

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

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY  
INSURANCE

**COAL MINE COMPENSATION RATING BUREAU  
OF PENNSYLVANIA**

## April 1, 2014 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

On Page 15, “Type of Claim” was corrected to “Type of Coverage” under 9. Loss Conditions.

TABLE A – CARRIER NAMES AND NUMBERS was amended by the following:

- Addition of Imperium Insurance Company,
- Addition of PinnaclePoint Insurance Company,
- Addition of SummitPoint Insurance Company and
- Revision of Chartis Property Casualty Company to AIG Property Casualty Company.

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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 2<sup>nd</sup> through 10<sup>th</sup> 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 |
| 09          | Non-Standard Policy                  |

**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              |
| 08          | Exclusion of Executive Officers               |
| 09          | Voluntary Coverage Not Mandatory by State Act |

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

**First Two Positions – Losses Subject to Deductible**

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

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                |
| 10          | Voluntary Coverage Not Mandatory by State Act |
  3. Class Code  
Report the code corresponding to the insured's classification determined according to classification rules of the Bureau and published in the Statistical Plan Manual.
  4. Governing Classification  
The governing classification for each Unit Report is determined on the basis of the payrolls developed in the policy period. The governing classification is defined as that classification, other than the Standard Exception Classifications – Codes 951 and 953 – which carrier the largest amount of payroll.
  5. Exposure Amount
    - a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Exposures should be marked with the symbol "Y".
    - b. Payrolls must be appropriately separated as of the effective date of the changes whenever there is a change in experience modification.
    - c. The total payroll is to be shown in the appropriate space provided on the line captioned Total Standard Exposures. In cases where more than one unit card is required for filing the experience under a given policy, it is important that the risk totals be shown on the last unit card.
    - d. The payroll exposures for non-ratable (supplemental and catastrophe loadings) portions are not to be included in the Total Standard Exposure.
  6. Carrier's Manual Rate  
The carrier's manual rates as shown in the compensation policy shall be shown against the classifications and payrolls to which they are applicable. The carrier's manual rate is the Bureau manual loss cost times the carrier's approved multiplier times the experience or

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 Coverage**

| <u>Code</u> | <u>Description</u>                |
|-------------|-----------------------------------|
| 01          | Workers' Compensation Only        |
| 02          | Employers' Liability Only         |
| 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<br>Total | Med.    | % of<br>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 |
| 09          | Non-Standard Policy                  |

**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              |
| 08          | Exclusion of Executive Officers               |
| 09          | 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>         |
|-------------|----------------------------|
| 00          | No Deductible              |
| 01          | Medical Losses Only        |
| 02          | Indemnity Losses Only      |
| 03          | Medical & Indemnity Losses |

**Second Two Positions**

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

6. Policy Conditions

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

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

"N" = Policy is not retrospective rated.

f. Canceled Mid-Term Indicator

"Y" = Policy has been canceled mid-term.

"N" = Policy has not been canceled mid-term.

B. Exposure Information Codes

1. Update Type

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

| <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              |
| 10          | Voluntary Coverage Not Mandatory by State Act |

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 (Third Party) |
| 04          | Subrogation with Second Injury |

**Type of Claim**

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

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

D. Individual Case Report Codes

1. Report Number

The report number must coincide with the Unit Statistical Report.

2. Transaction Type

| <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               |
| 9           | Handicapped Child   |
- 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 |
| AIG Property Casualty Company                             | 19402 |
| 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 |
| 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 |
| Imperium Insurance Company                                | 35408 |
| 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 |
| PinnaclePoint Insurance Company                           | 15137 |
| 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 |

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|   |       |
|---|-------|
| State Workers' Insurance Fund                 | 27677 |
| SummitPoint Insurance Company                 | 15136 |
| 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<br>Widowhood<br>(X) | $\bar{a}$<br>(X) | $\bar{a}$<br>(X) + 1 | $\bar{a}$<br>(X) + 2 | $\bar{a}$<br>(X) + 3 | $\bar{a}$<br>(X) + 4 | $\bar{a}$<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | $\bar{a}$<br>(X) | $\bar{a}$<br>(X) + 1 | $\bar{a}$<br>(X) + 2 | $\bar{a}$<br>(X) + 3 | $\bar{a}$<br>(X) + 4 | $\bar{a}$<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | $\bar{a}$<br>(X) | $\bar{a}$<br>(X) + 1 | $\bar{a}$<br>(X) + 2 | $\bar{a}$<br>(X) + 3 | $\bar{a}$<br>(X) + 4 | $\bar{a}$<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | A'<br>(X) | A'<br>(X) + 1 | A'<br>(X) + 2 | A'<br>(X) + 3 | A'<br>(X) + 4 | A'<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | A'<br>(X) | A'<br>(X) + 1 | A'<br>(X) + 2 | A'<br>(X) + 3 | A'<br>(X) + 4 | A'<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | A'<br>(X) | A'<br>(X) + 1 | A'<br>(X) + 2 | A'<br>(X) + 3 | A'<br>(X) + 4 | A'<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | $\bar{a}$<br>(X) | $\bar{a}$<br>(X) + 1 | $\bar{a}$<br>(X) + 2 | $\bar{a}$<br>(X) + 3 | $\bar{a}$<br>(X) + 4 | $\bar{a}$<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | $\bar{a}$<br>(X) | $\bar{a}$<br>(X) + 1 | $\bar{a}$<br>(X) + 2 | $\bar{a}$<br>(X) + 3 | $\bar{a}$<br>(X) + 4 | $\bar{a}$<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | $\bar{a}$<br>(X) | $\bar{a}$<br>(X) + 1 | $\bar{a}$<br>(X) + 2 | $\bar{a}$<br>(X) + 3 | $\bar{a}$<br>(X) + 4 | $\bar{a}$<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | A'<br>(X) | A'<br>(X) + 1 | A'<br>(X) + 2 | A'<br>(X) + 3 | A'<br>(X) + 4 | A'<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | A'<br>(X) | A'<br>(X) + 1 | A'<br>(X) + 2 | A'<br>(X) + 3 | A'<br>(X) + 4 | A'<br>(X) + 5 | Attained<br>Age**<br>(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<br>Widowhood<br>(X) | A'<br>(X) | A'<br>(X) + 1 | A'<br>(X) + 2 | A'<br>(X) + 3 | A'<br>(X) + 4 | A'<br>(X) + 5 | Attained<br>Age**<br>(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:

| <b>Children</b>         | <b>Percent of Weekly Wage</b> |
|-------------------------|-------------------------------|
| 1 <sup>st</sup>         | 32%                           |
| 2 <sup>nd</sup>         | an additional 10%             |
| 3 <sup>rd</sup>         | an additional 10%             |
| 4 <sup>th</sup>         | an additional 10%             |
| 5 <sup>th</sup>         | an additional 2%              |
| 6 <sup>th</sup> or more | an additional 2⅔%             |

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 18<sup>th</sup> 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:**

| <b>Form Number</b> | <b>Form Title</b>                              |
|--------------------|--|
| (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:**

| <b>Example #</b> | <b>Form Number</b> | <b>Topic</b>   |
|------------------|--------------------|--|
| 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<br>MO. DAY YR. |                          |           | CLAIM NO.          |                                       | STATE CODE*                         | DATE ATTN. DISC.<br>MO. DAY YR. |                              |                        | LOSS CONDITIONS<br>ACT TYPE RCOV COV SETTL |                    | JURIS. STATE | MCO TYPE    |
| INSURED NAME                                |   |                  |                    |                                      | ACC. DATE<br>MO. DAY YR. |           |                    | DATE OF DEATH<br>MO. DAY YR.          |                                     |                                 | DATE REPORTED<br>MO. DAY YR. |                        | DATE OF BIRTH<br>MO. DAY YR.               |                    | SURG. CODE*  | ATTY. CODE* |
| WORKER LAST NAME                            |   |                  | AVG. WEEKLY WAGE   | INJURY DESC. CODE*                   | PART                     | NATURE    | CAUSE              | OCCUPATION                            |                                     |                                 |                              | DATE CLOSED<br>MO. YR. |  | RESERVE TYPE CODE* | LUMP SUM     | FRAUD       |
| SOCIAL SECURITY NUMBER                      | DATE SINGLE PREMIUM PAID<br>MO. DAY YR. |                  |                    | MO.                                  | DAY                      | YR.       | EMPLOYMENT STATUS* | YEAR LAST EXPOSED                     |                                     | DATE OF HIRE<br>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<br>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   | _____    | _____ | _____ | <b>Medical Benefits:</b>                     |
| 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# |
|------------|

|           |
|-----------|
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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                  | N                     | N                           |                          | 01                      | 01                      | 01              |                        |                  |                 |                                      |                             |                      |                    |                |           |                |              |
| EXPOSURE INFORMATION            |                     |                         |                       |                        | LOSS INFORMATION   |                       |                             |                          |                         |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                |           |                |              |
| Upd Type                        | Exp. Cov.           | Class Code              | Exposure Amount       | Manual Rate            | Premium Rate       | Upd Type              | Claim Number                | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical        | Class Code      | Injury                 | Status           | Loss Conditions |                                      |                             |                      |                    | Jurisdic State | Cat. No.  | MCO Type       |              |
|                                 | 01                  | 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 |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | 600       | 500            |              |
|                                 |                     |                         |                       |                        |                    |                       | 600.00                      | 400.00                   | 3-26-49                 |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | ALAE Paid | ALAE Incurred  |              |
|                                 |                     |                         |                       |                        |                    |                       | Claim Number                | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical        | Class Code      | Injury                 | Status           | Loss Conditions |                                      |                             |                      |                    | Jurisdic State | Cat. No.  | MCO Type       |              |
|                                 | A.                  | Total Subject Premium   |                       |                        |                    |                       | 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 |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | 19,500    | 3,500          |              |
|                                 | C.                  | Total Modified Premium  |                       |                        |                    |                       | 750.00                      | 500.00                   | 11-22-55                |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | ALAE Paid | ALAE Incurred  |              |
|                                 |                     |                         |                       |                        |                    |                       | Claim Number                | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical        | Class Code      | Injury                 | Status           | Loss Conditions |                                      |                             |                      |                    | Jurisdic State | Cat. No.  | MCO Type       |              |
|                                 | D.                  |                         |                       |                        |                    |                       | 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 |
|                                 | E.                  |                         |                       |                        |                    |                       | Claimant's Attorney Fees    | Employer's Attorney Fees | Reserved for Future Use |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | 0         | 75             |              |
|                                 | F.                  |                         |                       |                        |                    |                       | Claim Number                | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical        | Class Code      | Injury                 | Status           | Loss Conditions |                                      |                             |                      |                    | Jurisdic State | Cat. No.  | MCO Type       |              |
|                                 | G.                  | Total Standard Exposure | 50,000                | Total Standard Premium | 4,000              |                       | 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 |
|                                 | H.                  | 006_                    | Premium Discount Amt. |                        |                    |                       | Claimant's Attorney Fees    | Employer's Attorney Fees | Reserved for Future Use |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | 0         | 530            |              |
|                                 | I.                  | 0900                    | Expense Constant Amt. |                        |                    |                       | Claim Number                | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical        | Class Code      | Injury                 | Status           | Loss Conditions |                                      |                             |                      |                    | Jurisdic State | Cat. No.  | MCO Type       |              |
|                                 | J.                  |                         |                       |                        |                    |                       | Social Security Number      |                          | Part                    | Nature                  | Cause           | Occupation Description |                  |                 |                                      |                             | Voc.                 | Lumo               | Fraud          | Deduct    | Paid Indemnity | Paid Medical |
|                                 | K.                  |                         |                       |                        |                    |                       | Claimant's Attorney Fees    | Employer's Attorney Fees | Reserved for Future Use |                         |                 |                        |                  |                 |                                      |                             |                      |                    |                | ALAE Paid | ALAE Incurred  |              |
|                                 | L.                  |                         |                       |                        |                    |                       | Claim Number                | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical        | Class Code      | Injury                 | Status           | Loss Conditions |                                      |                             |                      |                    | Jurisdic State | Cat. No.  | MCO Type       |              |
|                                 |                     |                         |                       |                        |                    |                       | 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  |              |
| 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 |                |           |                |              |
|                                 |                     |                         |                       |                        |                    |                       | 5                           | 60,600                   | 6,205                   |                         |                 |                        |                  |                 |                                      |                             | 20,100               | 4,605              |                |           |                |              |
| 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 |                                      |                             |          |                 | 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   |                |          |              |
|                                  | <b>LOSS TOTALS</b>          |                         |                             |                        |                          |                       |                          |                       |                          |                  |                         |                        |                    |                 |                                      |                             |          |                 |                |          |              |
|                                  | 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  |                                      |                             |              |                 | Jurisdic 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   |                |          |          |
|                                  |                             |                       |                             |                   |                          | Upd Type              | Claim Number             | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical | Class Code             | Injury         | Status             | Loss Conditions  |                                      |                             |              |                 | Jurisdic State | Cat. No. | MCO Type |
| A.                               | Total Subject Premium       |                       |                             |                   |                          |                       |                          |                          |                         |                  |                        |                |                    | 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   |                |          |          |
|                                  |                             |                       |                             |                   |                          | Upd Type              | Claim Number             | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical | Class Code             | Injury         | Status             | Loss Conditions  |                                      |                             |              |                 | Jurisdic State | Cat. No. | MCO Type |
| 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   |                |          |          |
|                                  |                             |                       |                             |                   |                          | Upd Type              | Claim Number             | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical | Class Code             | Injury         | Status             | Loss Conditions  |                                      |                             |              |                 | Jurisdic State | Cat. No. | MCO Type |
| 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   |                |          |          |
|                                  |                             |                       |                             |                   |                          | Upd Type              | Claim Number             | Acc. Date/ No. Claims    | Incurred Indemnity      | Incurred Medical | Class Code             | Injury         | Status             | Loss Conditions  |                                      |                             |              |                 | Jurisdic State | Cat. No. | MCO Type |
| 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 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                           |                          | 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           |  |  |  |  |  |  |  |
|                                  |                         |                       |                   |                        |                    | R                     | 991                         | 6-5-98                   | 5,535                       | 1,575                    | 1011                   | 5                       | 0                  | Act                                  | Type                        | Recov    | Cov                | Settl          |                |          |                |               |  |  |  |  |  |  |  |
| A.                               | Total Subject Premium   |                       |                   |                        |                    |                       | 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 |  |  |  |  |  |  |  |
| C.                               | Total Modified Premium  |                       |                   |                        |                    |                       | 675.00                      | 450.00                   | 1-31-38                     |                          |                        |                         |                    |                                      |                             |          |                    |                |                |          | 2,490          | 1,000         |  |  |  |  |  |  |  |
|                                  |                         |                       |                   |                        |                    | P                     | 992                         | 7-1-98                   | 50,000                      | 5,000                    | 1011                   | 9                       | 0                  | Act                                  | Type                        | Recov    | Cov                | Settl          |                |          |                |               |  |  |  |  |  |  |  |
| D.                               |                         |                       |                   |                        |                    |                       | Social Security Number      |                          | Part                        | Nature                   | Cause                  | Occupation Description  |                    |                                      |                             |          | Voc.               | Lumo           | Fraud          | Deduct   | Paid Indemnity | Paid Medical  |  |  |  |  |  |  |  |
| E.                               |                         |                       |                   |                        |                    |                       | Claimant's Attorney Fees    | Employer's Attorney Fees | Reserved for Future Use     |                          |                        |                         |                    |                                      |                             |          |                    |                |                |          | ALAE Paid      | ALAE Incurred |  |  |  |  |  |  |  |
| F.                               |                         |                       |                   |                        |                    |                       | 600.00                      | 400.00                   | 6-15-70                     |                          |                        |                         |                    |                                      |                             |          |                    |                |                |          | 10,320         | 2,050         |  |  |  |  |  |  |  |
|                                  |                         |                       |                   |                        |                    | R                     | 992                         | 7-1-98                   | 60,000                      | 5,500                    | 1011                   | 9                       | 0                  | Act                                  | Type                        | Recov    | Cov                | Settl          |                |          |                |               |  |  |  |  |  |  |  |
| G.                               | Total Standard Exposure |                       |                   | Total Standard Premium |                    |                       | 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 |  |  |  |  |  |  |  |
| I.                               | 0900                    | Expense Constant Amt. |                   |                        |                    |                       | 600.00                      | 400.00                   | 6-15-70                     |                          |                        |                         |                    |                                      |                             |          |                    |                |                |          | 31,120         | 4,050         |  |  |  |  |  |  |  |
| 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                   | 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          |          |                    |                |                |          |                |               |  |  |  |  |  |  |  |
|                                  |                         |                       |                   |                        |                    |                       | Tot. Claimant's Attny. Fees |                          | Tot. Employer's Attny. Fees | Reserved for Future Use  |                        | Total Paid Indemnity    | Total Paid Medical |                                      |                             |          |                    |                |                |          |                |               |  |  |  |  |  |  |  |
|                                  |                         |                       |                   |                        |                    |                       |                             |                          | 2                           | 65,535                   | 7,075                  |                         |                    | 33,610                               | 5,050                       |          |                    |                |                |          |                |               |  |  |  |  |  |  |  |



**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:<br>\$500 x 8 weeks = \$4,000<br><br>Future:<br>\$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                                  | REPORT NO CODE*          | TRAN. TYPE CODE* | TYPE OF INJ. CODE*     | CARRIER NUMBER        | CARRIER NAME |          |                                      | PAYROLL STATE CODE* | ADM. FILE NUMBER |                                      |               |   |         |                    |              |          |             |             |  |  |
|---|--------------------------|------------------|------------------------|-----------------------|--------------|----------|--------------------------------------|---------------------|------------------|--------------------------------------|---------------|---|---------|--------------------|--------------|----------|-------------|-------------|--|--|
| 1011  | 1                        | 1                | 1                      | 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 222222                                   |                          |                  |                        | MO.                   | DAY          | YR.      | 987654                               |                     | MO.              | DAY                                  | YR.           | ACT   | TYPE    | RCOV               | COV          | SETTL    |             |             |  |  |
| INSURED NAME                                |                          |                  |                        |                       |              |          | ACC. DATE                            | DATE OF DEATH       |                  |                                      | DATE REPORTED |   |         | DATE OF BIRTH      |              |          | SURG. CODE* | ATTY. CODE* |  |  |
| A.B.C. Coal Company                         |                          |                  |                        |                       |              |          | 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       |             |  |  |
| Smithson, Joseph                            |                          |                  | 468.00                 | →                     |              |          |                                      |                     |                  |                                      |               | 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                   |              |          |                                      | CODE                | DATE OF BIRTH    |                                      |               | Paid to Val. Date:<br>90.7 weeks x 238.68 = 21,648<br><br>Future:<br>52 x 238.68 x 14.496 = \$179,915 |         |                    |              |          |             |             |  |  |
| 2. SCHEDULED INDEMNITY                      |                          |                  |                        |                       |              |          | 2                                    | MO.                 | DAY              | YR.                                  | 6             |   |         |                    |              | 2        | 39          |             |  |  |
| 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  |                     |                  | 21,648                               |               |   |         |                    |              |          |             |             |  |  |
| PHYSICIAN PAID                              |                          |                  | TEMP. DISABILITY PAID  |                       |              |          | 8. PENS. INDEM. PREV. RSV., 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.       |               | MO.                                   | DAY               | YR.             | ACT           | TYPE                    | RCOV         | COV         | SETTL |  |  |  |
|   |                 |                  |                          | 1                      | 1              | 99        | 12345         |                                       |                   |                 |               |                         |              |             |       |  |  |  |
| 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.          |             |       |  |  |  |
|   |                 |                  |                          |                        | 2              | 1         | 99            |                                       |                   |                 | 2             | 1                       | 49           |             |       |  |  |  |
| 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                                     | MO.               | DAY             | YR.           |                         |              |             |       |  |  |  |
| 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.    |                   |                 |               |                         |              |             |       |  |  |  |
|   |                 |                  |                          |                        |                |           |               | 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   | _____    | _____ | _____ | <b>Medical Benefits:</b>                               |
| 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><br>(#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>   | _____ | _____ | <b>Medical Benefits:</b>                           |                           |
| 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><br>(#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   | _____    | _____ | _____ | <b>Medical Benefits:</b>                             |
| 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><br>(#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   | _____    | _____ | _____ | <b>Medical Benefits:</b> |
| 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