

**PENNSYLVANIA COAL MINE
WORKERS COMPENSATION MANUAL
STATISTICAL PLAN**

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY
INSURANCE

**COAL MINE COMPENSATION RATING BUREAU
OF PENNSYLVANIA**

April 1, 2013 Statistical Plan Highlights

Statistical Plan Information Page

This Statistical Plan Information Page or Highlights Page provides an informational summary to Statistical Plan users of the changes included in this printing.

Changes

The substantive revisions to this version of the Statistical Plan occur on pages 9, 10, 15 and 23-28. These revisions are identified in tracked formatting (i.e., all text changes are in red font with insertions in underlined and deletions in strikethrough fonts.)

These revisions were approved by the Pennsylvania Insurance Department to be effective as follows:

- April 1, 2013 on an optional basis and
- January 1, 2014 on a mandatory basis.

Other changes include the addition of this Statistical Plan Information Page or Highlights Page and the addition of NorthStone Insurance Company to Table A – Carrier Names and Numbers.

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INTRODUCTION

1. This Plan contains the necessary instructions for the reporting of experience on the Coal Mine direct business written by the carrier for workers compensation, voluntary compensation and employers liability insurance in Pennsylvania. Acting under the direction of the Insurance Commissioner, you are hereby instructing to file your experience in accordance with the requirements outlined herein.
2. The instructions set forth in this Plan apply to all policies involving Coal Mine classifications. All coal mining reports should be filed with the Coal Mine Compensation Rating Bureau of Pennsylvania, Commerce Building, 300 North Second Street, Suite 403, Harrisburg, PA 17101. On policies involving both coal mining and commercial classifications, report the experience under coal mining classifications to the Coal Mine Compensation Rating Bureau, and the experience under commercial classifications to the Pennsylvania Compensation Rating Bureau.
3. The instructions set forth in this Plan are applicable to the reporting of all experience for all calendar / accident years for all report levels required to be filed with the Coal Mine Compensation Rating Bureau on or after January 1, 2000.
4. Whenever a change is made in these instructions, the changes will be highlighted. The effective date of the reprint will be shown at the top of the page.
5. Exposure under this Plan always means payroll unless otherwise specified. Payroll and the resulting premium, minimum premium and earned premium are subject to Calendar Year reporting.
6. Losses, of all types including Occupational Disease, are reportable on the Calendar Year basis.

UNIT STATISTICAL PLAN

SECTION I – GENERAL RULES

- A. Scope of Report
A report must be filed for every policy insuring liability under Pennsylvania Workers' Compensation and Occupational Disease Acts, the Federal Coal Mine Health and Safety Act and for every Voluntary Compensation policy providing coverage in Pennsylvania. All reports must be filed with the Coal Mine Compensation Rating Bureau of Pennsylvania, Commerce Building, 300 North Second Street, Suite 403, Harrisburg, PA 17101.
- B. Recording of Statistics
Carriers may use any method for the recording of statistics, including any type of record format convenient to their statistical and account procedures, and codes other than those set forth in this plan, provided only that statistics can be reported by the carrier within the required time frames using the codes and record format provided in this plan, or any other format with the specific approval of the Bureau.
- C. Special Reportings
When a special reporting of individual risk experience is required for experience rating purposes, such reporting will be requested by the Coal Mine Compensation Rating Bureau.
- D. Uncollectible Premiums and Corresponding Losses.
All earned premiums, whether collectible or not, shall be reported. Likewise, the corresponding exposure and losses shall be reported.
- E. Reinsurance
No deductions shall be made from earned premiums and incurred losses for, or on account of, reinsurance ceded. Premiums earned and losses incurred on account of reinsurance received by the reporting carrier shall be excluded from the experience.
- F. Excess Insurance

Experience on excess insurance policies must be excluded from the experience reported under this Plan.

G. Coal Mine Risks

All coal mining reports should be filed with the Coal Mine Compensation Rating Bureau of Pennsylvania, Commerce Building, 300 North Second Street, Suite 403, Harrisburg, PA 17101. On policies involving both coal mining and commercial classifications, report the experience under the coal mining classifications to the Coal Mine Compensation Rating Bureau and the experience under commercial classifications to the Pennsylvania Compensation Rating Bureau.

H. Fine System

The reporting requirements and dates established by this Statistical Plan shall apply to all members of the Bureau, and include all policies providing coverage described by coal mine classifications. Any reports, which do not comply, without exception, shall be subject to the fine system approved by the Pennsylvania Insurance Commissioner. This fine system applies to the unit reports and individual case reports, where required.

The fine system, as approved, will function as follows:

1. On or before March 15 of each year, the Bureau will mail to the carrier of record, a listing of their policies providing coverage during the prior calendar year. The listing shall specify at least the following information: named insured, policy number, and policy dates. Each carrier shall review this listing prior to May 1 and report any differences (deletions or additions) to the Bureau on or before June 1.

On or before March 15 of each year, the Bureau will mail to the carrier of record, a listing of their open traumatic claims for those calendar / accident years where the evaluation update will constitute the 2nd through 10th reports. Each such claim must be updated. If no change occurs from the previously reported values or status, a response to the effect of "No Change" must be filed.

On or before March 15 of each year, the Bureau will mail to the carrier of record, a listing of their pending occupational disease claims, separately for State and Federal coverages, as well as a listing of their occupational disease claims in a payment mode that also include future payments. It will be necessary to update such items as claim status, date of death if applicable, changes in paid amounts, changes in future values and changes in dependency. If no change occurs from the previously reported values or status, a response to the effect of "No Change" must be filed.

2. On the first Wednesday after June 30 of each year, the Bureau will prepare and transmit the first listing indicating the reports due but not yet received. No fine shall be levied as a result of this first listing as its purpose is to notify the carrier of those reports not officially received in a completed fashion. This listing gives all the carriers the opportunity to respond with the appropriate reports and avoid any fines.
3. On the first Wednesday after July 31, a second listing shall be prepared and transmitted indicating those initial reports or corrections which are now classified as overdue. Any reports not received by July 31 will be subject to the fine system.
4. On the first Wednesday after August 31, a third listing shall be prepared and transmitted indicating those reports not received as of August 31. Any report listed as overdue on the third listing shall be subject to the fine system.
5. At the expiration of each month thereafter, the Bureau will provide a listing of reports not received with each report subject to the fine system.

6. In order to avoid a fine, the report must be physically in the possession of the Bureau on or before July 31. Any phone call reports, reports not submitted on the approved Statistical Plan forms, or reports transmitted, but not yet received, will be subject to the fine system.
7. Any listing requiring a fine will be followed by an invoice for payment. The payment of the fine is required within thirty days of the date of the invoice.
8. The fine schedule shall be as follows:

1st Listing as of June 30	No Fines
2nd Listing as of July 31	\$10 per report
3rd Listing as of August 31	\$25 per report
4th and Subsequent Listings	\$50 per report

SECTION II – REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

1. Form of Report

Reports consist of experience cards comprising an exhibit of exposures, premium and losses, together with individual case reports of accidents in accordance with the requirements set forth in the rules of this Plan. The required forms for reporting the data may be ordered from the National Council on Compensation Insurance. All submissions **MUST** be typed or clearly printed. A list and description of the various forms follows:

<u>Form No.</u>	<u>Description</u>
NC2957	First Reporting
NC2913	Supplemental Loss Reporting
NC2957	Revised Exposures and Premiums
NC2957	Revised Loss Reporting
NC1047	Individual Case Report
28-68	Letter of Transmittal
PA/OD-92	Occupational Disease Claim Form

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy Condition Field "Estimated Exposures" shall be marked with the symbol "Y".

3. Fractions of Dollars

Report all payrolls, premiums and losses in whole dollars only. Weekly wages and weekly benefits are in dollars and cents.

4. Method of Transmittal

Experience reports shall be transmitted to the Bureau with a letter of transmittal, Form 28-68, signed by the responsible officer of the carrier. The use of a stamped signature is permissible.

5. Dates

All dates shall be reported using a numeric designation, e.g. April 1, 1998 should appear as 04-01-98.

6. Policy Information

a. Report Number. In the space provided in the upper left hand corner of Form NC2957 or NC2913 report the two digit numeric code that corresponds to the valuation date.

- (1) First Reports are to be valued by April 30, and must be filed with the Bureau as of June 30 of each year, to include from the effective date of the policy, payrolls and premiums audited and earned during the previous Calendar Year through December 31.

- (2) Subsequent Reports.
Second through Closure are required.
- b. Correction Report Number. Report the 2-digit sequential number that corresponds to the number of correction reports submitted within a particular report level.
Example: 3rd correction to a first report = Report Number "01", Correction Number "03" Report blanks for original report level submissions on hard copy.
- c. Correction Type. Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.
H – Header Record Correction
E – Exposure Record Correction (First Reports Only)
L – Loss Record Corrections
T – Total Record Correction
M – Correction to Multiple Record Types
- d. Carrier Code. The carrier code shall be inserted in the space provided. Refer to Table A or the National Association of Insurance Commissioners for the appropriate 5-digit code number.
- e. Policy Number. The complete policy number must be shown on the unit report AND MUST AGREE WITH THE NUMBER SHOWN ON THE POLICY DECLARATIONS. The complete policy number including prefixes and suffixes, if used, must remain the same throughout the life of the policy. In those cases where a policy is renewed by a renewal certificate, the policy number must be shown. If the carrier desires, the certificate number may also be shown under the field Certificate Number.
- f. Policy Effective Date. The effective date should correspond exactly with that shown on the policy declaration or endorsements attached thereto. In the case of an interstate policy endorsed after its effective date to provide coverage for Pennsylvania, the effective date shown on the risk report for Pennsylvania shall be indicated in the space captioned State Effective Date.
- g. Policy Expiration Date. The expiration date shall be the expiration date shown on the policy information page unless the policy is cancelled. In that event, the cancellation date shall be recorded as the expiration date.
- h. Exposure State. Report the 2-digit numeric code that represents the state in which coverage has been provided.
Pennsylvania -- 37
- i. State Effective Date. The date coverage begins in Pennsylvania on a multi-state policy where Pennsylvania is added mid-term. Otherwise leave blank.
- j. Risk ID Number. The Risk ID Number is not required by the Bureau.
- k. Correction Type. Report the 1-position alphabetic code that indicates the type of correction report being submitted. Applicable only to correction reports.
- l. Insured Name. Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name in Item 1 of the policy information page or an endorsement.
- m. Insured Address. The Insured Address is not required by the Bureau.
- n. Federal Employer ID Number. Not required.
- o. Modification Effective Date. Report the Modification Effective Date only when different from the policy effective date. If the modification changes in accordance with Experience Rating Plan Manual rules, report the effective date of the modification which applies to the reported exposure(s). If the anniversary rating date is different from the policy effective date, then the modification effective date equals the anniversary rating date.

- 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

<u>Code</u>	<u>Description</u>
01	Standard Workers Compensation Policy
<u>09</u>	<u>Non-Standard Policy</u>

Plan Type

<u>Code</u>	<u>Description</u>
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

<u>Code</u>	<u>Description</u>
01	Non-Standard Code Does Not Apply
<u>08</u>	<u>Exclusion of Executive Officers</u>
<u>02-09</u>	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

<u>Code</u>	<u>Description</u>
<u>00</u>	<u>No Deductible</u>
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions – Basis of Deductible Calculation

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

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.

<u>Code</u>	<u>Description</u>
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.

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

merit mod. The rates actually charged shall be shown against the classifications and exposures to which they are applicable.

7. Premium

a. Premium by Classification. The premium reported by manual classification shall be that obtained by extension of the payroll at the Manual or authorized rate, and shall be posted in the column captioned "Premium". Where a classification is subject to experience rating or merit rating, the "authorized" rate, as calculated in accordance with the provisions of the Experience Rating Plan or Merit Rating Plan must be used in lieu of the Manual rate.

(1) Where the earned premium is less than the minimum premium or is less than a deposit premium which has been retained for any reason, such as inability to obtain a satisfactory audit, the additional premium shall be added to the earned premium classification carrying the largest coal mining payroll. In such cases, the total policy premium shall be marked "M.P." (Minimum Premium) or "D.P." (Deposit Premium) as the case may be, and if the latter, the reason for retaining the deposit premium should be stated on the card.

(2) On minimum premium policies, the minimum premium must correspond to the work actually done during the policy term even though such minimum may differ from that shown on the policy. No classification may be used on the audit of any risk if that classification is a division of payroll representing less than the full-time payroll of one employee.

b. Uncollectible Premiums. All earned premiums, whether collectible or not, shall be reported. Likewise, the corresponding payrolls and losses shall be reported.

c. Miscellaneous Premium. The Pennsylvania Basic Manual rules provide for additional premium charges for additional premium coverages such as Excess Limits under Coverage B, etc. These additional premium charges shall be reported in the column captioned "Premium" under appropriate statistical codes entered in the column captioned "Class Code". The exposure items, if any, shall be entered in the column captioned "Exposure".

For all risks, whether subject to experience rating or not, the following rules apply.

(1) Miscellaneous premium shall be reported on one of the lines designated "D," "E", "F" or "G" if it is subject to experience or merit rating, or if it is required by the Manual rules to be determined after application of the experience modification.

(2) All items of miscellaneous premium which do not fall under item (1) above shall be reported on any of the blank lines above the line designated "A-Total Subject Premium".

d. On multiple-state policies, where the minimum premium has been collected in another state, the earned premium must be computed on the audited Pennsylvania payroll.

e. When a minimum premium policy is cancelled short rate, no short rate penalty premium shall be charged.

f. Premium Totals on Risks Subject to Experience Rating

(1) A - Total Subject Premium. The total of the premium shall be entered in the premium column on the line captioned "A - Total Subject Premium".

(2) B - Experience Rates. If a change in the experience or merit rate occurs subsequent to the inception date of the policy, the payrolls, carrier's manual rates, and corresponding premium shall be split and reported on separate cards. The period covered by each card shall be shown by appropriate notation above the exposure and premium data.

- (3) In those cases where the experience is reported on a split basis due to a change in experience rate and in other cases where more than one unit report card is required for filing the experience under a given policy, the "Risk Totals" shall be shown on the last car of the series.
8. Miscellaneous Premium
 - a. Premium Subject to Experience Rating to be reported on any of the blank lines above the line designated "A-Total Premium".
 - (1) Premium for Higher Limits under Coverage B to be reported in the aggregate in the "Premium" column.

The Pennsylvania Coal Mine Workers Compensation Manual provides that the premium for limits in excess of the standard limits shall be determined by applying the appropriate factors to the total premium, at the manual rates, any applicable experience or merit rates, and/or retrospective rating. In cases where the reporting of excess premium developed for higher limits on voluntary compensation policies occurs, the Bureau rules state that premium for coverage in excess of standard limits is provided by an appropriate increase in the carrier's rate. In those cases where the additional premium resulting from the application of the appropriate limit factor to total premium is less than the corresponding minimum premium established by the carrier for such increased limits, the corresponding minimum premium shall be shown.
 - (2) If premium collected is partially due to special endorsements (such as that for former self-insured coal mine operators), that portion collected from application of the endorsement will be shown on lines "D", "E", "F", or "G" but will not be included in the total.
 - (3) Short Rate Penalty Premium – Where policies are cancelled prior to the normal expiration, the cancellation date shall be entered in the block captioned "Expiration Date" and the symbol "X" entered in the block for condition 93. When a policy is cancelled short rate the payroll and manual premium by classification shall be reported on the basis of the actual exposure. The additional premium resulting from application of the short rate cancellation table to such modified premium extended to full annual basis and reported in the "Premium" column. The "Exposure" and "Manual Rate" columns shall be left blank.
 9. Correction Reports – Method of Reporting
 - a. Errors. Whenever there is an error of any kind on a report submitted to the Bureau, whether such error is discovered by the carrier or by the Bureau, an appropriate revised experience card shall be filed. The appropriate forms to be used for revised reportings are specified in Section II, A. 1. The revised report shall show those items which were previously reported incorrectly and the corresponding revised items. If any of the data previously reported for a particular claim or item of exposure (including such non-monetary items as Class Code of Type of Injury) require correction, the corrected report shall show all of the data previously reported on the line in question as well as all of the data (including those items which do not change) on a correct basis. However, the risk totals as previously reported and as revised are required. If the error involves a change on a case which, in the previous reporting required an individual loss report, a revised individual loss report shall be submitted with the revised risk experience.
 - b. Exposure and Premium. Where the exposure previously reported has been changed by reason of an audit where the previous report was estimated, by a reaudit or any other adjustment affecting classifications, exposure or premiums, or by reason of an error discovered within 12 months from the date of submitting the previous report, a

corrected report shall be filed showing the amounts previously reported and as revised for the classification where there have been changes. Risk Total Exposure and Risk Total Premium at the bottom of the form, shall be shown as originally reported and as revised.

C. Loss Information

1. Update Type

Report the one position alphabetic code that identifies the activity of a loss record.

<u>Code</u>	<u>Description</u>
P	Previously Reported
R	Revised

2. Claim Number

- a. Report the alphanumeric code that uniquely identifies the claim excluding blanks, punctuation marks and special characters. The complete claim number, including suffixes and prefixes, if used, must remain the same throughout the life of the claim.
- b. Each claim must be listed individually with the appropriate claim number. Medical only claims in excess of \$10,000 must be individually listed.
- c. At the option of the carrier all other medical only claims may be listed individually or may be batch reported. The number of claims shall be entered in the field titled Accident Date/Number of Claims. In counting the claims, claims closed without payment shall be omitted. Batched reporting must include either all open or all closed cases.

3. Accident Date/Number of Claims

For claims which are listed individually, enter the accident date by reporting the month, day and year on which the injury occurred. Where a number of claims are summarized, report the number of claims. Number of claims is not reported for individually listed claims.

4. Incurred Indemnity

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

5. Incurred Medical

Report the whole dollar amount of incurred medical expenses, as of the loss valuation date. These losses consist of all paid and outstanding medical reserve benefits.

6. Class Code

In this column, show the classification code number to which the claim has been assigned. Report the code corresponding to the insured's classification determined according to the classification rules of the Bureau. No claims may be assigned to any classification unless premium also has been reported for that class.

7. Injury Type

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

a. Death Cases Code - 01

- (1) Enter each death case, unless it has been established that the carrier has incurred no liability. The amount entered as indemnity incurred shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, with a maximum of \$3,000 and payments to the state. If there is compensation paid on a permanent total, permanent partial or a temporary claim prior to the death of a claimant and the death is not related to work injuries, the

loss is to be reported on the basis of the injury for which payments have been previously made. In valuing a surviving spouse's benefits in death cases the Surviving Spouse's Pension Table, Table I, shall be used. In valuing the portion of reserves in death claims for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table II shall be used. In valuing the benefits for certain death claims where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table III shall be used.

(2) U.S.L. & H.W. Benefits on Death Cases

In valuing a surviving spouse's benefits in death cases under U.S.L. & H.W. Coverage, Table U.S.L.-I shall be used.

In valuing, the portion of reserves in death claims under U.S.L. & H.W. Coverage for lump sum dowry benefits payable to the surviving spouse upon remarriage, Table U.S.L.-II shall be used.

In valuing the portion of reserves for certain death cases under U.S.L. & H.W. Coverage where there is no surviving spouse, but a parent, brother or sister receiving benefits which are payable for life, Table USL-III shall be used.

b. Permanent Total Disability Code - 02

(1) Enter as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial. In establishing reserves on permanent total cases Table III, Pension Table (Other Than Surviving Spouse's) shall be used, as found in Section V.

(2) U.S.L. & H.W. Benefits on Permanent Total Cases. In valuing the disabled's life portion of the reserve for permanent total cases under U.S.L. & H.W. Coverage, Table U.S.L.-III shall be used. In valuing the portion of the reserve for permanent total cases in which survivorship benefits are payable, Table U.S.L.-IV shall be used.

c. Temporary Total or Temporary Partial Disability Code – 05

Enter as Temporary every case which involves or is expected to involve indemnity benefits but which does not constitute a case of Death, Permanent Total or Permanent Partial as defined above.

d. Medical Only Claims Code – 06

When reporting medical only losses, make no entry in the column captioned Incurred Indemnity.

e. Permanent Partial Disability Code - 09

(1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b) or 306(c) respectively of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

(2) Cases involving total disability, other than permanent total disability, if either of the following holds true:

(a) The duration of the disability benefits exceeds, or is expected to exceed, one year.

(b) In the judgment of the carrier, the extent of liability for future payments is indeterminate. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity.

8. Claim Status

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

<u>Code</u>	<u>Description</u>
0	Open (final payment not made)
1	Closed (no outstanding reserves)

9. Loss Conditions

Report the 2-digit code for each loss condition.

Act

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

Type of Loss

<u>Code</u>	<u>Description</u>
01	Trauma
03	Cumulative Injury other than Disease

Type of Recovery

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

Type of Claim

<u>Code</u>	<u>Description</u>
<u>01</u>	<u>Workers' Compensation Only</u>
<u>02</u>	<u>Employers' Liability Only</u>
03	Workers' Comp. & Employers' Liab.

Type of Settlement

<u>Code</u>	<u>Description</u>
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.

- | <u>Code</u> | <u>Description</u> |
|-------------|--|
| 00 | The claim is not administrated by an approved managed care organization. |
| 01 | The claim's medical losses are administrated by an approved managed care organization. |
| 02 | The claim's medical losses are administrated by a health maintenance organization. |
| 03 | The claim's medical losses are administrated by a preferred provider organization. |
| 04 | The claim's medical losses are administrated by an exclusive provider organization. |
| 05 | The claim's medical losses are administrated by an independent practice association. |
13. Social Security Number. Not Required.
14. Injury Description Code. Not Required.
15. Occupation Description. Not Required.
16. Vocational Rehabilitation Indicator
Report the 1-position code that indicates the inclusion of vocational rehabilitation costs in the losses.
- | <u>Code</u> | <u>Description</u> |
|-------------|--|
| Y | Claim includes Vocational Rehabilitation Costs |
| N | Claim does not include Vocational Rehabilitation Costs |
17. Paid Indemnity
Report the whole dollar amount of paid indemnity expenses for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wage or inability to work, including compensation paid to a deceased prior to death, burial expense, vocational rehabilitation benefits, payments to the state and employers liability losses and expenses.
18. Paid Medical
Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.
19. Claimant's Attorney Fees Incurred
Enter the average weekly wage of the claimant.
20. Employer's Attorney Fees
Enter the weekly benefit of the claimant.
21. Reserved For Future Use.
Enter the birthdate of the claimant in this space.
22. Allocated Loss Adjustment Paid (ALAE)
(Leave Blank)
23. Allocated Loss Adjustment Incurred (ALAE)
(Leave Blank)
24. Incurred Losses
Enter the total of all paid and outstanding compensation in the column captioned "Indemnity" and the total of all paid and outstanding medical in the column captioned "Medical". The outstanding costs shall be the company's individual case estimates of future payments as of the date of valuation.
- a. Where a final award has been made, the total incurred compensation must be in agreement with such award, except under the following circumstances:
- (1) Where a claimant has appealed for a higher award for a compensable claim, the carrier shall report at least the amount of the award, but may report a higher

- amount if, in its judgment, the facts in the case indicate an additional reserve is advisable.
- (2) In cases where a claim has been officially declared non-compensable, if an appeal has been taken and is undetermined on the valuation date, the carrier shall report the incurred cost that would have been reported had the claim not been declared non-compensable.
 - (3) In cases where a claim has been officially declared non-compensable, if the period during which an appeal may be taken has not expired by the valuation date, the carrier may report the incurred cost that would have been reported had there been no declaration of non-compensability. It shall be permissible to eliminate from the report the reserve for the non-compensable claim in any case where the period for taking an appeal has expired subsequent to the date of valuation, but prior to the date of the filing of the report, without an appeal having been taken.
- b. The closing of a claim shall be regarded for the purpose of this rule as the equivalent of a specific official declaration of non-compensability under the following circumstances:
 - (1) No claim was filed during the period provided by law, and the carrier therefore closes the case.
 - (2) The carrier has raised the issues of accident, notice, or casual relation prior to the valuation date and continues to contest the claim on any such issues, and the claim is officially closed because of the claimant's non-appearance or failure to prosecute his claim without a ruling on the question of accident, notice, or casual relation.
 - c. Where the carrier has appealed against an award, it shall report the full amount of such award. Cases on which the carrier has filed a petition to terminate must not be reported as "closed" until the petition has been granted by a referee or the Workers' Compensation Board.
 - d. If the final award has not been made, but compensation for the injury is subject to a definite schedule of benefits, the provisions of the Law shall be reflected in the amount of compensation reported. In all other cases the amount reported should reflect the carrier's estimate of incurred cost in the light of all information available on the date of valuation.
 - e. Expenses, any general allowances for contingencies, and any supplemental non-statutory benefits not provided for in this plan must be excluded. Precautionary reserves in excess of the amount shown on the final settlement receipt as filed, at completion of all compensation payment, with the Workers' Compensation Board or other body having jurisdiction over workers compensation claims, shall not be included in the amount of losses reported under the Unit Statistical Plan. Vocational rehabilitation costs and reserves for future payments shall be included as part of the amount entered as incurred indemnity.
 - f. In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, Supersedeas Fund, etc.), the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such Fund and the net incurred cost of the claim shall be reported. Anticipated recovery is defined, for this purpose, as the amount of recovery expected to be recovered from such Funds based on the rules governing such Funds or a binding agreement between such funds and the carrier on an amount, or percentage of the incurred cost, to be reimbursed to the carrier on a particular claim.

When such an anticipated recovery becomes known by the carrier, or when a recovery is paid to the carrier, subsequent to the first reporting of the claim, a correction report

must be filed with the Coal Mine Compensation Rating Bureau reducing the incurred cost on the claim by the amount of the paid or anticipated recovery. If the claim previously required an Individual Case Report, a revised Individual Case Report shall be filed.

25. Employers' Liability Claims

The rules of this section apply to Coverage B employers' liability claims, except as follows: Coverage B employers' liability losses include allocated loss adjustment expenses, as defined herein. The entire amount of losses and allocated loss adjustment expenses shall be reported as incurred losses, in the Unit Report. Coverage B allocated loss adjustment expenses represent the following expenses of a carrier, in connection with claim settlements, which can be directly allocated to a particular claim:

1. Attorney's fees for claim in suit.
2. Court and other specific items of expense such as:
 - Medical examination to determine the extent of company's liability
 - Expert medical or other testimony
 - Laboratory and X-Ray
 - Autopsy
 - Stenographic
 - Witnesses and Summonses
 - Copy of Documents

The following shall not be included as allocated loss adjustment expenses:

1. Salaries and traveling expenses of company employees (other than amounts allocated as attorney's fees for claims in suit)
 2. Overhead
 3. Adjusters fees (fees paid to independent adjusters, or attorneys, for adjusting claims)
- Each employers' liability case shall be identified by the symbol "E.L." inserted in the "Inj." column related to losses.

26. Subrogation Claims

- a. In all cases where the carrier has received reimbursement under subrogation rights, or where the injured employee or his dependents have recovered from a third party, include each claim at a figure equal to the net liability incurred. Each such case shall be identified by the symbol "Sub." inserted in the "Inj." column related to losses. Do not use the symbol "Sub." unless some recovery has actually been made.
- b. For subrogation cases the net liability incurred shall be determined by deducting from the incurred costs, prior to recovery, the amount recovered through subrogation less any expenses incurred in connection with such recovery. However, in cases where the expenses incurred in connection with such recovery exceed the amount recovered, the amount of losses reported shall not exceed the gross amount of loss prior to recovery. Furthermore, the net liability incurred shall be apportioned to indemnity and medical in the same proportion as existed in the gross incurred cost. The details of these calculations shall be shown in the individual case report where such individual report is required by the rules of this Plan.
- c. An individual case report shall be submitted for each subrogation or third party cases on which a recovery has been made involving, prior to such recovery, a gross incurred cost of more than \$500 for indemnity. The gross indemnity and medical shall be shown in the spaces provided for that purpose. The details of the calculation of the gross indemnity shall be shown in the usual manner in the space provided for that purpose. The notation "Sub. Case" shall be entered in the space provided for "Calculations" and the net indemnity and net medical with the prefixes "Net Ind." And "Net Medical,"

respectively, shall also be separately reported under "Calculations." The details of the calculation of the "Net Indemnity" and "Net Medical" may be shown on the back of the individual case report or in any other available blank space on the form and shall be made in accordance with the instructions in Section II.

A suggested method for these calculations is given in the following example:

	Total	Ind.	% of Total	Med.	% of Total
Gross Incurred Loss	\$20,000	\$17,000	85	\$3,000	15
Subrogation Received	7,000				
Claim Expense	<u>500</u>				
Net Recovery	6,500				
Net Cost	\$13,500	\$11,475	85	\$2,025	15

27. Subsequent and Correction Reports

a. Any second through closure or correction report involving,

- (1) Any claim reported "open" on the previous report,
- (2) Any re-opened claim reported "closed" on the previous report,
- (3) Any claim previously unreported, or
- (4) Any other change in the valuation of losses

shall show for each claim the amounts previously reported and the revised values. The corresponding total number of claims, total incurred indemnity and total incurred medical, as previously reported and as revised shall also be shown.

Revised or corrected individual case reports are required if the incurred amounts, the classification code or the type of injury changes from the previous reporting. An individual case report shall be filed for each claim required.

b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:

- (a) Loss values are found to have been included or excluded through mistake other than error of judgment.
- (b) The claim, or any part thereof, is declared non-compensable (as defined in an experience rating plan).
- (c) The carrier or claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from a Second Injury or similar type fund.
- (d) Where in the judgment of both the Bureau and the carrier such a revision is advisable to correct an inequity.

These correction reports should show whether the change is due to mistake or, if the claim was declared non-compensable, the date of such determination. In the case of recovery against a third party, the report must give details and the date of final settlement.

- (2) It shall not be permissible to revise loss values between two valuation dates because of department or judicial decision or because of developments in the nature of the injury.

- (3) Correction reports as defined above should be forwarded to the Bureau as soon as possible after the changes are known.

D. Loss Totals

1. Total Number of Claims

- Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.
2. Total Incurred Indemnity
Report the arithmetic total of the incurred indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.
 3. Total Incurred Medical
Report the arithmetic total of the incurred medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.
 4. Total Paid Indemnity
Report the arithmetic total of the paid indemnity amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.
 5. Total Paid Medical
Report the arithmetic total of the paid medical amounts reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total.
 6. Total Claimant's Attorney Fees. Not Required.
 7. Total Employer's Attorney Fees. Not Required.
 8. Total ALAE Paid. Not Required.
 9. Total ALAE Incurred. Not Required.
- E. Individual Case Report Rules
1. Claims on Which Required. Individual Case Reports shall be filed for the following:
 - a. All Death Claims
 - b. All Permanent Total Claims
 - c. All other claims with an indemnity or medical value greater than \$100,000
 - d. All Occupational Disease Claims (Form PA/OD-92)
- Individual Case Reports shall be filed concurrently with the submission of individual risk experience. Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting.
2. General Instructions for reporting information on the traumatic Individual Case Reports. ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.
 - a. Forms. For ALL Individual Case Reports (pension and other than pension) use the Individual Case Report form.
 - b. Class Code. Report the numeric code to which the loss was assigned.
 - c. Report Number Code. Enter the code which corresponds to the valuation date.
 - d. Transaction Type Code.
 - (1) Initial Report - Code 1. Must be used for the first time the Individual Case Report for the claim is submitted, regardless of the Unit Statistical Report number based on valuation date.
 - (2) Subsequent Report - Code 2. Must be used on all Individual Case Reports submitted for a particular claim subsequent to the valuation date for which an initial Individual Case Report (Code 1) was submitted.
 - (3) Revised Report - Code 3. Individual Case Report filed when the carrier discovers a need for change on an Individual Case Report previously filed for a particular claim.
 - (4) Correction Report - Code 4. Individual Case Report filed due to an error. All data on the correction report must be identical to the original report except for the Transaction Type and the data elements being corrected.

- e. Type of Injury Code. Enter the type of injury code as shown on the corresponding unit report for the particular claim.
 - f. Carrier Number. Report the five digit carrier code assigned to the company by the NAIC.
 - g. Payroll State Code. Report the code "37" for Pennsylvania.
 - h. Administration File Number. Not required.
 - i. Policy Number. Report the policy number identification number as set forth on the policy declarations and reported on the corresponding unit report.
 - j. Certificate Number. Not required.
 - k. Policy Effective Date. Report the date on which the policy became effective coded as MM DD YY.
 - l. Claim Number. Report the claim number as shown on the corresponding unit report for the particular claim.
 - m. Status Code. Enter the appropriate Claim Status Code, use 0 for an open claim and 1 for a closed claim.
 - n. Date Attorney Disclosure. Not required.
 - o. Loss Conditions. Not required.
 - p. Jurisdiction State. Not required.
 - q. Managed Care Organization (MCO). Not required.
 - r. Insured Name. Enter the full name of the insured as shown on the policy declarations and the corresponding unit report.
 - s. Accident Date. Enter the accident date coded as MM DD YY.
 - t. Date of Death. Enter the date of death coded as MM DD YY.
 - u. Date Reported. Enter the date on which the application for benefits was filed coded as MM DD YY.
 - v. Date of Birth. Enter the injured worker's date of birth coded as MM DD YY.
 - w. Surgery Code. Not required.
 - x. Attorney Code. Not required.
 - y. Worker's Last Name. Enter the name of the injured worker.
 - z. Average Weekly Wage. Enter the average weekly wage of the claimant.
 - aa. Injury Description Code. Not required.
 - bb. Occupation. Not required.
 - cc. Date Closed. Enter the date the claim was closed, if applicable, coded MM DD YY.
 - dd. Reserve Type Code. Not required.
 - ee. Lump Sum. Report whether or not the claim was settled with a payment of a specified amount to the claimant. Report "1" for a lump sum payment and "2" for other than a lump sum payment.
 - ff. Fraud. Not required.
 - gg. Social Security Number. Not required.
 - hh. Date Single Sum Paid. Enter the date single sum settlement was paid coded MM DD YY.
 - ii. Employment Status. Not required.
 - jj. Year Last Exposed. Not required.
 - kk. Date of Hire. Leave Blank.
3. Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.
- a. Temporary Indemnity
 - (1) Number of Weeks. Report the number of weeks upon which the temporary indemnity benefits is based.

- (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all benefits to the injured worker related to temporary loss of earnings due to loss time from work as a result of an injury or disease.
 - b. Scheduled Indemnity
 - (1) Percent Disability. The percentage must be 100.
 - (2) Body Member Code. Leave Blank.
 - (3) Number of Weeks. Report the number of weeks upon which the scheduled benefit is based.
 - (4) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all scheduled benefits. Report whole dollars only.
 - c. Non-Scheduled Indemnity
 - (1) Percent Disability. Report the percentage upon which the non-scheduled indemnity benefit was determined.
 - (2) Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all non-scheduled benefits based on a percentage disability.
 - d. Employers Liability or Other Indemnity
 - (1) Employers Liability. Report the incurred cost of the claim.
 - (2) Other Indemnity (Excluding Vocational Rehabilitation). Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all wage loss or other benefits not included in a., b. or c. Any payments to special funds should be reported in this field. Report whole dollars only.
 - e. Vocational Rehabilitation Total Incurred
Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding loss condition also must be used.
 - f. Claimant Legal Expense. Not required.
4. Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.
 - a. Beneficiary Data. Report the one digit numeric code corresponding to each different type of beneficiary. For each beneficiary report the date of birth coded MM DD YY.
 - b. Pension Indemnity Benefits Paid to Valuation Date. Report the total amount of pension benefits paid as of the valuation date, excluding any lump sum remarriage payment.
 - c. Pension Indemnity Previously Reserved, Not Paid. Report the pension indemnity amount previously reserved but not yet paid.
 - d. Pension Value of Future Indemnity Payments. Report the present value of total future indemnity payments using table values.
 - e. Funeral Allowance. Report the amount of funeral allowance rounded to whole dollars.
 - f. Lump Sum Remarriage. Report the value of remarriage using the table values.
5. Totals
 - a. Total Incurred Indemnity (Sum 1-11). This amount must be identical to the Indemnity Losses shown in the Incurred Losses section of the corresponding unit report.
 - b. Total Incurred Medical. This amount must be identical to the Medical Losses shown in the Incurred Losses section of the corresponding unit report.
 - c. Total Indemnity and Total Medical Paid to Valuation Date. Enter the totals of indemnity and medical that has been paid as of the valuation date.
 - d. Social Security or Other Offset Amount. Enter the amount of social security or other offset in this field.
 - e. Calculations. Use this space to detail the calculations used to produce the indemnity incurred.

- 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

<u>Code</u>	<u>Description</u>
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.

<u>Code</u>	<u>Description</u>
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

<u>Code</u>	<u>Description</u>
01	Standard Workers Compensation Policy
<u>09</u>	<u>Non-Standard Policy</u>

Plan Type

<u>Code</u>	<u>Description</u>
01	Voluntary Policy
02	Normal Assigned Risk Policy

Non-Standard Type

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

5. Deductible Type

Identifies the type of deductible being reported.

First Two Positions

<u>Code</u>	<u>Description</u>
<u>00</u>	<u>No Deductible</u>
<u>01</u>	<u>Medical Losses Only</u>
<u>02</u>	<u>Indemnity Losses Only</u>
03	Medical & Indemnity Losses

Second Two Positions

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

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.

<u>Code</u>	<u>Description</u>
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.

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

C. Loss Information Codes

1. Injury Type

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

2. Claim Status

<u>Code</u>	<u>Description</u>
0	Open
1	Closed

3. Loss Condition

Report the 2-digit code for each loss condition.

Act

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

Type of Loss

<u>Code</u>	<u>Description</u>
01	Trauma
03	Cumulative Injury other than Disease

Type of Recovery

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

Type of Coverage Claim

<u>Code</u>	<u>Description</u>
<u>01</u>	<u>Workers' Compensation Only</u>
<u>02</u>	<u>Employers' Liability Only</u>

03 Workers' Compensation and Employers' Liability

Type of Settlement

<u>Code</u>	<u>Description</u>
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

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

D. Individual Case Report Codes

1. Report Number

The report number must coincide with the Unit Statistical Report.

2. Transaction Type

<u>Code</u>	<u>Description</u>
1	Initial Report
2	Subsequent Report
3	Revised Report
4	Correction Report

3. Report Type

<u>Code</u>	<u>Description</u>
1	Claim involving Life Pension Benefits
2	Claim not involving Life Pension Benefits

4. Injury Description Code

Leave Blank

5. Status

<u>Code</u>	<u>Description</u>
0	Open Claim
1	Closed Claim

6. Surgery Code

<u>Code</u>	<u>Description</u>
1	Surgery
2	No Surgery

7. Attorney Code

<u>Code</u>	<u>Description</u>
-------------	--------------------

- 2 Attorney involved
3 No Attorney involved
8. Reserve Type
- | <u>Code</u> | <u>Description</u> |
|-------------|--------------------------------|
| 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
- | <u>Code</u> | <u>Description</u> |
|-------------|---------------------|
| 1 | Lump Sum |
| 2 | Other than Lump Sum |
10. Fraudulent Claim Code
- | <u>Code</u> | <u>Description</u> |
|-------------|----------------------|
| 1 | Partially Fraudulent |
| 2 | Fully Fraudulent |
11. Employment Status
- | <u>Code</u> | <u>Description</u> |
|-------------|--|
| 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
- | <u>Code</u> | <u>Description</u> |
|-------------|--------------------------|
| 1 | Injured Worker |
| 2 | Widow |
| 3 | Widower |
| 4 | Sons or Daughters |
| 5 | Brothers or Sisters |
| 6 | Mothers or Fathers |
| 7 | Other |
| <u>9</u> | <u>Handicapped Child</u> |
- E. Codes for Occupational Disease Reporting Only
1. Job Classification Codes
- | <u>Code</u> | <u>Description</u> |
|-------------|-------------------------------|
| 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

TABLE A – CARRIER NAMES AND NUMBERS

ACE American Insurance Company	22667
American Business & Personal Insurance Mutual, Inc.	40789
American Casualty Company of Reading, PA	20427
American Guarantee and Liability Insurance Company	26247
American Mining Insurance Company	15911
American States Insurance Company	19704
American Zurich Insurance Company	40142
Argonaut Insurance Company	19801
Arrowood Indemnity Company	24678
BrickStreet Mutual Insurance Company	12372
Chartis Property Casualty Company	19402
Colony Specialty Insurance Company	36927
Continental Casualty Company	20443
Dallas National Insurance Company	32271
Employers Insurance of WAUSA A Mutual Company	21458
Fairfield Insurance Company	21482
Fidelity & Guaranty Insurance Underwriters, Inc.	25879
Fire & Casualty Insurance Company of Connecticut	24880
Front Royal Insurance Company	36927
Frontier Insurance Company	34266
Genesis Insurance Company	38962
Great Divide Insurance Company	25224
Harleysville Mutual Insurance Company	14168
Hartford Accident & Indemnity Company	22357
Hartford Casualty Insurance Company	29424
Hartford Insurance Company of the Midwest	37478
Highmark Casualty Insurance Company	35599
Homestead Insurance Co.	11460
Insurance Company of North America	22713
International Business & Mercantile Reassurance Company	24139
Lackawanna Casualty Company	11703
Liberty Insurance Corporation	42404
Liberty Mutual Fire Insurance Company	23035
Liberty Mutual Insurance Company	23043
National Fire Insurance Company of Hartford	20478
NorthStone Insurance Company	13045
Ohio Casualty Insurance Company	24074
Old Republic General Insurance Company	24139
Old Republic Insurance Company	24147
PIC Insurance Group, Inc.	25739
Pacific Employers Insurance Company	22748
Pennsylvania Manufacturers' Association Insurance Company	12262
Pennsylvania National Mutual Casualty Insurance Company	14990
Pennsylvania Surface Coal Mining Insurance Exchange	38679
Reliance Insurance Company	24457
Reliance National Indemnity Company	24430
Reliance National Insurance Company	40592
Rockwood Casualty Insurance Company	35505
Royal Insurance Company of America	26980
Security Insurance Company of Hartford	24902
Somerset Casualty Insurance Company	10726
State Workers' Insurance Fund	27677
Transcontinental Insurance Company	20486

Transportation Insurance Company	20494
Travelers Indemnity Company	25658
Travelers Insurance Company	39357
Twin City Fire Insurance Company	29459
United Pacific Insurance Company	24473
United States Fidelity & Guaranty Company	25887
Valley Forge Insurance Company	20508
West American Insurance Company	44393
Zurich American Insurance Company	16535
Zurich American Insurance Company of Illinois	27855

TABLE B – CLASS CODES

<u>WORKER'S COMPENSATION CLASSIFICATIONS</u>	<u>CODE #</u>
Anthracite Underground Mining	1010
Bituminous Underground Mining	1001
Anthracite Surface & Culm Mining	1012
Bituminous Surface & Culm Mining	1014
Coke	1469
Auger Mining	1015
Anthracite Co-Gen Fuel Recovery	1021
Bituminous Co-Gen Fuel Recovery	1023
Anthracite Prep Plant	1025
Bituminous Prep Plant	1027
<u>STATE OCCUPATIONAL DISEASE CLASSIFICATIONS</u>	<u>CODE #</u>
Anthracite Underground Mining	1011
Bituminous Underground Mining	1002
Anthracite Surface & Culm Mining	1016
Bituminous Surface & Culm Mining	1013
Coke	1017
Auger Mining	1019
Anthracite Co-Gen Fuel Recovery	1022
Bituminous Co-Gen Fuel Recovery	1024
Anthracite Prep Plant	1026
Bituminous Prep Plant	1028
<u>FEDERAL OCCUPATIONAL DISEASE CLASSIFICATIONS</u>	<u>CODE #</u>
Anthracite Underground Mining	0160
Bituminous Underground Mining	0158
Anthracite Surface & Culm Mining	0153
Bituminous Surface & Culm Mining	0156
Coke	0154
Auger Mining	0157
Anthracite Co-Gen Fuel Recovery	0181
Bituminous Co-Gen Fuel Recovery	0182
Anthracite Prep Plant	0183
Bituminous Prep Plant	0184
For reporting Disease Experience in connection with any classification other than Coal Mining for Insureds having liability under the Federal Coal Mine Health and Safety Act	0164
Former Coal Mine Operators	0159

TABLE C – County Codes

BITUMINOUS CODES AND COUNTIES

01 - Allegheny	10 - Centre	19 - Jefferson	28 - Venango
02 - Armstrong	11 - Clarion	20 - Lawrence	29 - Fulton
03 - Beaver	12 - Clearfield	21 - Lycoming	30 - Franklin
04 - Bedford	13 - Clinton	22 - McKean	31 - Forest
05 - Blair	14 - Elk	23 - Mercer	32 - Potter
06 - Bradford	15 - Fayette	24 - Somerset	33 - Erie
07 - Butler	16 - Greene	25 - Tioga	
08 - Cambria	17 - Huntingdon	26 - Washington	
09 - Cameron	18 - Indiana	27 - Westmoreland	

ANTHRACITE CODES AND COUNTIES

50 - Carbon	54 - Luzerne	58 - Susquehanna	62 - Venango
51 - Columbia	55 - Northumberland	59 - Wayne	63 - Fulton
52 - Dauphin	56 - Schuylkill	60 - Lebanon	64 - Franklin
53 - Lackawanna	57 - Sullivan	61 - Montgomery	65 - Forest

SECTION IV – PART 1 – TRAUMATIC TABLES

TABLE I
 Surviving Spouse’s 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	8.078	7.905	8.570	9.493	10.403	11.210	21
17	8.774	8.617	9.289	10.210	11.111	11.907	22
18	9.476	9.332	10.002	10.910	11.793	12.571	23
19	10.176	10.041	10.701	11.588	12.445	13.197	24
20	10.868	10.741	11.385	12.243	13.068	13.788	25
21	11.549	11.426	12.048	12.871	13.659	14.343	26
22	12.213	12.094	12.688	13.473	14.218	14.864	27
23	12.857	12.738	13.301	14.043	14.745	15.350	28
24	13.473	13.354	13.883	14.579	15.235	15.797	29
25	14.059	13.937	14.429	15.077	15.685	16.204	30
26	14.611	14.485	14.938	15.537	16.097	16.571	31
27	15.126	14.995	15.408	15.957	16.467	16.898	32
28	15.602	15.465	15.838	16.336	16.798	17.184	33
29	16.039	15.895	16.227	16.675	17.089	17.432	34
30	16.435	16.283	16.575	16.974	17.341	17.641	35
31	16.790	16.631	16.883	17.234	17.554	17.814	36
32	17.104	16.937	17.150	17.455	17.731	17.951	37
33	17.378	17.202	17.378	17.638	17.872	18.053	38
34	17.613	17.428	17.568	17.785	17.978	18.122	39
35	17.809	17.616	17.721	17.897	18.051	18.160	40
36	17.968	17.767	17.839	17.976	18.092	18.167	41
37	18.092	17.882	17.922	18.022	18.103	18.147	42
38	18.182	17.964	17.974	18.038	18.086	18.099	43
39	18.239	18.013	17.994	18.026	18.042	18.027	44
40	18.266	18.031	17.986	17.987	17.974	17.932	45
41	18.264	18.022	17.951	17.923	17.882	17.814	46
42	18.235	17.985	17.891	17.835	17.767	17.675	47
43	18.180	17.923	17.806	17.725	17.632	17.517	48
44	18.101	17.836	17.699	17.593	17.477	17.342	49
45	17.999	17.727	17.570	17.442	17.305	17.150	50
46	17.876	17.596	17.421	17.273	17.116	16.942	51
47	17.732	17.446	17.255	17.086	16.910	16.719	52
48	17.569	17.277	17.070	16.884	16.690	16.482	53
49	17.390	17.092	16.870	16.666	16.455	16.231	54
50	17.194	16.889	16.653	16.433	16.206	15.967	55

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 0% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary’s attained age is to be used.

TABLE I (continued)
Surviving Spouse's 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)
51	16.982	16.672	16.422	16.186	15.944	15.692	56
52	16.755	16.439	16.176	15.927	15.671	15.405	57
53	16.515	16.192	15.918	15.655	15.386	15.106	58
54	16.261	15.932	15.647	15.371	15.089	14.799	59
55	15.994	15.660	15.364	15.075	14.782	14.482	60
56	15.716	15.376	15.069	14.770	14.467	14.157	61
57	15.426	15.080	14.765	14.456	14.143	13.825	62
58	15.125	14.775	14.451	14.133	13.813	13.487	63
59	14.815	14.460	14.129	13.803	13.476	13.142	64
60	14.496	14.137	13.799	13.467	13.132	12.790	65
61	14.169	13.807	13.463	13.124	12.781	12.431	66
62	13.836	13.470	13.120	12.773	12.422	12.065	67
63	13.496	13.126	12.770	12.415	12.057	11.693	68
64	13.149	12.775	12.412	12.050	11.685	11.316	69
65	12.795	12.417	12.047	11.679	11.309	10.936	70
66	12.435	12.051	11.677	11.304	10.930	10.555	71
67	12.067	11.680	11.301	10.925	10.549	10.172	72
68	11.694	11.304	10.922	10.544	10.166	9.787	73
69	11.316	10.924	10.541	10.161	9.782	9.402	74
70	10.935	10.543	10.159	9.778	9.397	9.017	75
71	10.553	10.161	9.776	9.393	9.012	8.630	76
72	10.169	9.777	9.391	9.008	8.626	8.244	77
73	9.784	9.393	9.007	8.623	8.240	7.860	78
74	9.399	9.008	8.621	8.237	7.856	7.481	79
75	9.013	8.622	8.235	7.853	7.478	7.112	80
76	8.626	8.236	7.852	7.475	7.108	6.753	81
77	8.240	7.852	7.474	7.106	6.751	6.407	82
78	7.856	7.475	7.105	6.749	6.405	6.074	83
79	7.478	7.106	6.748	6.403	6.072	5.754	84
80	7.108	6.748	6.402	6.070	5.752	5.445	85
81	6.750	6.403	6.070	5.750	5.443	5.151	86
82	6.405	6.070	5.750	5.442	5.149	4.874	87
83	6.072	5.750	5.442	5.148	4.872	4.611	88
84	5.752	5.442	5.148	4.871	4.610	4.359	89
85	5.443	5.148	4.871	4.609	4.358	4.117	90

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 0% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

TABLE I (continued)
Surviving Spouse's 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)
86	5.149	4.871	4.609	4.358	4.116	3.887	91
87	4.872	4.609	4.357	4.115	3.886	3.675	92
88	4.610	4.357	4.115	3.886	3.674	3.481	93
89	4.358	4.115	3.885	3.674	3.481	3.305	94
90	4.116	3.886	3.673	3.480	3.305	3.145	95
91	3.886	3.673	3.480	3.304	3.145	3.003	96
92	3.674	3.480	3.304	3.145	3.002	2.874	97
93	3.481	3.304	3.145	3.002	2.873	2.757	98
94	3.305	3.145	3.002	2.873	2.757	2.650	99
95	3.145	3.002	2.873	2.757	2.648	2.549	100
96	3.002	2.874	2.756	2.648	2.549	2.453	101
97	2.874	2.756	2.649	2.547	2.453	2.358	102
98	2.757	2.649	2.548	2.451	2.358	2.252	103
99	2.649	2.548	2.451	2.358	2.252	2.139	104
100	2.548	2.452	2.355	2.252	2.139	1.995	105
101	2.452	2.355	2.252	2.139	1.995	1.804	106
102	2.355	2.252	2.139	1.995	1.804	1.528	107
103	2.252	2.139	1.995	1.804	1.528	1.125	108
104	2.139	1.995	1.804	1.528	1.125	0.514	109
105	1.995	1.804	1.528	1.125	0.514	0.000	110
106	1.804	1.528	1.125	0.514	0.000	0.000	111
107	1.528	1.125	0.514	0.000	0.000	0.000	112
108	1.125	0.514	0.000	0.000	0.000	0.000	113
109	0.514	0.000	0.000	0.000	0.000	0.000	114
110	0.000	0.000	0.000	0.000	0.000	0.000	115

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 0% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

SECTION IV – PART 1 – TRAUMATIC TABLES, continued

The traumatic tables are used only in conjunction with traumatic death or permanent total claims, where the benefits are computed on a life pension basis. The table value is the present value factor for future benefits when applied to the annual indemnity benefit. These factors should not be applied to the medical benefits since the medical benefits are not paid in equal, periodic payments for the lifetime of the claim.

TABLE I, The Surviving Spouse's Pension Table

This table shall be used to compute the reserve for future benefits for a traumatic death claim where lifetime benefits are to be paid to the surviving spouse. The table shall be used as follows:

1. Determine the spouse's age at widowhood by:
 - Step 1. Subtract spouse's date of birth from the date of death. Answer will be in age in years, months and days.
 - Step 2. If the number of whole months produced in Step 1 is seven or more, add one year to the number of years produced in Step 1 to obtain the age at widowhood.
 - Step 3. If the number of whole months produced in Step 1 is six or less, use the number of years produced in Step 1 as the age at widowhood.

Example 1 Date of death – December 10, 1990

 Spouse's date of birth – May 25, 1940

Step 1. 12/10/90 minus 5/25/40 = 50 years, 6 months and 15 days.

Step 2. 6 months is less than 7 months, therefore go to Step 3.

Step 3. 6 months is six or less, therefore, use age 50 as spouse's age at widowhood .

Example 2 Date of death – December 10, 1990

 Spouse's date of birth – March 25, 1940

Step 1. 12/10/90 minus 3/25/40 = 50 years, 8 months and 15 days.

Step 2. 8 months is more than 7 months, therefore, add 1 to 50 and use 51 as the spouse's age at widowhood.

2. Determine the spouse's attained age at first valuation date. The valuation date is the accounting date at which the reserve is being calculated. The first valuation date for traumatic is April 30 following the calendar/accident year in which the date of death occurred.

Step 1. Subtract spouse's date of birth from the first valuation date.

Answer will be in age in years, months and days.

Step 2. If the number of whole months produced in Step 1 is seven or more, add one year to the number of years produced in Step 1 to obtain the age at widowhood.

Step 3. If the number of whole months produced in Step 1 is six or less, use the number of years produced in Step 1 as the age at widowhood.

Example 1 First valuation – April 30, 1991

 Spouse's date of birth – May 25, 1940

Step 1. 4/30/91 minus 5/25/40 = 50 years, 11 months and 5 days.

Step 2. 11 months is seven or more, therefore, add 1 to 50 and use 51 as the age as of the first valuation.

Example 2 First valuation – April 30, 1991

 Spouse's date of birth – March 25, 1940

Step 1. 4/30/91 minus 3/25/40 = 51 years, 1 months and 5 days.

Step 2. 1 month is less than 7 months, therefore, go to Step 3.

Step 3. 1 month is six or less, therefore, use age 51 as spouse's age at widowhood.

If the surviving spouse's age at first valuation is equal to the age at widowhood, the value in the factor column marked (x) corresponding to the age at widowhood is to be used at first report level.

If the surviving spouse's age at first valuation is one greater than the age at widowhood, the value in the factor column marked (x) + 1 corresponding to the age at widowhood is to be used at first report level.

Example 1 Age at widowhood = 50
Age at first valuation = 51
The value in the (x) + 1 column corresponding to age at widowhood, 50, is to be used for first valuation.
The value used is 16.889.

Example 2 Age at widowhood = 51
Age at first valuation = 51
The value in the (x) column corresponding to age at widowhood, 51, is to be used for first valuation.
The value used is 16.982.

3. For second and subsequent valuations, retain the age at widowhood used in the first valuation. Determine the age at the current valuation date in the same manner as to age determination at first valuation date. The age difference shall be calculated to whole years just as in the first valuation. Each successive valuation should add one year to the previous valuation's age determination.
 - A. If the difference in age at current valuation and widowhood is 5 years or less, enter the table at the left hand column, age of widowhood, and proceed to the right to the appropriate column, (x) + N, where N equals the difference between the age at widowhood and the age at valuation.
 - B. If the difference in age at current valuation and widowhood is more than 5 years, enter the table at the right hand column, attained age, using the age at current valuation, and use the factor in the (x) + 5 column corresponding to the age in the right hand column.

Example Age at widowhood = 50
Age at first valuation = 58
The value in the (x) + 5 column corresponding to attained age, 58, in the right hand column is to be used for current valuation.
The value used is 15.106.

SEE SECTION VI FOR COMPLETE EXAMPLES.

SECTION IV – PART 1 – TRAUMATIC TABLES, continued

TABLE II
 Present Value of Remarriage Dowry*

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	0.7004	0.7044	0.6768	0.6390	0.6010	0.5664	21
17	0.6719	0.6752	0.6468	0.6085	0.5702	0.5355	22
18	0.6428	0.6453	0.6166	0.5781	0.5400	0.5053	23
19	0.6133	0.6152	0.5863	0.5480	0.5103	0.4761	24
20	0.5835	0.5849	0.5561	0.5183	0.4812	0.4477	25
21	0.5536	0.5546	0.5261	0.4891	0.4529	0.4201	26
22	0.5239	0.5244	0.4965	0.4604	0.4252	0.3934	27
23	0.4944	0.4946	0.4674	0.4324	0.3983	0.3676	28
24	0.4655	0.4654	0.4390	0.4052	0.3723	0.3427	29
25	0.4371	0.4369	0.4114	0.3789	0.3474	0.3190	30
26	0.4096	0.4092	0.3847	0.3537	0.3236	0.2965	31
27	0.3831	0.3825	0.3591	0.3295	0.3009	0.2750	32
28	0.3575	0.3569	0.3346	0.3065	0.2793	0.2548	33
29	0.3330	0.3324	0.3113	0.2847	0.2589	0.2357	34
30	0.3097	0.3090	0.2891	0.2640	0.2397	0.2177	35
31	0.2875	0.2868	0.2681	0.2444	0.2216	0.2009	36
32	0.2665	0.2658	0.2482	0.2261	0.2046	0.1851	37
33	0.2467	0.2460	0.2296	0.2088	0.1887	0.1704	38
34	0.2280	0.2274	0.2121	0.1927	0.1739	0.1567	39
35	0.2105	0.2100	0.1957	0.1777	0.1601	0.1440	40
36	0.1942	0.1937	0.1804	0.1636	0.1473	0.1323	41
37	0.1790	0.1785	0.1662	0.1506	0.1354	0.1214	42
38	0.1647	0.1644	0.1530	0.1385	0.1243	0.1113	43
39	0.1515	0.1512	0.1407	0.1273	0.1141	0.1020	44
40	0.1393	0.1390	0.1293	0.1169	0.1047	0.0935	45
41	0.1279	0.1277	0.1187	0.1073	0.0960	0.0855	46
42	0.1174	0.1172	0.1090	0.0984	0.0879	0.0782	47
43	0.1076	0.1075	0.0999	0.0902	0.0805	0.0715	48
44	0.0986	0.0985	0.0916	0.0826	0.0737	0.0653	49
45	0.0903	0.0902	0.0838	0.0756	0.0673	0.0596	50
46	0.0826	0.0825	0.0767	0.0691	0.0615	0.0544	51
47	0.0755	0.0755	0.0701	0.0632	0.0561	0.0495	52
48	0.0689	0.0690	0.0641	0.0577	0.0512	0.0451	53
49	0.0629	0.0630	0.0585	0.0526	0.0466	0.0410	54
50	0.0574	0.0575	0.0534	0.0479	0.0424	0.0372	55

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 0% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

SECTION IV – PART 1 – TRAUMATIC TABLES, continued

TABLE II (continued)
 Present Value of Remarriage Dowry*

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)
51	0.0523	0.0524	0.0486	0.0437	0.0386	0.0338	56
52	0.0476	0.0477	0.0443	0.0397	0.0350	0.0306	57
53	0.0433	0.0434	0.0403	0.0361	0.0318	0.0276	58
54	0.0393	0.0395	0.0366	0.0328	0.0288	0.0250	59
55	0.0357	0.0358	0.0332	0.0297	0.0260	0.0225	60
56	0.0324	0.0325	0.0301	0.0269	0.0235	0.0202	61
57	0.0293	0.0294	0.0273	0.0243	0.0212	0.0182	62
58	0.0265	0.0267	0.0247	0.0219	0.0191	0.0163	63
59	0.0240	0.0241	0.0223	0.0198	0.0171	0.0146	64
60	0.0216	0.0218	0.0201	0.0178	0.0154	0.0130	65
61	0.0195	0.0196	0.0181	0.0160	0.0137	0.0115	66
62	0.0176	0.0177	0.0163	0.0143	0.0123	0.0102	67
63	0.0158	0.0159	0.0146	0.0128	0.0109	0.0091	68
64	0.0142	0.0143	0.0131	0.0115	0.0097	0.0080	69
65	0.0127	0.0128	0.0118	0.0103	0.0087	0.0070	70
66	0.0114	0.0115	0.0105	0.0092	0.0077	0.0062	71
67	0.0102	0.0103	0.0094	0.0082	0.0068	0.0054	72
68	0.0091	0.0092	0.0084	0.0073	0.0060	0.0047	73
69	0.0082	0.0083	0.0075	0.0065	0.0053	0.0041	74
70	0.0073	0.0074	0.0067	0.0058	0.0047	0.0036	75
71	0.0065	0.0066	0.0060	0.0051	0.0041	0.0031	76
72	0.0058	0.0059	0.0054	0.0046	0.0036	0.0027	77
73	0.0052	0.0053	0.0048	0.0041	0.0032	0.0024	78
74	0.0047	0.0047	0.0043	0.0036	0.0028	0.0020	79
75	0.0042	0.0042	0.0038	0.0032	0.0025	0.0018	80
76	0.0037	0.0038	0.0034	0.0029	0.0022	0.0015	81
77	0.0033	0.0034	0.0031	0.0026	0.0020	0.0014	82
78	0.0030	0.0031	0.0028	0.0023	0.0018	0.0012	83
79	0.0026	0.0027	0.0025	0.0021	0.0016	0.0011	84
80	0.0024	0.0025	0.0023	0.0019	0.0014	0.0010	85
81	0.0021	0.0022	0.0020	0.0017	0.0013	0.0009	86
82	0.0019	0.0020	0.0018	0.0016	0.0012	0.0008	87
83	0.0017	0.0018	0.0017	0.0015	0.0012	0.0008	88
84	0.0016	0.0017	0.0016	0.0014	0.0011	0.0008	89
85	0.0015	0.0016	0.0015	0.0013	0.0011	0.0008	90

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 0% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

SECTION IV – PART 1 – TRAUMATIC TABLES, continued

TABLE II (continued)
 Present Value of Remarriage Dowry*

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	0.0013	0.0015	0.0014	0.0013	0.0011	0.0009	91
87	0.0013	0.0014	0.0014	0.0013	0.0012	0.0010	92
88	0.0012	0.0014	0.0014	0.0013	0.0012	0.0012	93
89	0.0012	0.0013	0.0014	0.0014	0.0014	0.0015	94
90	0.0012	0.0014	0.0015	0.0015	0.0017	0.0018	95
91	0.0012	0.0015	0.0016	0.0018	0.0020	0.0023	96
92	0.0013	0.0016	0.0019	0.0022	0.0025	0.0031	97
93	0.0015	0.0018	0.0022	0.0027	0.0034	0.0043	98
94	0.0017	0.0022	0.0027	0.0034	0.0043	0.0060	99
95	0.0020	0.0027	0.0034	0.0043	0.0060	0.0085	100
96	0.0025	0.0034	0.0046	0.0060	0.0085	0.0123	101
97	0.0034	0.0046	0.0060	0.0085	0.0123	0.0180	102
98	0.0043	0.0060	0.0085	0.0123	0.0180	0.0266	103
99	0.0060	0.0085	0.0123	0.0180	0.0266	0.0401	104
100	0.0085	0.0123	0.0180	0.0266	0.0401	0.0610	105
101	0.0123	0.0180	0.0266	0.0401	0.0610	0.0942	106
102	0.0180	0.0266	0.0401	0.0610	0.0942	0.1461	107
103	0.0266	0.0401	0.0610	0.0942	0.1461	0.2321	108
104	0.0401	0.0610	0.0942	0.1461	0.2321	0.3714	109
105	0.0610	0.0942	0.1461	0.2321	0.3714	0.0000	110
106	0.0942	0.1461	0.2321	0.3714	0.0000	0.0000	111
107	0.1461	0.2321	0.3714	0.0000	0.0000	0.0000	112
108	0.2321	0.3714	0.0000	0.0000	0.0000	0.0000	113
109	0.3714	0.0000	0.0000	0.0000	0.0000	0.0000	114
110	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	115

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 0% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

TABLE II, Present Value of Remarriage Dowry

This table shall be used in conjunction with Table I for cases of traumatic death claims where benefits are to be paid to a surviving spouse. Table II is used explicitly in valuing the portion of reserves in traumatic death cases for lump sum dowry benefits payable to the surviving spouse upon remarriage.

As prescribed by the Pennsylvania Workers' Compensation Law, the surviving spouse is entitled to one hundred and four weeks of compensation for a remarriage dowry.

Therefore, the calculation for reserves for the remarriage dowry of a surviving spouse is:

104 weeks x weekly benefit x present value factor from Table II.

The age of widowhood and age at valuation date used in Table II shall be identical to those used in application of Table I.

For example, if age at widowhood is 50, and the age at first valuation date is 51, then the value in the (x) + 1 column corresponding to age of widowhood of 50 is to be used for first valuation. The value to be used is 0.0575.

SEE SECTION VI FOR COMPLETE EXAMPLES.

SECTION IV – PART 1 – TRAUMATIC TABLES, continued

TABLE III
Pension Table (Other than Surviving Spouse's)
(Present Value of \$1.00 per annum payable until death)

Age	Present Value	Age	Present Value	Age	Present Value
11	25.253	41	19.684	71	9.697
12	25.125	42	19.406	72	9.346
13	24.993	43	19.122	73	8.996
14	24.859	44	18.834	74	8.649
15	24.726	45	18.538	75	8.304
16	24.590	46	18.239	76	7.958
17	24.445	47	17.933	77	7.612
18	24.317	48	17.623	78	7.272
19	24.176	49	17.310	79	6.936
20	24.032	50	16.992	80	6.606
21	23.885	51	16.671	81	6.289
22	23.734	52	16.345	82	5.979
23	23.580	53	16.014	83	5.682
24	23.419	54	15.681	84	5.398
25	23.253	55	15.344	85	5.122
26	23.081	56	15.003	86	4.861
27	22.902	57	14.659	87	4.611
28	22.716	58	14.312	88	4.373
29	22.523	59	13.962	89	4.147
30	22.324	60	13.609	90	3.927
31	22.117	61	13.256	91	3.717
32	21.904	62	12.904	92	3.522
33	21.684	63	12.549	93	3.332
34	21.457	64	12.196	94	3.174
35	21.223	65	11.841	95	3.021
36	20.982	66	11.485	96	2.888
37	20.735	67	11.126	97	2.779
38	20.482	68	10.768	98	2.667
39	20.222	69	10.409	99	2.566
40	19.956	70	10.053	100	2.459

*79-81 U.S. Decennial Life Table for Total Population
 3.50% Annual Rate of Interest
 0.000% Annual Rate of Escalation

TABLE III, Pension Table (Other Than Surviving Spouse's)

This table shall be used to compute the reserve for future benefits where lifetime benefits are to be paid for a traumatic injury other than to a surviving spouse of a deceased miner.

This table shall apply if the injured miner is permanently and totally disabled, or the miner is deceased and benefits are to be paid to an adult dependent, who is not the deceased miner's spouse.

The present value factor times the annual benefit amount produces the reserve value. To obtain the proper present value factor, the age must first be obtained. Determine the age by:

- Step 1. Subtract the claimant's date of birth from the valuation date. The answer will be in number of years, months and days.
- Step 2. If the number of whole months produced in Step 1 is seven or more, add one year to the number of years produced in Step 1 to obtain the proper age.
- Step 3. If the number of whole months produced in Step 1 is six or less, use the number of years produced in Step 1 as the proper age.

Example 1 Valuation Date – April 30, 1991

Claimant's date of birth – October 2, 1940

- Step 1. 4/30/91 minus 10/2/40 = 50 years, 6 months and 28 days.
- Step 2. 6 months is not seven or more, therefore, go to Step 3.
- Step 3. 6 months is six or less, therefore, use age 50.
Therefore, the proper present value factor for age 50 is 16.992.

Example 2 Valuation Date – April 30, 1991

Claimant's date of birth – May 25, 1940

- Step 1. 4/30/91 minus 5/25/40 = 50 years, 11 months and 5 days.
- Step 2. 11 months is seven or more, therefore, add 1 to 50 years in Step 1 and use 51 as the proper age.
Therefore, the proper present value factor for age 51 is 16.671.

SEE SECTION VI FOR COMPLETE EXAMPLES.

SECTION IV – PART 2 – OCCUPATIONAL DISEASE TABLES

TABLE IV
 OCCUPATIONAL DISEASE TABLE FOR MALE CLAIMANTS

Age	Present Value	Age	Present Value	Age	Present Value
0	22.724	35	18.585	70	8.052
1	22.927	36	18.364	71	7.736
2	22.866	37	18.136	72	7.426
3	22.796	38	17.900	73	7.121
4	22.721	39	17.658	74	6.820
5	22.640	40	17.409	75	6.522
6	22.555	41	17.153	76	6.227
7	22.465	42	16.890	77	5.937
8	22.372	43	16.622	78	5.652
9	22.274	44	16.347	79	5.372
10	22.170	45	16.066	80	5.099
11	22.062	46	15.779	81	4.834
12	21.949	47	15.487	82	4.579
13	21.833	48	15.189	83	4.335
14	21.717	49	14.888	84	4.100
15	21.601	50	14.583	85	3.875
16	21.487	51	14.274	86	3.659
17	21.373	52	13.961	87	3.458
18	21.258	53	13.644	88	3.263
19	21.142	54	13.324	89	3.077
20	21.024	55	13.000	90	2.897
21	20.903	56	12.674	91	2.722
22	20.780	57	12.345	92	2.556
23	20.653	58	12.013	93	2.402
24	20.520	59	11.679	94	2.264
25	20.381	60	11.344	95	2.142
26	20.235	61	11.010	96	2.034
27	20.082	62	10.676	97	1.939
28	19.921	63	10.343	98	1.853
29	19.753	64	10.012	99	1.775
30	19.577	65	9.682	100	1.701
31	19.394	66	9.352	101	1.637
32	19.203	67	9.024	102	1.564
33	19.005	68	8.697	103	1.502
34	18.798	69	8.372	104	1.405

1979-1981 U.S. Decennial Life Table for White Males
 4.0% Annual Rate of Interest
 0.0% Annual Rate of Escalation

SECTION IV – PART 2 – OCCUPATIONAL DISEASE TABLES

TABLE V
 OCCUPATIONAL DISEASE TABLE FOR FEMALE CLAIMANTS

Age	Present Value	Age	Present Value	Age	Present Value
0	23.319	35	19.958	70	10.128
1	23.488	36	19.776	71	9.758
2	23.446	37	19.587	72	9.386
3	23.397	38	19.393	73	9.014
4	23.342	39	19.192	74	8.641
5	23.283	40	18.986	75	8.267
6	23.221	41	18.774	76	7.892
7	23.156	42	18.555	77	7.517
8	23.088	43	18.331	78	7.145
9	23.016	44	18.101	79	6.779
10	22.941	45	17.865	80	6.420
11	22.863	46	17.623	81	6.072
12	22.781	47	17.374	82	5.736
13	22.697	48	17.120	83	5.410
14	22.611	49	16.860	84	5.097
15	22.523	50	16.595	85	4.796
16	22.433	51	16.324	86	4.509
17	22.341	52	16.047	87	4.239
18	22.247	53	15.764	88	3.983
19	22.150	54	15.475	89	3.738
20	22.048	55	15.180	90	3.500
21	21.943	56	14.879	91	3.274
22	21.834	57	14.572	92	3.065
23	21.720	58	14.259	93	2.873
24	21.602	59	13.940	94	2.698
25	21.479	60	13.616	95	2.538
26	21.351	61	13.288	96	2.394
27	21.218	62	12.955	97	2.265
28	21.080	63	12.619	98	2.148
29	20.936	64	12.278	99	2.041
30	20.787	65	11.932	100	1.942
31	20.633	66	11.580	101	1.850
32	20.473	67	11.223	102	1.757
33	20.307	68	10.861	103	1.661
34	20.136	69	10.496	104	1.553

1979-1981 U.S. Decennial Life Table for White Females
 4.0% Annual Rate of Interest
 0.0% Annual Rate of Escalation

SECTION IV – PART 2 – OCCUPATIONAL DISEASE TABLES

The occupational disease tables are used only in conjunction with the reporting of reserves for occupational disease claims, both state and federal. The table value is the present value factor for future benefits when applied to the annual indemnity benefit.

There are two occupational disease tables: Table IV for male claimants and Table V for female claimants. Table IV is used to compute future benefits for male claimants who have filed either state or federal occupational disease claims. This table is also used to compute benefits for adult male dependents of deceased miners.

Table V is used to compute future benefits for female claimants who have filed state or federal occupational disease claims. This includes female miners or female spouses of male miners who have died as a result of an occupational disease. Table V is also used to compute benefits of adult female dependents of deceased miners.

To compute the reserve, the proper present value factor must be obtained. The factor used corresponds to the claimant's age. Determine the age of the claimant by:

- Step 1. Subtract the date of birth of the claimant from the valuation date. The answer will be the age in years, months and days.
- Step 2. If the number of whole months produced in Step 1 is seven or more, add one year to the number of years produced in Step 1 to obtain the proper age.
- Step 3. If the number of whole months produced in Step 1 is six or less, use the number of years produced in Step 1 as the proper age.

Example 1 Male claimant

Date of birth – January 10, 1941

Valuation date – April 30, 1991

- Step 1. $4/30/91$ minus $1/10/41$ = 50 years, 3 months and 20 days.
- Step 2. 3 months is not seven or more, therefore, go to Step 3.
- Step 3. The number of months produced in Step 1 is six or less, therefore, use the number of years produced in Step 1, 50 years.
Therefore, the present value factor for a 50 year old male claimant is 14.583 as shown in Table IV occupational disease table.

Example 2 Spouse of a deceased male miner.

Surviving Spouse's Date of Birth – May 25, 1940

Valuation date – April 30, 1991

- Step 1. $4/30/91$ minus $5/25/40$ = 50 years, 11 months and 5 days.
- Step 2. Since the number of months produced in Step 1 is seven or more, add 1 to the number of years produced in Step 1, $50 + 1 = 51$.
Therefore, the proper present value factor for this female claimant is 16.324 as shown across from age 51 in Table V occupation disease table.

SEE SECTION VI FOR COMPLETE EXAMPLES.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT

**TABLE USL-I
 Surviving Spouse’s 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	20.593	20.745	23.139	26.224	29.230	31.886	21
17	23.064	23.202	25.599	28.655	31.595	34.162	22
18	25.544	25.650	28.009	30.990	33.823	36.268	23
19	27.992	28.053	30.336	33.203	35.896	38.191	24
20	30.382	30.384	32.560	35.280	37.807	39.932	25
21	32.684	32.618	34.661	37.208	39.549	41.490	26
22	34.880	34.738	36.627	38.982	41.121	42.870	27
23	36.945	36.720	38.439	40.588	42.518	44.069	28
24	38.854	38.544	40.081	42.014	43.729	45.081	29
25	40.594	40.195	41.544	43.255	44.754	45.907	30
26	42.152	41.665	42.821	44.311	45.595	46.554	31
27	43.520	42.947	43.910	45.181	46.256	47.027	32
28	44.697	44.040	44.813	45.870	46.743	47.333	33
29	45.683	44.945	45.536	46.386	47.065	47.483	34
30	46.481	45.667	46.082	46.735	47.230	47.488	35
31	47.096	46.212	46.459	46.926	47.250	47.357	36
32	47.536	46.587	46.677	46.970	47.133	47.102	37
33	47.808	46.800	46.743	46.874	46.891	46.731	38
34	47.922	46.861	46.670	46.653	46.533	46.256	39
35	47.889	46.782	46.468	46.314	46.070	45.687	40
36	47.722	46.575	46.148	45.870	45.513	45.033	41
37	47.430	46.247	45.720	45.329	44.871	44.307	42
38	47.026	45.814	45.195	44.703	44.156	43.515	43
39	46.520	45.283	44.583	44.003	43.376	42.668	44
40	45.923	44.666	43.896	43.237	42.539	41.772	45
41	45.244	43.974	43.142	42.414	41.654	40.835	46
42	44.495	43.214	42.330	41.540	40.727	39.864	47
43	43.685	42.397	41.466	40.625	39.765	38.866	48
44	42.821	41.529	40.560	39.674	38.775	37.846	49
45	41.910	40.618	39.616	38.693	37.763	36.809	50
46	40.960	39.670	38.643	37.690	36.734	35.760	51
47	39.976	38.692	37.646	36.668	35.692	34.701	52
48	38.967	37.692	36.630	35.633	34.640	33.637	53
49	37.938	36.672	35.600	34.587	33.581	32.569	54
50	36.892	35.638	34.558	33.534	32.519	31.503	55

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest

4.9% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary’s attained age is to be used.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT
TABLE USL-I (continued)
Surviving Spouse’s 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)
51	35.834	34.593	33.508	32.477	31.457	30.439	56
52	34.768	33.541	32.455	31.420	30.398	29.380	57
53	33.697	32.485	31.401	30.365	29.343	28.327	58
54	32.623	31.427	30.347	29.313	28.294	27.284	59
55	31.550	30.371	29.298	28.267	27.254	26.253	60
56	30.481	29.320	28.254	27.230	26.226	25.236	61
57	29.416	28.274	27.219	26.205	25.211	24.235	62
58	28.358	27.236	26.194	25.192	24.212	23.250	63
59	27.311	26.210	25.183	24.195	23.230	22.281	64
60	26.276	25.196	24.187	23.214	22.263	21.328	65
61	25.255	24.199	23.207	22.249	21.311	20.390	66
62	24.250	23.217	22.242	21.299	20.375	19.469	67
63	23.262	22.251	21.292	20.363	19.455	18.564	68
64	22.290	21.300	20.358	19.444	18.552	17.679	69
65	21.334	20.364	19.439	18.542	17.668	16.816	70
66	20.393	19.444	18.537	17.659	16.805	15.976	71
67	19.469	18.541	17.654	16.797	15.966	15.158	72
68	18.563	17.658	16.793	15.958	15.148	14.363	73
69	17.676	16.795	15.954	15.141	14.354	13.590	74
70	16.812	15.956	15.138	14.348	13.582	12.840	75
71	15.970	15.140	14.344	13.576	12.833	12.110	76
72	15.152	14.346	13.573	12.827	12.104	11.403	77
73	14.356	13.574	12.824	12.099	11.398	10.721	78
74	13.583	12.825	12.097	11.393	10.716	10.066	79
75	12.833	12.098	11.391	10.712	10.062	9.443	80
76	12.104	11.392	10.710	10.058	9.439	8.853	81
77	11.397	10.710	10.056	9.436	8.849	8.295	82
78	10.715	10.057	9.434	8.846	8.292	7.770	83
79	10.061	9.434	8.845	8.289	7.767	7.275	84
80	9.438	8.845	8.288	7.765	7.273	6.809	85
81	8.848	8.288	7.764	7.271	6.806	6.372	86
82	8.291	7.764	7.270	6.805	6.370	5.968	87
83	7.766	7.270	6.804	6.369	5.966	5.591	88
84	7.272	6.804	6.368	5.965	5.590	5.237	89
85	6.806	6.368	5.964	5.589	5.236	4.902	90

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest

4.9% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary’s attained age is to be used.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT
TABLE USL-I (continued)
Surviving Spouse’s 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)
86	6.370	5.965	5.588	5.235	4.901	4.590	91
87	5.966	5.588	5.234	4.900	4.589	4.306	92
88	5.590	5.234	4.900	4.588	4.305	4.050	93
89	5.235	4.900	4.588	4.304	4.049	3.819	94
90	4.901	4.588	4.304	4.048	3.818	3.612	95
91	4.589	4.304	4.048	3.818	3.611	3.427	96
92	4.305	4.048	3.818	3.611	3.426	3.262	97
93	4.049	3.818	3.611	3.426	3.261	3.112	98
94	3.818	3.611	3.426	3.261	3.112	2.974	99
95	3.611	3.426	3.261	3.112	2.974	2.846	100
96	3.426	3.261	3.112	2.974	2.846	2.723	101
97	3.261	3.112	2.974	2.846	2.723	2.601	102
98	3.112	2.974	2.846	2.723	2.601	2.471	103
99	2.974	2.846	2.723	2.601	2.471	2.327	104
100	2.846	2.723	2.601	2.471	2.326	2.147	105
101	2.723	2.601	2.471	2.326	2.147	1.919	106
102	2.601	2.471	2.326	2.147	1.919	1.604	107
103	2.471	2.326	2.147	1.919	1.604	1.158	108
104	2.326	2.147	1.919	1.604	1.158	0.500	109
105	2.147	1.919	1.604	1.158	0.500	0.000	110
106	1.919	1.604	1.158	0.500	0.000	0.000	111
107	1.604	1.158	0.500	0.000	0.000	0.000	112
108	1.158	0.500	0.000	0.000	0.000	0.000	113
109	0.500	0.000	0.000	0.000	0.000	0.000	114
110	0.000	0.000	0.000	0.000	0.000	0.000	115

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 4.9% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary’s attained age is to be used.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT
TABLE USL-II
Present Value of Remarriage Dowry*

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	0.9386	0.9218	0.8947	0.8617	0.8263	0.7906	21
17	0.9128	0.8951	0.8656	0.8301	0.7926	0.7553	22
18	0.8844	0.8662	0.8346	0.7969	0.7578	0.7193	23
19	0.8539	0.8351	0.8019	0.7626	0.7223	0.6831	24
20	0.8214	0.8024	0.7679	0.7274	0.6863	0.6468	25
21	0.7874	0.7682	0.7328	0.6917	0.6503	0.6107	26
22	0.7521	0.7330	0.6971	0.6556	0.6142	0.5749	27
23	0.7160	0.6970	0.6610	0.6195	0.5785	0.5398	28
24	0.6793	0.6607	0.6248	0.5838	0.5434	0.5056	29
25	0.6426	0.6243	0.5890	0.5487	0.5092	0.4723	30
26	0.6060	0.5883	0.5537	0.5143	0.4760	0.4403	31
27	0.5700	0.5529	0.5192	0.4810	0.4440	0.4096	32
28	0.5346	0.5183	0.4857	0.4488	0.4132	0.3862	33
29	0.5003	0.4846	0.4533	0.4179	0.3838	0.3523	34
30	0.4670	0.4521	0.4221	0.3884	0.3558	0.3259	35
31	0.4349	0.4209	0.3923	0.3602	0.3293	0.3009	36
32	0.4043	0.3910	0.3639	0.3335	0.3043	0.2774	37
33	0.3750	0.3626	0.3370	0.3083	0.2807	0.2554	38
34	0.3473	0.3357	0.3116	0.2846	0.2586	0.2348	39
35	0.3211	0.3103	0.2877	0.2623	0.2380	0.2156	40
36	0.2964	0.2863	0.2652	0.2414	0.2187	0.1978	41
37	0.2732	0.2639	0.2442	0.2220	0.2007	0.1812	42
38	0.2515	0.2429	0.2245	0.2039	0.1840	0.1658	43
39	0.2312	0.2233	0.2062	0.1870	0.1686	0.1516	44
40	0.2123	0.2050	0.1892	0.1714	0.1542	0.1385	45
41	0.1947	0.1880	0.1734	0.1569	0.1410	0.1264	46
42	0.1784	0.1722	0.1587	0.1434	0.1287	0.1152	47
43	0.1632	0.1576	0.1451	0.1310	0.1174	0.1049	48
44	0.1492	0.1440	0.1326	0.1195	0.1070	0.0954	49
45	0.1362	0.1315	0.1210	0.1090	0.0974	0.0866	50
46	0.1242	0.1199	0.1103	0.0992	0.0885	0.0786	51
47	0.1132	0.1093	0.1004	0.0903	0.0804	0.0713	52
48	0.1030	0.0995	0.0914	0.0820	0.0729	0.0645	53
49	0.0936	0.0904	0.0830	0.0744	0.0661	0.0583	54
50	0.0850	0.0821	0.0753	0.0675	0.0598	0.0526	55

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest

4.9% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT
TABLE USL-II (continued)
Present Value of Remarriage Dowry*

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)
51	0.0771	0.0745	0.0683	0.0611	0.0540	0.0475	56
52	0.0698	0.0675	0.0618	0.0552	0.0488	0.0427	57
53	0.0632	0.0611	0.0559	0.0499	0.0439	0.0384	58
54	0.0571	0.0552	0.0505	0.0450	0.0395	0.0344	59
55	0.0515	0.0498	0.0456	0.0405	0.0355	0.0308	60
56	0.0464	0.0449	0.0410	0.0364	0.0318	0.0275	61
57	0.0418	0.0404	0.0369	0.0327	0.0285	0.0245	62
58	0.0376	0.0364	0.0331	0.0293	0.0255	0.0218	63
59	0.0337	0.0326	0.0297	0.0262	0.0227	0.0194	64
60	0.0302	0.0293	0.0266	0.0234	0.0202	0.0171	65
61	0.0270	0.0262	0.0238	0.0209	0.0179	0.0151	66
62	0.0242	0.0234	0.0212	0.0186	0.0159	0.0133	67
63	0.0215	0.0209	0.0189	0.0165	0.0140	0.0117	68
64	0.0192	0.0186	0.0168	0.0146	0.0124	0.0102	69
65	0.0171	0.0166	0.0150	0.0130	0.0109	0.0089	70
66	0.0152	0.0148	0.0133	0.0115	0.0096	0.0078	71
67	0.0135	0.0131	0.0118	0.0101	0.0084	0.0067	72
68	0.0120	0.0116	0.0104	0.0089	0.0074	0.0058	73
69	0.0106	0.0103	0.0092	0.0079	0.0064	0.0050	74
70	0.0094	0.0092	0.0082	0.0069	0.0056	0.0043	75
71	0.0083	0.0081	0.0072	0.0061	0.0049	0.0037	76
72	0.0073	0.0072	0.0064	0.0054	0.0043	0.0032	77
73	0.0065	0.0064	0.0056	0.0047	0.0037	0.0027	78
74	0.0057	0.0056	0.0050	0.0041	0.0032	0.0023	79
75	0.0051	0.0050	0.0044	0.0036	0.0028	0.0020	80
76	0.0045	0.0044	0.0039	0.0032	0.0024	0.0017	81
77	0.0039	0.0039	0.0034	0.0028	0.0021	0.0014	82
78	0.0035	0.0034	0.0030	0.0025	0.0018	0.0012	83
79	0.0031	0.0030	0.0027	0.0022	0.0016	0.0010	84
80	0.0027	0.0027	0.0024	0.0019	0.0014	0.0008	85
81	0.0024	0.0024	0.0021	0.0017	0.0012	0.0007	86
82	0.0021	0.0021	0.0018	0.0015	0.0010	0.0006	87
83	0.0018	0.0019	0.0016	0.0013	0.0009	0.0005	88
84	0.0016	0.0017	0.0015	0.0012	0.0008	0.0004	89
85	0.0014	0.0015	0.0013	0.0010	0.0007	0.0003	90

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest

4.9% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT
TABLE USL-II (continued)
Present Value of Remarriage Dowry*

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	0.0013	0.0013	0.0012	0.0009	0.0006	0.0003	91
87	0.0011	0.0012	0.0010	0.0008	0.0006	0.0002	92
88	0.0010	0.0010	0.0009	0.0007	0.0005	0.0002	93
89	0.0009	0.0009	0.0008	0.0007	0.0004	0.0002	94
90	0.0008	0.0008	0.0008	0.0006	0.0004	0.0002	95
91	0.0007	0.0007	0.0007	0.0005	0.0004	0.0001	96
92	0.0006	0.0007	0.0006	0.0005	0.0003	0.0001	97
93	0.0005	0.0006	0.0006	0.0005	0.0003	0.0001	98
94	0.0005	0.0005	0.0005	0.0004	0.0003	0.0001	99
95	0.0004	0.0005	0.0005	0.0004	0.0003	0.0002	100
96	0.0004	0.0004	0.0004	0.0004	0.0003	0.0002	101
97	0.0003	0.0004	0.0004	0.0004	0.0003	0.0002	102
98	0.0003	0.0004	0.0004	0.0004	0.0003	0.0003	103
99	0.0003	0.0004	0.0004	0.0004	0.0004	0.0004	104
100	0.0003	0.0004	0.0005	0.0005	0.0005	0.0006	105
101	0.0003	0.0004	0.0005	0.0006	0.0007	0.0008	106
102	0.0004	0.0005	0.0006	0.0007	0.0009	0.0012	107
103	0.0004	0.0005	0.0007	0.0010	0.0013	0.0017	108
104	0.0005	0.0007	0.0010	0.0013	0.0020	0.0026	109
105	0.0007	0.0010	0.0013	0.0020	0.0026	0.0000	110
106	0.0008	0.0012	0.0017	0.0026	0.0000	0.0000	111
107	0.0012	0.0017	0.0026	0.0000	0.0000	0.0000	112
108	0.0017	0.0026	0.0000	0.0000	0.0000	0.0000	113
109	0.0026	0.0000	0.0000	0.0000	0.0000	0.0000	114
110	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	115

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 4.9% Annual Rate of Escalation

**For durations greater than 5 years from date of widowhood, the value in the (x+5) column corresponding to the beneficiary's attained age is to be used.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT

TABLE III

**Pension Table (Other than Surviving Spouse's)
 (Present Value of \$1.00 per annum payable until death)**

Age	Present Value	Age	Present Value	Age	Present Value
11	105.321	41	47.845	71	14.322
12	102.941	42	46.333	72	13.605
13	100.599	43	44.848	73	12.912
14	98.300	44	43.390	74	12.241
15	96.046	45	41.959	75	11.590
16	93.836	46	40.557	76	10.959
17	91.667	47	39.181	77	10.347
18	89.536	48	37.834	78	9.757
19	87.439	49	36.516	79	9.190
20	85.376	50	35.228	80	8.648
21	83.345	51	33.968	81	8.133
22	81.342	52	32.735	82	7.646
23	79.370	53	31.528	83	7.187
24	77.421	54	30.349	84	6.754
25	75.496	55	29.197	85	6.344
26	73.593	56	28.072	86	5.959
27	71.711	57	26.972	87	5.600
28	69.852	58	25.899	88	5.265
29	68.016	59	24.852	89	4.949
30	66.202	60	23.832	90	4.647
31	64.411	61	22.839	91	4.364
32	62.643	62	21.875	92	4.103
33	60.898	63	20.939	93	3.865
34	59.177	64	20.029	94	3.651
35	57.480	65	19.144	95	3.461
36	55.810	66	18.282	96	3.293
37	54.165	67	17.442	97	3.141
38	52.546	68	16.625	98	3.005
39	50.953	69	15.832	99	2.880
40	49.386	70	15.064	100	2.763

*79-81 U.S. Decennial Life Table for Total Population
 3.5% Annual Rate of Interest
 4.9% Annual Rate of Escalation

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT

TABLE USL-IV
Present Value of Survivor Benefits Table*
Age Difference (spouse's age minus claimant's age)

Claimant's Age	-5	-4	-3	-2	-1	-0	Claimant's Age**
16	27.278	25.731	24.238	22.802	21.423	20.102	16
17	26.928	25.400	23.926	22.508	21.147	19.842	17
18	26.583	25.074	23.619	22.219	20.874	19.583	18
19	26.243	24.753	23.317	21.933	20.602	19.325	19
20	25.909	24.438	23.018	21.649	20.332	19.067	20
21	25.581	24.126	22.721	21.366	20.061	18.808	21
22	25.256	23.817	22.425	21.082	19.790	18.549	22
23	24.933	23.508	22.129	20.799	19.519	18.290	23
24	24.611	23.200	21.834	20.517	19.249	18.031	24
25	24.291	22.892	21.540	20.235	18.979	17.773	25
26	23.971	22.586	21.246	19.954	18.710	17.516	26
27	23.652	22.281	20.954	19.675	18.443	17.261	27
28	23.335	21.977	20.663	19.396	18.177	17.007	28
29	23.019	21.674	20.374	19.120	17.913	16.755	29
30	22.704	21.373	20.086	18.844	17.650	16.505	30
31	22.391	21.073	19.799	18.571	17.390	16.257	31
32	22.079	20.775	19.514	18.299	17.131	16.011	32
33	21.769	20.478	19.231	18.030	16.875	15.767	33
34	21.460	20.183	18.950	17.761	16.619	15.500	34
35	21.152	19.889	18.669	17.494	16.366	15.284	35
36	20.845	19.595	18.389	17.228	16.112	15.044	36
37	20.538	19.302	18.110	16.962	15.860	14.804	37
38	20.231	19.009	17.831	16.696	15.608	14.566	38
39	19.924	18.716	17.552	16.432	15.357	14.327	39
40	19.617	18.424	17.273	16.167	15.105	14.089	40
41	19.310	18.131	16.995	15.902	14.854	13.851	41
42	19.002	17.837	16.715	15.636	14.601	13.612	42
43	18.693	17.542	16.434	15.369	14.348	13.372	43
44	18.382	17.246	16.152	15.101	14.093	13.131	44
45	18.071	16.949	15.869	14.832	13.838	12.889	45
46	17.758	16.650	15.585	14.561	13.582	12.645	46
47	17.443	16.350	15.299	14.290	13.324	12.401	47
48	17.127	16.048	15.011	14.016	13.063	12.154	48
49	16.807	15.743	14.720	13.739	12.801	11.905	49
50	16.485	15.435	14.427	13.460	12.535	11.653	50

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 4.9% Annual Rate of Escalation

**Where 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.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT

TABLE USL-IV
Present Value of Survivor Benefits Table*
Age Difference (spouse's age minus claimant's age)

Claimant's Age	-5	-4	-3	-2	-1	-0	Claimant's Age**
51	16.159	15.125	14.131	13.178	12.268	11.400	51
52	15.833	14.813	13.834	12.896	11.999	11.144	52
53	15.505	14.500	13.536	12.612	11.730	10.888	53
54	15.175	14.186	13.236	12.327	11.458	10.630	54
55	14.844	13.870	12.935	12.039	11.184	10.370	55
56	14.511	13.552	12.631	11.750	10.909	10.108	56
57	14.178	13.233	12.327	11.460	10.633	9.846	57
58	13.843	12.913	12.022	11.169	10.356	9.582	58
59	13.507	12.592	11.715	10.877	10.078	9.318	59
60	13.168	12.269	11.407	10.583	9.798	9.053	60
61	12.827	11.943	11.095	10.287	9.517	8.786	61
62	12.483	11.614	10.782	9.988	9.233	8.517	62
63	12.136	11.282	10.466	9.688	8.949	8.247	63
64	11.788	10.950	10.150	9.388	8.664	7.977	64
65	11.440	10.619	9.835	9.089	8.379	7.707	65
66	11.095	10.290	9.522	8.791	8.096	7.437	66
67	10.752	9.963	9.211	8.495	7.814	7.169	67
68	10.411	9.639	8.902	8.200	7.534	6.903	68
69	10.071	9.315	8.593	7.906	7.254	6.639	69
70	9.731	8.990	8.283	7.611	6.975	6.376	70
71	9.390	8.664	7.973	7.317	6.697	6.114	71
72	9.048	8.338	7.663	7.024	6.422	5.855	72
73	8.707	8.014	7.356	6.735	6.149	5.598	73
74	8.369	7.693	7.054	6.449	5.880	5.346	74
75	8.036	7.379	6.757	6.170	5.617	5.099	75
76	7.710	7.071	6.467	5.897	5.361	4.858	76
77	7.390	6.769	6.182	5.630	5.110	4.624	77
78	7.076	6.473	5.904	5.367	4.865	4.396	78
79	6.766	6.181	5.628	5.110	4.625	4.175	79
80	6.458	5.891	5.356	4.856	4.391	3.962	80
81	6.151	5.602	5.087	4.608	4.164	3.756	81
82	5.845	5.316	4.823	4.366	3.944	3.558	82
83	5.542	5.035	4.565	4.131	3.732	3.367	83
84	5.245	4.763	4.316	3.906	3.529	3.183	84
85	4.958	4.501	4.079	3.690	3.334	3.008	85

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 4.9% Annual Rate of Escalation

**Where 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.

SECTION IV – UNITED STATES LONGSHORE & HARBOR WORKERS ACT

TABLE USL-IV
Present Value of Survivor Benefits Table*
Age Difference (spouse's age minus claimant's age)

Claimant's Age	-5	-4	-3	-2	-1	-0	Claimant's Age**
86	4.682	4.249	3.850	3.484	3.148	2.842	86
87	4.414	4.006	3.630	3.284	2.969	2.684	87
88	4.158	3.772	3.418	3.094	2.800	2.533	88
89	3.914	3.551	3.219	2.917	2.642	2.391	89
90	3.685	3.345	3.035	2.753	2.495	2.258	90
91	3.470	3.154	2.864	2.599	2.355	2.135	91
92	3.268	2.972	2.700	2.450	2.224	2.023	92
93	3.075	2.797	2.541	2.309	2.103	1.921	93
94	2.887	2.626	2.390	2.179	1.992	1.827	94
95	2.705	2.463	2.248	2.058	1.889	1.740	95
96	2.529	2.310	2.116	1.945	1.793	1.660	96
97	2.368	2.171	1.996	1.842	1.706	1.586	97
98	2.220	2.042	1.886	1.748	1.626	1.515	98
99	2.085	1.926	1.786	1.662	1.551	1.448	99
100	1.964	1.822	1.696	1.583	1.479	1.381	100
101	1.854	1.727	1.612	1.507	1.408	1.312	101
102	1.759	1.643	1.536	1.436	1.339	1.241	102
103	1.674	1.566	1.464	1.366	1.266	1.158	103
104	1.597	1.494	1.395	1.293	1.183	1.058	104
105	1.531	1.429	1.327	1.215	1.086	0.928	105

*79-81 U.S. Decennial Life Table for Total Females
 100% of Remarriage Rates based on NCCI 1979 study
 3.5% Annual Rate of Interest
 4.9% Annual Rate of Escalation

**Where 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.

SECTION V – SPECIAL OCCUPATIONAL DISEASE REPORTING

SPECIAL REQUIREMENTS FOR REPORTING OCCUPATIONAL DISEASE, PAYROLL, PREMIUM AND LOSSES

A. Occupational Disease Payroll and Premium

Payrolls and premiums for Occupational Disease (Pennsylvania/Federal) will be reported on the identical forms shown in Section II, Reporting Requirements, Paragraph A.1, and follow the same instructions as provided for compensation in this Plan.

B. Occupational Disease Losses

All types of Occupational Disease losses (Pennsylvania/Federal) will be reported on an individual claim basis using Form PA/OD-92. If the claimant files both a state and federal claim, each must be separately valued and separately reported. Special instructions as shown below, must be followed in reporting on all occupational disease losses.

The following types of Occupational Disease losses (Pennsylvania/Federal) must be reported by the insurance carriers upon receipt of information relative to initial occupational disease claims or corrections for claims previously filed:

1. Occupational Disease losses **paid partially by carrier.**
2. Occupational Disease losses **pending by carrier.**
3. Occupational Disease losses **paid in full by Commonwealth.**
4. Occupational Disease losses **pending by Commonwealth/Federal.**
5. Occupational Disease losses **previously pending** by either the carrier or the Commonwealth/Federal which have either been **denied, withdrawn or dismissed.**

C. Requirements for Reporting Occupational Disease Losses on Form PA/OD-92, Occupational Disease Claim Form

Individual Claim Reports – form PA/OD-92, **must** be submitted for each individual claim involving either State or Federal O.D. benefits. An individual claim will be reported to the Bureau for state O.D. benefits. Also, an individual claim report for federal benefits shall be filed separately. These individual claim reports, detailed on Form PA/OD-92, must be reported to the Bureau immediately upon receipt of notification to the insurance carrier. In addition, any corrections, additions, updates, or decisions which concern the claim as first reported must be transmitted to the Bureau upon receipt of the new information by the carrier.

D. General Instructions for Reporting Information on Form PA/OD-92

1. All dates reported on this form shall be in month, day, year format, i.e. MM DD YY.
2. All money values, except the weekly wage and weekly benefit, shall be rounded to whole dollars.
3. The weekly benefit for occupational disease claimants must be calculated unless a different amount is adjudicated.
 - a. If the claim is filed with the U.S. Department of Labor as a federal claim, the weekly benefit amounts are based on the table of monthly benefits published by the federal government. This table shows the monthly benefits to be paid, based on the number of dependents. In order to convert the monthly benefit to the weekly benefit, the following is used:

The federal monthly benefit times 12 months equals the annual benefit. This annual benefit amount is then divided by 52 weeks to produce the weekly benefit for federal occupational disease claims.
 - b. If the claim is filed with the Pennsylvania Department of Labor and Industry as a state claim, the weekly benefits are calculated as a percentage of the miner's average weekly wage. The result is subject to the minimum or maximum state benefit for the year of the last exposure date. The weekly benefit for state claims shall be determined as:

For a disabled miner – 66⅔% of the average weekly wage.

For the widow of a deceased miner – 51% of the average weekly wage.

For a widow with one dependent child – 60% of the average weekly wage.

For a widow with two or more dependent children – 66⅔% of the average weekly wage.

The future benefits must be calculated and reported separately for the widow and each dependent child.

If the miner is deceased and there is no widow but dependent children, the following table is used to calculate weekly benefit:

Children	Percent of Weekly Wage
1 st	32%
2 nd	an additional 10%
3 rd	an additional 10%
4 th	an additional 10%
5 th	an additional 2%
6 th or more	an additional 2⅓%

The weekly benefit for each child is multiplied by the number of weeks from the valuation date until that child turns 18 years of age to compute the future benefits.

E. Instructions for Completed Form PA/OD-92

The following instructions are numbered to correspond to the numbered items on Form PA/OD-92. These instructions must be followed precisely for reporting each individual O.D. claim.

1. Miner's Social Security Number.

Enter the social security number of the miner. The deceased miner's social security number shall be used in the event of a widow or other dependent claim.

2. Class Code.

Enter the code which corresponds with the insured's classification. Be sure to enter the federal code for a federal claim and the state code for a state claim. A list of state and federal occupational disease class codes is in Table B.

3. Fed/St Code.

Enter one (1) for a claim filed with the Federal Department of Labor as a federal claim. Enter two (2) for a claim filed with the Pennsylvania Department of Labor and Industry as a state claim.

4. Type of Injury Code.

Enter the type of injury code as shown in Section III.

5. Carrier Code.

Report the carrier code number assigned to the company by the Coal Mine Compensation Rating Bureau. A list of the carriers and codes is in Section III, Table A.

6. Carrier Name.

Report the name of the carrier. It is permissible to abbreviate the carrier name.

7. Administrative File Number.

Make no entry in this space.

8. Policy Identification Number.

The complete policy number must be entered.

9. Policy Effective Date.

Report the date on which the policy became effective. This must be the policy providing coverage for this individual claim.

10. Claim Identification Number.

Report the claim number assigned to this particular O.D. claim by the carrier.

11. Valuation Date.
Enter the date at which this claim is reviewed to determine the paid and/or outstanding amounts.
12. Employer.
Enter the full name of the employer.
13. County Code.
Enter the county code of the mining location. The list of county codes is in Section III, Table C.
14. Exposure Date.
Enter the last date the miner was exposed to the hazard of coal dust in Pennsylvania. This date must be covered by the policy in item #8.
15. Disability Date.
Enter the date the miner was determined to be disabled due to the exposure to coal dust.
16. File Date.
Enter the date the claim was filed with the Federal or State Department of Labor.
17. Report Date.
Enter the date on which the claim was reported to the carrier.
18. Miner's Birthdate.
Enter the miner's date of birth.
19. Appeal Date.
Enter the date the claim was appealed by the claimant or by the carrier. An entry is appropriate only after a decision has been rendered.
20. Miner's Name.
Enter the full name of the miner as last name, first name and middle initial.
21. Average Weekly Wage.
Enter the average weekly wage as computed in accordance with the statutory provision regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation.
22. Weekly Benefit.
Enter the total weekly benefit incurred, in dollars and cents, as described in General Instructions, Paragraph E.
23. Job Code.
Enter the job code which applies to the claimant. A list of codes is in Section III.
24. Open/Closed.
Enter zero (0) if claim is open. Enter one (1) if the claim is closed.
25. Settlement Code.
Enter one (1) if claim is settled in a lump sum amount; otherwise, enter two (2).
26. Date Closed.
Enter the date the claim was closed, if applicable.
27. Spouse Birthdate.
Enter the birthdate of the spouse.
28. Youngest Child's Birthdate.
Enter the birthdate of the youngest dependent child.
29. Second Youngest Child's Birthdate.
Enter the birthdate of the second youngest dependent child.
30. Third Youngest Child's Birthdate.
Enter the birthdate of the third youngest dependent child.
31. Death Date.
Enter the date of death of the miner, if applicable.
32. Comp. Date.

- Enter the date on which compensation commences.
33. Claim Status.
Enter the status of the claim. A list of claim status codes is in Section III.
34. Date of Adjudication.
Enter the date of award or the date of denial of the claim, if applicable.
35. Work Status.
Enter the work status code of the miner from the following: 1 – Active in coal; 2 – Retired, active in non-coal; 3 – Deceased; or 4 – Retired, not working.
36. Marital Status.
Enter the marital status code of the claimant. Codes are listed in Section III.
37. Disability Type.
Enter the disability type code if the claim is awarded. The codes are: 2 – Total Disability; 5 – 500 Weeks Disability.
38. Age at Valuation Date.
Enter the claimant's age as of the valuation date in whole years as described in the instructions for use of the O.D. tables in Section IV.
39. Table Factor.
Enter the factor from the occupational disease table corresponding to the age listed in Item #38. Refer to the instructions on the use of the O.D. Tables in Section IV.
40. Weekly Benefit.
Enter the claimant's weekly benefit. Refer to General Instructions, Paragraph E.
41. Present Value of Future Indemnity.
Enter the product of the table factor, the weekly benefit and 52 weeks.
42. Number of Dependents.
Enter the total number of dependents other than the claimant.
43. Number of Weeks until Age 18.
Enter the number of weeks from the valuation date until the child's 18th birthday. This must correspond to the child's birthdate in Item #28, 29 or 30. If the benefit continues beyond the 18th birthday because of student or disability status, provide additional details in the Notes section at the bottom of the form.
44. Weekly Benefit.
Enter the weekly benefit amount for each dependent child as described in General Instructions, Paragraph E.
45. Future Benefit.
Enter the product of the number of weeks until age 18 from Item #43 and the weekly benefit amount from Item #44 for each dependent child.
46. Paid to Date.
Enter the total amount of indemnity paid to valuation date, excluding any funeral, remarriage or interest payments.
47. Reserve for Retroactive Benefit.
Enter the reserve amount for any retroactive indemnity benefit, if applicable.
48. Total Future Benefit.
Enter the sum of lines 41 and 45.
49. Funeral Benefit Paid.
Enter the amount of funeral benefit paid, if applicable.
50. Remarriage Paid.
Enter the amount of remarriage payment, if applicable. Enter the remarriage date in the Notes section at the bottom of the form.
51. Interest.

- Enter any incurred interest amount.
52. Total Incurred Indemnity.
Enter the total of lines 46 through 51. If no incurred indemnity, enter zero (0).
53. Paid to Date.
Enter the amount of medical paid to valuation date.
54. Outstanding.
Enter the amount of outstanding medical benefits.
55. Total Incurred Medical
Enter the sum of lines 53 and 54. If no incurred medical, enter zero (0).
56. Offset.
Enter the total amount of all offset provisions, such as social security, substitute employment, other claim, etc.
- NOTE: This section of the form shall be used to report any additional, pertinent information about this claim.

SECTION VI – BLANK FORMS and EXAMPLES

This section contains selected “blank” statistical reporting forms and examples of the proper completion of the representative statistical reporting forms. Each example is accompanied with an explanation which provides the details necessary to fill out the form. These examples, of course, do not contemplate all possible situations, but do include the majority of situations. If a situation is not addressed by model example and your company needs directions, please contact the Bureau.

BLANK FORMS:

Form Number	Form Title
(NC-1047)	Unit Statistical Plan – Individual Case Report
PA/OD-92	Occupational Disease Claim Form

Note that the page numbers for each of the blank forms on the following pages is an abbreviation of the Form Title followed by a hyphen and the word “Blank”

EXAMPLES:

Example #	Form Number	Topic
1	28-68	Letter of Transmittal
2	NC 2957	First Report of Payrolls, Premium and Losses
3	NC 2957	Exposure Correction Report (two pages)
4	NC 2957	Loss Correction Report
5	NC 2957	Second Reporting of Losses
6	NC 1047	Individual Case Report for Permanent Total Injury
7	NC 1047	Individual Case Report for Death Claim
8	NC 1047	Individual Case Report for Benefits Other Than Pension
9	PA/OD-92	O.D., State Pending, Non Death
10	PA/OD-92	O.D., State Award, Surviving Spouse with Dependent Child
11	PA/OD-92	O.D., Federal Award, Non Death, with One Dependent
12	PA/OD-92	O.D., Federal Pending, Surviving Spouse with No Dependent Children

Note that the page numbers for each of the examples on the following pages is the word “EXAMPLE” followed by the example number. The page number for Example 1 displays as “EXAMPLE 1”.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE		REPORT NO CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER		CARRIER NAME				PAYROLL STATE CODE*		ADM. FILE NUMBER							
POLICY NUMBER			CERT. NO		POLICY EFFECTIVE DATE MO. DAY YR.			CLAIM NO.			STATE CODE*	DATE ATTN. DISC. MO. DAY YR.			LOSS CONDITIONS ACT TYPE RCOV COV SETTL			JURIS. STATE	MCO TYPE	
INSURED NAME							ACC. DATE MO. DAY YR.			DATE OF DEATH MO. DAY YR.			DATE REPORTED MO. DAY YR.			DATE OF BIRTH MO. DAY YR.			SURG. CODE*	ATTY. CODE*
WORKER LAST NAME				AVG. WEEKLY WAGE	INJURY DESC. CODE*	PART	NATURE	CAUSE	OCCUPATION				DATE CLOSED MO. YR.		RESERVE TYPE CODE*		LUMP SUM	FRAUD		
SOCIAL SECURITY NUMBER		DATE SINGLE PREMIUM PAID MO. DAY YR.			MO.	DAY	YR.	EMPLOYMENT STATUS*		YEAR LAST EXPOSED		DATE OF HIRE MO. DAY YR.			MO.	DAY	YR.			
BENEFITS OTHER THAN PENSION										PENSION BENEFITS										
KIND OF BENEFIT				% DISAB.	BODY MEM CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA *			CALCULATIONS							
1. TEMPORARY INDEMNITY				XXX	XXX					CODE	DATE OF BIRTH MO. DAY YR.									
2. SCHEDULED INDEMNITY																				
3. NON-SCHEDULED INDEMNITY																				
4. EMPLOYERS' LIABILITY OR OTHER INDEMNITY					XXX	XXX														
5. VOCATIONAL REHABILITATION TOTAL INCURRED																				
6. CLAIMANT LEGAL EXPENSE										7. PENSION INDEM. PAID TO VAL. DATE										
PHYSICIAN PAID				TEMP. DISABILITY PAID							8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID				PERM. PARTIAL PAID							9. PRES. VALUE FUTURE INDEM. PMNT.									
APL MED EVAL PAID				PERM. TOTAL PAID							10. FUNERAL ALLOWANCE									
DEFENSE MED EVAL PAID				DEATH PAID							11. LUMP SUM REMARRIAGE									
INDEP MED EVAL PAID				SINGLE SUM PAID							12. TOTAL INCURRED INDEM. (SUM 1-11)									
LEGAL EXP DEFENSE				V.R. PAID							13. TOTAL INCURRED MEDICAL									
ANNUITY PURCHASED AMT				V.R. INDEM. INCURRED							14. TOTAL INDEM. PAID TO VAL. DATE									
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED							15. TOTAL MED. PAID TO VAL. DATE									
				V.R. EVAL. INCURRED							16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE REVERSE SIDE FOR CODING

OCCUPATIONAL DISEASE CLAIM FORM

FORM PA/OD-92

1. Miner's SS No. _____ 2. Class Code _____ 3. Fed.St. Code _____ 4. Injury Type _____
5. Carrier Code _____ 6. Carrier Name _____ 7. Adm. File No. _____
8. Policy No. _____ 9. Policy Date _____ 10. Claim No. _____
11. Valuation Date _____ 12. Employer _____ 13. County Code _____
14. Exposure Date _____ 15. Disability Date _____ 16. File Date _____ 17. Report Date _____
18. Miner's Birth Date _____ 19. Appeal Date _____ 20. Miner's Name _____
21. Weekly Wage \$ _____ 22. Weekly Benefit \$ _____ 23. Job Code _____
24. Open/Closed _____ 25. Settlement Code _____ 26. Closed Date _____
27. Spouse Birth Date _____ 28. Youngest Child's Birth Date _____
29. 2nd Youngest Child's Birth Date _____ 30. 3rd Youngest Child's Birth Date _____
31. Death Date _____ 32. Comp. Date _____
33. Claim Status _____ 34. Date of Adjudication _____
35. Work Status _____ 36. Marital Status _____ 37. Dis. Type _____

Indemnity Benefits:

Claimant's Calculations:

46. Paid to Date \$ _____
38. Age at Valuation Date _____ 47. Reserve for Retroactive Benefit \$ _____
39. Table Factor _____ 48. Total Future Benefit \$ _____
40. Weekly Benefit \$ _____ 49. Funeral Benefit Paid \$ _____
41. Pres. Val. Fut. Ind. \$ _____ 50. Remarriage Paid \$ _____
(#39 x #40 x 52 weeks)
42. Number of Dependents _____ 51. Interest \$ _____

Dependent Children - State Death Claims Only

52. Total Incurred Ind. \$ _____
- | | Youngest | 2nd | 3rd | |
|-----------------------------------|----------|-------|-------|--|
| 43. Number of weeks till age 18 | _____ | _____ | _____ | Medical Benefits: |
| 44. Weekly Benefit \$ | _____ | _____ | _____ | |
| 45. Future Benefit \$ (#43 x #44) | _____ | _____ | _____ | |
| | | | | 53. Paid to Date \$ _____ |
| | | | | 54. Outstanding \$ _____ |
| | | | | 55. Total Incurred Med. \$ (#53 + #54) _____ |
| | | | | 56. Offset \$ _____ |

Notes: _____

EXAMPLE 1
LETTER OF TRANSMITTAL

This example shows how a letter of transmittal (Form 28-68) should be filed. Note that the example is for the first report of data. Subsequent reports (second through closed) would show the corresponding report level as well as previously reported and revised data.

REPORT	EFFECTIVE MONTH & YEAR	STATE	STATE NO.	CARRIER	CARRIER NO.
1	April 1991	PA	37	Any Insurance Company	99999

RE: EXPERIENCE CARDS

I am transmitting herewith, in accordance with the approved Unit Statistical Plan, experience cards bearing serial numbers shown in the table below. As required by the rules of the Plan, a summary of the entire experience for the risks represented in the submission is also shown. Such individual case reports as are required under the provisions of the approved Unit Statistical Plan are included in the submission.

I hereby certify that these cards constitute a correct exhibit of earned premiums, and corresponding payrolls and incurred losses under the policies represented; that such premiums, payrolls and losses are properly assigned to the respective classifications and are in conformity with the policies under which the business was written; and that the entries on these cards are true and correct to the best of my knowledge and belief.

Signature and Title _____ Required Name and Title _____ Date 6/30/1992

CARD SERIAL FROM 1 TO 44 NOS.	PREVIOUSLY REPORTED **		REVISED	
	STANDARD	O.D.	STANDARD	O.D.
TOTAL PAYROLL EXPOSURE	1,374,809	1,374,809		
TOTAL PER CAPITA EXPOSURE				
TOTAL POPULATION - VOL. FIRE DEPT.†				
OTHER MISC. EXPOSURES†				
TOTAL EARNED PREMIUM*	101,735	87,462		
TOTAL DISCOUNT PREMIUM (CODES 0063 AND 0064)†	3,201	0		
TOTAL COMPENSATION INCURRED*	58,123	0		
TOTAL MEDICAL INCURRED*	27,991	0		
TOTAL NUMBER OF CLAIMS†	12	0		
TOTAL CLAIM EXPENSE O.D. 1 (B) ONLY*	XXX		XXX	

*ALL CLASSIFICATIONS †NOT NECESSARY IN ALL CASES - SEE SPECIAL INSTRUCTIONS IN CASE OF ORIGINAL REPORTING, USE THESE COLUMNS

KEY PUNCH#

VERIFIER#

EXAMPLE 2 - FIRST REPORT OF PAYROLLS, PREMIUM AND LOSSES - UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
1				12345	WC 0101697	1-1-99	1-1-00	37													
Insured's Name: Coal Mine, Inc.											F.E.I.N.		Pending File No.								
Insured's Address:																					
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use			
1-1-99		3 Yr F/R Policy	Multistate Policy	Interstate Policy	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.						1-1-99 to 12-31-99				
		N	N	Y	N	N	N		01	01	01										
EXPOSURE INFORMATION					LOSS INFORMATION																
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
	01	1014	50,000	6.85	3,425		54321	2-1-99	600	500	1014	5	1	Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred					600	500	
							600.00	400.00	3-26-49												
							Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
	A.	Total Subject Premium					54322	3-10-99	60,000	5,000	1014	9	0	Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	B.	Experience Mod (xx.xxx)					Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred					19,500	3,500	
							750.00	500.00	11-22-55												
	C.	Total Modified Premium					Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
							1	0	175	1014	6	0	Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	D.						Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred					0	75	
							0														
	E.						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
							2	0	530	1014	6	1	Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	F.						Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred					0	530	
							0														
	G.	Total Standard Exposure	50,000	Total Standard Premium	4,000		Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	H.	006_	Premium Discount Amt.				Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred					0	530	
							0														
	I.	0900	Expense Constant Amt.				Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	J.						Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred							
							0														
	K.						Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
														Act	Type	Recov	Cov	Settl			
							Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	L.						Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use			ALAE Paid		ALAE Incurred							
							0														
							LOSS TOTALS				Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved for Future Use	Total Paid Indemnity	Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use			Total Paid Indemnity		Total Paid Medical					
							5		60,600		6,205			20,100		4,605					

EXAMPLE 3 - EXPOSURE CORRECTION REPORT - UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.										
2	1	E		98761	WC 10101	6-1-98	6-1-99	37																
Insured's Name: Big Mine Company											F.E.I.N.		Pending File No.											
Insured's Address:																								
Mod Effective Date	Rate Effective Date	Policy Conditions								Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use					
6-1-98		3 Yr F/R Policy	Multistate Policy	Interstate Policy	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.													
		N	N	N	N	Y	N		01	01	01													
EXPOSURE INFORMATION					LOSS INFORMATION																			
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
P	01	1014	300,000	6.15	18,450									Act	Type	Recov	Cov	Settl						
R	01	1014	333,000	6.15	20,480		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical			
P	01	1013	300,000	0.52	1,560		Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use										ALAE Paid		ALAE Incurred	
	A.	Total Subject Premium												Act	Type	Recov	Cov	Settl						
	B.	Experience Mod (xx.xxx)					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical			
	C.	Total Modified Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use										ALAE Paid		ALAE Incurred	
	D.													Act	Type	Recov	Cov	Settl						
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical			
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use										ALAE Paid		ALAE Incurred	
	G.	Total Standard Exposure		Total Standard Premium										Act	Type	Recov	Cov	Settl						
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical			
	I.	0900	Expense Constant Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use										ALAE Paid		ALAE Incurred	
	J.													Act	Type	Recov	Cov	Settl						
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical			
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use										ALAE Paid		ALAE Incurred	
							LOSS TOTALS																	
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees				Reserved for Future Use		Total Paid Indemnity		Total Paid Medical							

EXAMPLE 3 - EXPOSURE CORRECTION REPORT - UNIT STATISTICAL REPORT

POLICY INFORMATION																					
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.							
2	1	E		98761	WC 10101	6-1-98	6-1-99	37													
Insured's Name: Big Mine Company											F.E.I.N.		Pending File No.								
Insured's Address:																					
Mod Effective Date	Rate Effective Date	Policy Conditions								Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use		
6-1-98		3 Yr F/R Policy	Multistate Policy	Interstate Policy	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.										
		N	N	N	N	Y	N		01	01	01										
EXPOSURE INFORMATION					LOSS INFORMATION																
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type
R	01	1013	333,000	0.52	1,732									Act	Type	Recov	Cov	Settl			
P	01	0156	300,000	0.75	2,250		Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical
R	01	0156	333,000	0.75	2,498		Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use					ALAE Paid		ALAE Incurred			
	A.	Total Subject Premium												Act	Type	Recov	Cov	Settl			
	B.	Experience Mod (xx.xxx)					Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical
	C.	Total Modified Premium					Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use					ALAE Paid		ALAE Incurred			
	D.													Act	Type	Recov	Cov	Settl			
	E.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical
	F.						Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use					ALAE Paid		ALAE Incurred			
	G.	Total Standard Exposure	333,000	Total Standard Premium	24,710									Act	Type	Recov	Cov	Settl			
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical
	I.	0900	Expense Constant Amt.				Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use					ALAE Paid		ALAE Incurred			
	J.													Act	Type	Recov	Cov	Settl			
	K.						Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lumo	Fraud	Deduct	Paid Indemnity		Paid Medical
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use					ALAE Paid		ALAE Incurred			
							LOSS TOTALS														
							Reserved for Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved for Future Use		Total Paid Indemnity		Total Paid Medical		
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use					Total Paid Indemnity		Total Paid Medical			

EXAMPLE 4 - LOSS CORRECTION REPORT - UNIT STATISTICAL REPORT

POLICY INFORMATION																						
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.								
2	1	L		22245	WC 77777	2-1-99	2-1-00	37														
Insured's Name: Coal Mine, Inc.											F.E.I.N.		Pending File No.									
Insured's Address:																						
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use				
2-1-99		3 Yr F/R Policy	Multistate Policy	Interstate Policy	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.											
		N	N	N	N	N			01	01	01											
EXPOSURE INFORMATION					LOSS INFORMATION																	
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
						P	12457	6-1-99	15,000	2,000	1014	5	0	Act	Type	Recov	Cov	Settl				
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
							Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use												12,000	1,000
							750.00	500.00	2-15-50												ALAE Paid	ALAE Incurred
	A.	Total Subject Premium				R	12457	6-1-99	20,000	12,000	1014	5	0	Act	Type	Recov	Cov	Settl				
	B.	Experience Mod (xx.xxx)					Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	C.	Total Modified Premium					Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use												19,000	10,000
							750.00	500.00	2-15-50												ALAE Paid	ALAE Incurred
	D.					P	12469	6-29-99	500	50	1014	5	0	Act	Type	Recov	Cov	Settl				
	E.						Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	F.						Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use												300	50
							600.00	400.00	7-23-51												ALAE Paid	ALAE Incurred
	G.	Total Standard Exposure	Total Standard Premium			R	12469	6-29-99	500	60	1014	5	1	Act	Type	Recov	Cov	Settl				
	H.	006_	Premium Discount Amt.				Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	I.	0900	Expense Constant Amt.				Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use												500	60
							600.00	400.00	7-23-51												ALAE Paid	ALAE Incurred
	J.						Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
	K.						Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
	L.						Claimant's Attorney Fees	Employer's Attorney Fees	Reserved for Future Use												ALAE Paid	ALAE Incurred
							Social Security Number		Part	Nature	Cause	Occupation Description				Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical	
							600.00	400.00	7-23-51												ALAE Paid	ALAE Incurred
LOSS TOTALS																						
Reserved for Future Use							Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved for Future Use							Total Paid Indemnity	Total Paid Medical				
							2	20,500	12,060								19,500	10,060				
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees	Reserved for Future Use							Total Paid Indemnity	Total Paid Medical						

EXAMPLE 5 - SECOND REPORTING OF LOSSES - UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.															
2				99999	WC 999	6-1-98	6-1-99	37																					
Insured's Name: Big Coal Company											F.E.I.N.		Pending File No.																
Insured's Address:																													
Mod Effective Date	Rate Effective Date	Policy Conditions							Policy Type I D			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use											
6-1-98		3 Yr F/R Policy	Multistate Policy	Interstate Policy	Estimated Exposure	Retro Policy	Canceled Mid-Term	MCO Indicator	Type Cov.	Plan Ind.	Non-Std.						6-1-98 to 12-31-98												
N	N	N	N	N	N	N	N		01	01	01																		
EXPOSURE INFORMATION															LOSS INFORMATION														
Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type								
						P	991	6-5-98	2,507	533	1011	5	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							675.00	450.00		1-31-38											1,500	250							
	A.	Total Subject Premium				R	991	6-5-98	5,535	1,575	1011	5	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							675.00	450.00		1-31-38											2,490	1,000							
	B.	Experience Mod (xx.xxx)					992	7-1-98	50,000	5,000	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											10,320	2,050							
	C.	Total Modified Premium					992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
	D.					P	992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											3,610	500							
	E.						992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											3,610	500							
	F.						992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											3,610	500							
	G.	Total Standard Exposure			Total Standard Premium	R	992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
	H.	006_	Premium Discount Amt.				992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
	I.	0900	Expense Constant Amt.				992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
	J.						992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
	K.						992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
	L.						992	7-1-98	60,000	5,500	1011	9	0	Act	Type	Recov	Cov	Settl											
							Social Security Number		Part	Nature	Cause	Occupation Description					Voc.	Lumo	Fraud	Deduct	Paid Indemnity	Paid Medical							
							Claimant's Attorney Fees		Employer's Attorney Fees		Reserved for Future Use											ALAE Paid	ALAE Incurred						
							600.00	400.00		6-15-70											31,120	4,050							
LOSS TOTALS																													
Reserved for Future Use							Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved for Future Use							Total Paid Indemnity	Total Paid Medical											
							2	65,535	7,075								33,610	5,050											
Tot. Claimant's Attny. Fees							Tot. Employer's Attny. Fees	Reserved for Future Use							Total Paid Indemnity	Total Paid Medical													

EXAMPLE 6 - INDIVIDUAL CASE REPORT OF PERMANENT TOTAL INJURY

CLASS CODE	REPORT NO CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER	CARRIER NAME				PAYROLL STATE CODE*	ADM. FILE NUMBER									
1001	1	1	2	99999	Any Insurance Company				37										
POLICY NUMBER			CERT. NO	POLICY EFFECTIVE DATE			CLAIM NO.	STATE CODE*	DATE ATTN. DISC.			LOSS CONDITIONS			JURIS. STATE	MCO TYPE			
WC 53124				MO.	DAY	YR.	531241		MO.	DAY	YR.	ACT	TYPE	RCOV	COV	SETTL			
				1	1	98						1	1	1	3	00			
INSURED NAME						ACC. DATE			DATE OF DEATH			DATE REPORTED			DATE OF BIRTH			SURG. CODE*	ATTY. CODE*
Deep Coal, Inc.						MO.	DAY	YR.	MO.	DAY	YR.	MO.	DAY	YR.	MO.	DAY	YR.		
						3	1	98				3	1	98	3	1	55		
WORKER LAST NAME			AVG. WEEKLY WAGE	INJURY DESC. CODE*	PART	NATURE	CAUSE	OCCUPATION				DATE CLOSED		RESERVE TYPE		LUMP SUM	FRAUD		
Fossil			750.00	→								MO.	YR.	CODE*					
																2			
SOCIAL SECURITY NUMBER	DATE SINGLE PREMIUM PAID			MO.	DAY	YR.	EMPLOYMENT STATUS*	YEAR LAST EXPOSED			DATE OF HIRE			MO.	DAY	YR.			
	→						→	→			→								
BENEFITS OTHER THAN PENSION								PENSION BENEFITS											
KIND OF BENEFIT				% DISAB.	BODY MEM CODE*	NO. WEEKS	INCURRED	BENEFICIARY DATA *			CALCULATIONS								
1. TEMPORARY INDEMNITY				XXX	XXX			CODE	DATE OF BIRTH			Paid to date: \$500 x 8 weeks = \$4,000 Future: \$500 x 52 x 19.122 = \$497,172							
2. SCHEDULED INDEMNITY								1	3	1	55								
3. NON-SCHEDULED INDEMNITY																			
4. EMPLOYERS' LIABILITY OR OTHER INDEMNITY					XXX	XXX													
5. VOCATIONAL REHABILITATION TOTAL INCURRED																			
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				4,000								
PHYSICIAN PAID			TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID												
HOSPITAL PAID			PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				497,172								
APL MED EVAL PAID			PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				0								
DEFENSE MED EVAL PAID			DEATH PAID				11. LUMP SUM REMARRIAGE				0								
INDEP MED EVAL PAID			SINGLE SUM PAID				12. TOTAL INCURRED INDEM. (SUM 1-11)				501,172								
LEGAL EXP DEFENSE			V.R. PAID				13. TOTAL INCURRED MEDICAL				55,000								
ANNUITY PURCHASED AMT			V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				4,000								
TOTAL GROSS INCURRED			V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				2,500								
			V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.												

*SEE REVERSE SIDE FOR CODING

EXAMPLE 7 - INDIVIDUAL CASE REPORT IN DEATH CLAIM

CLASS CODE 1011	REPORT NO CODE* 1	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 1	CARRIER NUMBER 22222	CARRIER NAME Any Carrier				PAYROLL STATE CODE* 37	ADM. FILE NUMBER					
POLICY NUMBER WC 222222		CERT. NO	POLICY EFFECTIVE DATE MO. DAY YR. 7 1 99		CLAIM NO. 987654			STATE CODE*	DATE ATTN. DISC. MO. DAY YR.		LOSS CONDITIONS ACT TYPE RCOV COV SETTL			JURIS. STATE	MCO TYPE
INSURED NAME A.B.C. Coal Company					ACC. DATE MO. DAY YR. 8 1 99		DATE OF DEATH MO. DAY YR. 8 1 99		DATE REPORTED MO. DAY YR. 8 1 99		DATE OF BIRTH MO. DAY YR. 5 1 39		SURG. CODE*	ATTY. CODE*	
WORKER LAST NAME Smithson, Joseph		AVG. WEEKLY WAGE 468.00	INJURY DESC. CODE*	PART	NATURE	CAUSE	OCCUPATION			DATE CLOSED MO. YR.	RESERVE TYPE CODE*	LUMP SUM	FRAUD		
SOCIAL SECURITY NUMBER	DATE SINGLE PREMIUM PAID		MO.	DAY	YR.	EMPLOYMENT STATUS*	YEAR LAST EXPOSED		DATE OF HIRE		MO.	DAY	YR.		
BENEFITS OTHER THAN PENSION						PENSION BENEFITS									
KIND OF BENEFIT			% DISAB.	BODY MEM CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA *			CALCULATIONS				
1. TEMPORARY INDEMNITY			XXX	XXX			CODE	DATE OF BIRTH MO. DAY YR.			Paid to Val. Date:				
2. SCHEDULED INDEMNITY							2	6	2	39	90.7 weeks x 238.68 = 21,648				
3. NON-SCHEDULED INDEMNITY											Future:				
4. EMPLOYERS' LIABILITY OR OTHER INDEMNITY				XXX	XXX						52 x 238.68 x 14.496 = \$179,915				
5. VOCATIONAL REHABILITATION TOTAL INCURRED															
6. CLAIMANT LEGAL EXPENSE						7. PENSION INDEM. PAID TO VAL. DATE			21,648						
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			179,915						
APL MED EVAL PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE			3,000						
DEFENSE MED EVAL PAID		DEATH PAID				21,648			11. LUMP SUM REMARRIAGE			536			
INDEP MED EVAL PAID		SINGLE SUM PAID							12. TOTAL INCURRED INDEM. (SUM 1-11)			205,099			
LEGAL EXP DEFENSE		V.R. PAID							13. TOTAL INCURRED MEDICAL			0			
ANNUITY PURCHASED AMT		V.R. INDEM. INCURRED							14. TOTAL INDEM. PAID TO VAL. DATE			21,648			
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED							15. TOTAL MED. PAID TO VAL. DATE			0			
		V.R. EVAL. INCURRED							16. SOC. SEC. OR OTHER OFFSET AMT.			0			

*SEE REVERSE SIDE FOR CODING

EXAMPLE 8 - INDIVIDUAL CASE REPORT FOR BENEFITS OTHER THAN PENSION

CLASS CODE	REPORT NO CODE*	TRAN. TYPE CODE*	TYPE OF INJ. CODE*	CARRIER NUMBER	CARRIER NAME			PAYROLL STATE CODE*	ADM. FILE NUMBER											
1012	1	1	9	22222	Any Carrier			37												
POLICY NUMBER			CERT. NO	POLICY EFFECTIVE DATE			CLAIM NO.	STATE CODE*	DATE ATTN. DISC.			LOSS CONDITIONS			JURIS. STATE	MCO TYPE				
WC 99999				MO.	DAY	YR.	12345		MO.	DAY	YR.	ACT	TYPE	RCOV	COV	SETTL				
INSURED NAME							ACC. DATE	DATE OF DEATH			DATE REPORTED			DATE OF BIRTH			SURG. CODE*	ATTY. CODE*		
Surface Coal Company, Inc.							MO.	DAY	YR.	MO.	DAY	YR.	MO.	DAY	YR.	MO.	DAY	YR.		
WORKER LAST NAME			AVG. WEEKLY WAGE	INJURY DESC. CODE*	PART	NATURE	CAUSE	OCCUPATION				DATE CLOSED		RESERVE TYPE CODE*	LUMP SUM	FRAUD				
Jones, James A			600.00	→								MO.	YR.							
SOCIAL SECURITY NUMBER	DATE SINGLE PREMIUM PAID			MO.	DAY	YR.	EMPLOYMENT STATUS*	YEAR LAST EXPOSED			DATE OF HIRE			MO.	DAY	YR.				
	→						→	→			→									
BENEFITS OTHER THAN PENSION										PENSION BENEFITS										
KIND OF BENEFIT				% DISAB.	BODY MEM CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA *			CALCULATIONS							
1. TEMPORARY INDEMNITY				XXX	XXX		20,000			CODE	DATE OF BIRTH			400 x 500 wks = 200,000						
2. SCHEDULED INDEMNITY							200,000			1	2	1	49							
3. NON-SCHEDULED INDEMNITY																				
4. EMPLOYERS' LIABILITY OR OTHER INDEMNITY					XXX	XXX														
5. VOCATIONAL REHABILITATION TOTAL INCURRED																				
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE													
PHYSICIAN PAID				TEMP. DISABILITY PAID			8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID				PERM. PARTIAL PAID			20,000			9. PRES. VALUE FUTURE INDEM. PMNT.										
APL MED EVAL PAID				PERM. TOTAL PAID			10. FUNERAL ALLOWANCE													
DEFENSE MED EVAL PAID				DEATH PAID			11. LUMP SUM REMARRIAGE													
INDEP MED EVAL PAID				SINGLE SUM PAID			12. TOTAL INCURRED INDEM. (SUM 1-11)							220,000						
LEGAL EXP DEFENSE				V.R. PAID			13. TOTAL INCURRED MEDICAL							75,000						
ANNUITY PURCHASED AMT				V.R. INDEM. INCURRED			14. TOTAL INDEM. PAID TO VAL. DATE							20,000						
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED			15. TOTAL MED. PAID TO VAL. DATE							25,000						
				V.R. EVAL. INCURRED			16. SOC. SEC. OR OTHER OFFSET AMT.							0						

*SEE REVERSE SIDE FOR CODING

EXAMPLE 9
OCCUPATIONAL DISEASE CLAIM FORM

FORM PA/OD-92

1. Miner's SS No. 111-11-1111 2. Class Code 1016 3. Fed.St. Code 2 4. Injury Type 2
 5. Carrier Code 12345 6. Carrier Name Any Insurance Company 7. Adm. File No. _____
 8. Policy No. 9999999 9. Policy Date 01/01/90 10. Claim No. PA99999
 11. Valuation Date 04/30/91 12. Employer A.B.C. Coal Company 13. County Code 55
 14. Exposure Date 06/01/90 15. Disability Date 07/01/90 16. File Date 11/01/90 17. Report Date 12/01/90
 18. Miner's Birth Date 02/05/26 19. Appeal Date _____ 20. Miner's Name Doe, John A.
 21. Weekly Wage \$ 422.00 22. Weekly Benefit \$ 281.35 23. Job Code 4
 24. Open/Closed 0 25. Settlement Code 2 26. Closed Date _____
 27. Spouse Birth Date 07/15/27 28. Youngest Child's Birth Date _____
 29. 2nd Youngest Child's Birth Date _____ 30. 3rd Youngest Child's Birth Date _____
 31. Death Date _____ 32. Comp. Date _____
 33. Claim Status 1 34. Date of Adjudication _____
 35. Work Status 04 36. Marital Status 01 37. Dis. Type _____

Indemnity Benefits:

Claimant's Calculations:

46. Paid to Date \$ _____
 38. Age at Valuation Date 65 47. Reserve for Retroactive Benefit \$ 12,098
 39. Table Factor 9.682 48. Total Future Benefit \$ 141,650
 (#41 + #45)
 40. Weekly Benefit \$ 281.35 49. Funeral Benefit Paid \$ _____
 41. Pres. Val. Fut. Ind. \$ 141,650 50. Remarriage Paid \$ _____
 (#39 x #40 x 52 weeks)
 42. Number of Dependents 1 51. Interest \$ 1,200

Dependent Children - State Death Claims Only

52. Total Incurred Ind. \$ 154,948
 (Sum of #46 through #51)

	Youngest	2nd	3rd	
43. Number of weeks till age 18	_____	_____	_____	Medical Benefits:
44. Weekly Benefit \$	_____	_____	_____	53. Paid to Date \$ <u>200</u>
45. Future Benefit \$ (#43 x #44)	_____	_____	_____	54. Outstanding \$ <u>2,200</u>
				55. Total Incurred Med. \$ <u>2,400</u> (#53 + #54)
				56. Offset \$ _____

Notes: STATE PENDING - SAMPLE

EXAMPLE 10
OCCUPATIONAL DISEASE CLAIM FORM

FORM PA/OD-92

1. Miner's SS No. 222-22-2222 2. Class Code 1013 3. Fed.St. Code 2 4. Injury Type 1
 5. Carrier Code 12345 6. Carrier Name Any Insurance Company 7. Adm. File No. _____
 8. Policy No. 9999999 9. Policy Date 01/01/89 10. Claim No. PA00000
 11. Valuation Date 04/30/91 12. Employer A.B.C. Coal Company 13. County Code 12
 14. Exposure Date 03/01/89 15. Disability Date 03/01/89 16. File Date 05/01/89 17. Report Date 07/01/89
 18. Miner's Birth Date 03/20/40 19. Appeal Date _____ 20. Miner's Name Doe, John B.
 21. Weekly Wage \$ 525.00 22. Weekly Benefit \$ 315.00 23. Job Code 2
 24. Open/Closed 0 25. Settlement Code 2 26. Closed Date _____
 27. Spouse Birth Date 03/05/45 28. Youngest Child's Birth Date 05/01/75
 29. 2nd Youngest Child's Birth Date _____ 30. 3rd Youngest Child's Birth Date _____
 31. Death Date 03/01/89 32. Comp. Date 04/01/89
 33. Claim Status 2 34. Date of Adjudication 01/15/90
 35. Work Status 03 36. Marital Status 04 37. Dis. Type 02

Indemnity Benefits:

Claimant's Calculations:

46. Paid to Date \$ 34,020
 38. Age at Valuation Date 46 47. Reserve for Retroactive Benefit \$ _____
 39. Table Factor 17.623 48. Total Future Benefit \$ 250,279
 (#41 + #45)
 40. Weekly Benefit \$ 267.75 49. Funeral Benefit Paid \$ 3,000
 41. Pres. Val. Fut. Ind. \$ 245,365 50. Remarriage Paid \$ _____
 (#39 x #40 x 52 weeks)
 42. Number of Dependents 1 51. Interest \$ 1,300

Dependent Children - State Death Claims Only

52. Total Incurred Ind. \$ 288,599
 (Sum of #46 through #51)

	Youngest	2nd	3rd		
43. Number of weeks till age 18	<u>104</u>	_____	_____	Medical Benefits:	
44. Weekly Benefit \$	<u>47.25</u>	_____	_____		53. Paid to Date \$ _____
45. Future Benefit \$ (#43 x #44)	<u>4,914</u>	_____	_____		54. Outstanding \$ _____
				55. Total Incurred Med. \$ <u>0</u> (#53 + #54)	
				56. Offset \$ _____	

Notes: STATE AWARDED - WIDOW'S CLAIM - DEPENDENT CHILD - SAMPLE

EXAMPLE 11
OCCUPATIONAL DISEASE CLAIM FORM

FORM PA/OD-92

1. Miner's SS No. 333-33-3333 2. Class Code 0158 3. Fed.St. Code 1 4. Injury Type 2
5. Carrier Code 12345 6. Carrier Name Any Insurance Company 7. Adm. File No. _____
8. Policy No. 9999999 9. Policy Date 01/01/89 10. Claim No. PA11111
11. Valuation Date 04/30/91 12. Employer A.B.C. Coal Company 13. County Code 04
14. Exposure Date 03/01/89 15. Disability Date 04/01/89 16. File Date 07/01/89 17. Report Date 10/01/89
18. Miner's Birth Date 06/15/30 19. Appeal Date _____ 20. Miner's Name Doe, John C.
21. Weekly Wage \$ _____ 22. Weekly Benefit \$ 133.98 23. Job Code 1
24. Open/Closed 0 25. Settlement Code 2 26. Closed Date _____
27. Spouse Birth Date 04/15/32 28. Youngest Child's Birth Date _____
29. 2nd Youngest Child's Birth Date _____ 30. 3rd Youngest Child's Birth Date _____
31. Death Date _____ 32. Comp. Date 05/01/89
33. Claim Status 2 34. Date of Adjudication 12/01/89
35. Work Status 04 36. Marital Status 01 37. Dis. Type 02

Indemnity Benefits:

Claimant's Calculations:

46. Paid to Date \$ 13,934
38. Age at Valuation Date 61 47. Reserve for Retroactive Benefit \$ _____
39. Table Factor 11.010 48. Total Future Benefit \$ 76,706
(#41 + #45)
40. Weekly Benefit \$ 133.98 49. Funeral Benefit Paid \$ _____
41. Pres. Val. Fut. Ind. \$ 76,706 50. Remarriage Paid \$ _____
(#39 x #40 x 52 weeks)
42. Number of Dependents 1 51. Interest \$ _____

Dependent Children - State Death Claims Only

52. Total Incurred Ind. \$ 90,640
(Sum of #46 through #51)

	Youngest	2nd	3rd	
43. Number of weeks till age 18	_____	_____	_____	Medical Benefits:
44. Weekly Benefit \$	_____	_____	_____	53. Paid to Date \$ <u>300</u>
45. Future Benefit \$ (#43 x #44)	_____	_____	_____	54. Outstanding \$ <u>600</u>
				55. Total Incurred Med. \$ <u>900</u> (#53 + #54)
				56. Offset \$ _____

Notes: FEDERAL AWARDED - CLAIMANT WITH 1 DEPENDENT - SAMPLE

EXAMPLE 12
OCCUPATIONAL DISEASE CLAIM FORM

FORM PA/OD-92

1. Miner's SS No. 444-44-4444 2. Class Code 0156 3. Fed.St. Code 1 4. Injury Type 1
5. Carrier Code 12345 6. Carrier Name Any Insurance Company 7. Adm. File No. _____
8. Policy No. 9999999 9. Policy Date 01/01/90 10. Claim No. PA22222
11. Valuation Date 04/30/91 12. Employer A.B.C. Coal Company 13. County Code 16
14. Exposure Date 02/01/90 15. Disability Date 02/01/90 16. File Date 05/01/90 17. Report Date 08/01/90
18. Miner's Birth Date 07/01/20 19. Appeal Date _____ 20. Miner's Name Doe, John D.
21. Weekly Wage \$ _____ 22. Weekly Benefit \$ 89.33 23. Job Code 2
24. Open/Closed 0 25. Settlement Code 2 26. Closed Date _____
27. Spouse Birth Date 08/01/22 28. Youngest Child's Birth Date _____
29. 2nd Youngest Child's Birth Date _____ 30. 3rd Youngest Child's Birth Date _____
31. Death Date 02/01/90 32. Comp. Date _____
33. Claim Status 1 34. Date of Adjudication _____
35. Work Status 03 36. Marital Status 04 37. Dis. Type _____

Indemnity Benefits:

Claimant's Calculations:

46. Paid to Date \$ _____
38. Age at Valuation Date 69 47. Reserve for Retroactive Benefit \$ 5,637
39. Table Factor 10.496 48. Total Future Benefit \$ 48,756
(#41 + #45)
40. Weekly Benefit \$ 89.33 49. Funeral Benefit Paid \$ _____
41. Pres. Val. Fut. Ind. \$ 48,756 50. Remarriage Paid \$ _____
(#39 x #40 x 52 weeks)
42. Number of Dependents 0 51. Interest \$ 400

Dependent Children - State Death Claims Only

52. Total Incurred Ind. \$ 54,793
(Sum of #46 through #51)

	Youngest	2nd	3rd	
43. Number of weeks till age 18	_____	_____	_____	Medical Benefits:
44. Weekly Benefit \$	_____	_____	_____	
45. Future Benefit \$ (#43 x #44)	_____	_____	_____	

53. Paid to Date \$ _____
54. Outstanding \$ _____
55. Total Incurred Med. \$ 0
(#53 + #54)
56. Offset \$ _____

Notes: FEDERAL PENDING - WIDOW'S CLAIM - SAMPLE