent with Per Claim Amount Limit and Per Policy Aggregate Limit
12	Variable

6. Policy Conditions

   Report the one position code "Y" or "N" for each policy condition.

   a. Three Year Fixed Rate Indicator
      "Y" = Policy is a three-year fixed rate policy.
      "N" = Policy is not a three-year fixed rate policy.
   b. Multistate Policy Indicator
      "Y" = Policy is a multistate policy.
      "N" = Policy is not a multistate policy.
   c. Interstate Rated Indicator
      "Y" = Policy is interstate rated.
      "N" = Policy is not interstate rated.
   d. Estimated Exposure Indicator
      "Y" = Exposures expressed on unit report are estimated.
      "N" = Exposures expressed on unit report are not estimated.
   e. Retrospective Rated Indicator
      "Y" = Policy is retrospective rated.

"N" = Policy is not retrospective rated.

f. Canceled Mid-Term Indicator
"Y" = Policy has been canceled mid-term.
"N" = Policy has not been canceled mid-term.

B. Exposure Information Codes

1. Update Type
Report the one position alphabetic code that identifies the activity of an exposure record.

Code	Description
P	Previously Reported
R	Revised

2. Exposure Coverage
Report the code indicating the Act (law) under which the exposure for this record's class code is associated.

Code	Description
01	State or Federal Act, excl. USL & HW
02	USL & HW "F" or non "F" Coverage
10	Voluntary Coverage Not Mandatory by State Act

C. Loss Information Codes

1. Injury Type

Code	Description
01	Death
02	Permanent Total Disability
05	Temporary Total or Temporary Partial Disability
06	Medical Only
09	Permanent Partial Disability

2. Claim Status

Code	Description
0	Open
1	Closed

3. Loss Condition
Report the 2-digit code for each loss condition.

Act

Code	Description
01	State or Federal Act, excl. USL & HW
02	USL & HW "F" or non "F" coverages

Type of Loss

Code	Description
01	Trauma
03	Cumulative Injury other than Disease

Type of Recovery

Code	Description
01	No Recovery
02	Second Injury Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury

Type of ~~Coverage~~Claim

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only

03 Workers' Compensation and Employers' Liability

Type of Settlement

Code	Description
00	Claim Not Subject to Settlement
03	Stipulated Award (Carrier / Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal (Non-Compensable)
06	Compromise and Release
07	Lump Sum (Indemnity)
09	All Other Settlements

4. Managed Care Organization Type

Code	Description
00	The claim is not administrated by an approved managed care organization (MCO).
01	The claim's medical losses are administrated by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.
02	The claim's medical losses are administrated by a health maintenance organization (HMO).
03	The claim's medical losses are administrated by a preferred provider organization (PPO).
04	The claim's medical losses are administrated by an exclusive provider organization (EPO).
05	The claim's medical losses are administrated by an independent practice association (IPA).

D. Individual Case Report Codes

1. Report Number

   The report number must coincide with the Unit Statistical Report.

2. Transaction Type

Code	Description
1	Initial Report
2	Subsequent Report
3	Revised Report
4	Correction Report

3. Report Type

Code	Description
1	Claim involving Life Pension Benefits
2	Claim not involving Life Pension Benefits

4. Injury Description Code

   Leave Blank

5. Status

Code	Description
0	Open Claim
1	Closed Claim

6. Surgery Code

Code	Description
1	Surgery
2	No Surgery

7. Attorney Code

Code	Description

Code	Description
2	Attorney involved
3	No Attorney involved

8. Reserve Type

Code	Description
00	Standard Reserve
01	Stacked Estimate
02	Volunteers
03	Questionable Compensability
04	Second Injury Fund Involvement
05	Partial Dependency
06	Still Exposed
07	Last Exposed
08	Stacked Award

9. Lump Sum Indicator

Code	Description
1	Lump Sum
2	Other than Lump Sum

10. Fraudulent Claim Code

Code	Description
1	Partially Fraudulent
2	Fully Fraudulent

11. Employment Status

Code	Description
1	Regular
2	Part-time
3	Unemployed
4	On Strike
5	Disabled
6	Retired
8	Unemployed (due to work-force reduction)
9	Other

12. Beneficiary

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other
9	Handicapped Child

E. Codes for Occupational Disease Reporting Only

1. Job Classification Codes

Code	Description
1	Deep Mine Only
2	Strip Mine Only
3	Deep & Strip – Last Job Deep
4	Deep & Strip – Last Job Strip
6	Truck Driver – Coal Only

7	Not employed in area with Coal Dust Exposure
8	Non Coal Mine – Coal Dust Exposure
9	Other

2. Marital Status Codes

Code	Description
1	Married
2	Single
3	Widower
4	Widow Filing Claim
5	Divorced
6	Estate Filing
7	Female Filing Other Than Widow
8	Other Male Filing Claim

3. Claim Status Codes

Code	Description
1	Pending
2	Awarded
3	Denied
4	Closed by Carrier
5	Award (No payments made)
7	Withdrawn
8	Awarded/Miner Working
9	Medical Only